



# STEWARD FUNDS INDIVIDUAL RETIREMENT ACCOUNT APPLICATION

For assistance in completing this form, please contact us at 800-695-3208. Please mail your completed and signed form to Steward Funds, PO Box 4766, Chicago, IL 60680-4766 or fax to 312-557-3068.

Please print all information.

## 1 PROVIDE YOUR INVESTOR INFORMATION

OWNER'S FIRST NAME

MIDDLE INITIAL

LAST NAME

OWNER'S SOCIAL SECURITY NUMBER (WILL BE USED FOR TAX REPORTING)

OWNER'S DATE OF BIRTH

MOTHER'S MAIDEN NAME

RESIDENTIAL/STREET ADDRESS

RESIDENTIAL/STREET ADDRESS

CITY/STATE/ZIP

TELEPHONE NUMBER (DAYTIME)

TELEPHONE NUMBER (EVENING)

EMAIL ADDRESS

Check here if business address

### ACCOUNT MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL/STREET ADDRESS

ADDRESS

ADDRESS

CITY/STATE/ZIP

\*The USA PATRIOT Act requires that all investors provide a street address for our records. If this information is not provided, there may be a delay in establishing the account.

## 2 SELECT YOUR ACCOUNT TYPE

### Check only one

- Traditional IRA
- SEP IRA (attach form 5305-SEP or 5305A-SEP)
- Roth IRA
- SIMPLE IRA (attach form 5305-SA)
- Inherited IRA

### 3 SELECT YOUR FUND AND INITIAL INVESTMENT AMOUNT

The minimum investment for Class A is \$1,000 per fund. Minimum is waived if you are establishing an Automatic Investment Plan (see Section 4). The minimum investment for Class Inst is \$100,000 per fund. Please note that money orders, traveler's checks, and third-party checks are not accepted.

FUND NAME	CLASS AND FUND NUMBER		AMOUNT
Steward Covered Call Income Fund	<input type="checkbox"/> Class A, 361	<input type="checkbox"/> Institutional Class, 364	<input type="text"/>
Steward Global Equity Income Fund	<input type="checkbox"/> Class A, 314	<input type="checkbox"/> Institutional Class, 315	<input type="text"/>
Steward International Enhanced Index Fund	<input type="checkbox"/> Class A, 310	<input type="checkbox"/> Institutional Class, 311	<input type="text"/>
Steward Large Cap Enhanced Index Fund	<input type="checkbox"/> Class A, 304	<input type="checkbox"/> Institutional Class, 305	<input type="text"/>
Steward Select Bond Fund	<input type="checkbox"/> Class A, 306	<input type="checkbox"/> Institutional Class 307	<input type="text"/>
Steward Small-Mid Cap Enhanced Index Fund	<input type="checkbox"/> Class A, 352	<input type="checkbox"/> Institutional Class, 353	<input type="text"/>

### CHOOSE YOUR INVESTMENT METHOD

Investment will be made by:

- Check Payable to Steward Funds
- Wire (please call 800-695-3208 for instructions)
- Transfer of assets from another institution (Please include a completed IRA Transfer Form)

### CHOOSE YOUR CONTRIBUTION TYPE

- Contribution for Tax Year \_\_\_\_\_

Note: If no Tax Year is indicated, the default value will be the current year in which your contribution is received by the Custodian.

- SEP Contribution (note that all SEP contributions are coded by the custodian for current year)
- Transfer of Assets
- Rollover from a previous retirement plan custodian in which you took receipt of assets
- Conversion from a Traditional IRA (Roth Only)
- SIMPLE Contribution (note that all SIMPLE contributions are coded by the custodian for current year)

### 4 ESTABLISH AUTOMATIC INVESTMENT PLANS (OPTIONAL)

An automatic investment plan can be established on your account to invest directly from your bank account on file. In order to establish an automatic investment plan, please complete this section and provide your bank information and preprinted voided check in section 7. Note that automatic investments will be made as current year contributions.

Investment Amount (minimum \$100.00)

Frequency (check one)  Once a month on the 1st  Once a month on the 15th

Start Date \_\_\_\_\_

If no date is selected, the 1st of the next calendar month will be used.

**5** DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

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Dividend and Capital Gains distributions will be automatically reinvested.  
In order to request distributions from your IRA account, the IRA Distribution Request Form must be completed.

**6** TELEPHONE PRIVILEGES

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Privileges to exchange between identically registered accounts via telephone will automatically be established on your account unless you indicate otherwise below:

I do not want telephone privileges

**7** BANK INFORMATION

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Complete this section if you would like to maintain bank instructions on file for payment of redemptions or distributions, or if you are establishing an automatic investment plan. **Please attach a preprinted voided check.**

NAME ON BANK ACCOUNT

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BANK NAME

BANK ADDRESS

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ACCOUNT NUMBER

ROUTING NUMBER

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Checking Account     Savings Account

**8** ADDITIONAL STATEMENTS

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Complete this section if you would like duplicate statements of your account information to go to an interested party.

NAME

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ADDRESS

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CITY/STATE/ZIP

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## BENEFICIARY DESIGNATION

Upon my death, the beneficiary(ies) of my IRA shall be:

<b>1</b>		
BENEFICIARY NAME/ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP
<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	SHARE %	
<b>2</b>		
BENEFICIARY NAME/ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP
<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	SHARE %	
<b>3</b>		
BENEFICIARY NAME/ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP
<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	SHARE %	
<b>4</b>		
BENEFICIARY NAME/ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP
<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	SHARE %	
<b>5</b>		
BENEFICIARY NAME/ADDRESS		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP
<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	SHARE %	

If neither primary nor contingent is indicated, the designated beneficiary will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary or contingent beneficiary predeceases me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA.

**10** SIGN YOUR NAME

All account owners or trustees must sign below. Please sign exactly as your name appears in Section 1.

- I am of legal age and have received and read the current prospectus for the funds I am investing in.
- I understand that shares of the funds are not insured or guaranteed by the FDIC or any other governmental agency.
- Federal Law requires the Funds to obtain, verify and record identifying information, which may include the name, residential or business street address, taxpayer identification number, or other identifying information, for each investor who opens an account. Applications without the required information, or without an indication and supporting documentation showing that a taxpayer identification number has been applied for, may not be accepted. After acceptance, the Funds reserve the right to (1) place limits on transactions in any account until the identify of the investor is verified; or (2) refuse an investment in the Funds; or (3) redeem shares and close an account in the event that an investor's identify is not verified. The Asset Management Fund and its agents will not be responsible for any loss resulting from the investor's delay in providing all required information or from restricting transactions or closing an account when an investor's identity is not verified.
- Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number or I am waiting for a number to be used to me and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a US person. Cross out item 2 if it does not apply to you. The IRS does not require your consent to any provision on this application other than the certification required to avoid backup withholding.

I adopt this IRA, appointing The Northern Trust Company to act as Custodian, and to perform administrative services. I have received and read and understand the IRA Custodial Agreement and Disclosure Statement. I understand that the Custodian may charge fees to which reference is made in the Disclosure Statement and they may be separately billed or collected by redeeming sufficient shares from each portfolio account balance. I will supply the IRS with information as to any taxable year required unless filed by the Custodian.

I have read, and I accept the Custodial Agreement herin, by reference. I appoint The Northern Trust Company, or its successors, as Custodian of the accounts. I may revoke this IRA at any time.

SIGNATURE

PRINTED NAME

DATE



Jacob Banks

THE NORTHERN TRUST COMPANY AUTHORIZED SIGNATURE

PRINTED NAME

**FOR BROKER/DEALER USE ONLY**

BROKER/DEALER FIRM NAME

ADDRESS

CITY STATE ZIP

BRANCH/AGENCY NUMBER

INVESTMENT PROFESSIONAL NAME

INVESTMENT PROFESSIONAL NUMBER

PHONE NUMBER

INVESTMENT PROFESSIONAL SIGNATURE

DATE