# DIRECT DEPOSIT AUTHORIZATION

## IMPORTANT INFORMATION

- If you are establishing a new account with Marsico Funds, please complete a Marsico Funds Account Application and return it along with your minimum initial investment.
- Your Marsico Funds account must be established at the minimum initial investment level of $2,500 before making your initial Direct Deposit purchase transaction.
- Confirm with your employer's payroll department that your company can participate in this service through the Automated Clearing House (ACH).
- Use this Form to either open a new Direct Deposit plan ($50 minimum purchase per Fund) or to make any changes to your existing plan. Once completed, please forward this Form to your payroll department.
- In most cases, deposits will be credited to your Marsico Funds account the next business day after the amount is received in good order by the Funds' Transfer Agent. Confirmations will be sent after each investment.
- IRA contributions apply as a current year purchase. (Purchases may not be used for prior year contributions).
- For assistance, please call **888-860-8686** between 7:00 a.m. and 7:00 p.m., CT, Monday through Friday.
- For more information and forms visit the Funds' Website at **www.marsicofunds.com.**

## 1 EMPLOYER IDENTIFICATION

Please complete the information below so that we may identify your account.

_____
*Employer Name*

_____
*Employer Address*

_____
*City, State, ZIP Code*

(  )
_____
*Daytime Telephone*

## 2 EMPLOYEE INFORMATION

_____
*Employee Name (first, middle, last)*

_____
*Social Security or Employee ID Number*

(  )  (  )
_____
*Daytime Telephone*  *Evening Telephone*

## 3 AMOUNT OF DIRECT DEPOSIT

I want Direct Deposit and I hereby authorize my employer to make periodic payments of the amount specified below into my Marsico Funds account listed in Section 4.

I understand that I can choose to invest just a portion of my check in my Marsico Funds account, if my employer offers this option. I also understand that I should consider carefully whether it is appropriate to invest my entire paycheck in a fund with a fluctuating share price.

The amount to be invested into my Marsico Funds account from each salary period should be as follows ($50 minimum):

$
_____
*Per Salary Period*

## 4 ACCOUNT INFORMATION

Please write in the name of the Fund into which you want your deposits made. Next, fill in the 2-digit Fund Number and the 11-digit Account Number in the space provided. The Fund/Account Number can be found on your most recent statement.

_____
*Fund Name*

Shaded area for employer reference only

| 1 | 0 | 1 | 0 | 0 | 0 | 6 | 9 | 5 |
|---|---|---|---|---|---|---|---|---|

*Routing Number*

| 3 | 2 | 0 | 4 |
|---|---|---|---|

*Institution Number*

| | |
|---|---|

*Fund Number*

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|

*Account Number*

## 5 SIGNATURE

I hereby authorize my employer to automatically deduct from my paycheck the amount specified in Section 3 and transmit that amount to the Marsico Funds Account Number indicated in Section 4. Investments will be made at the current net asset value determined the next business day after the amount is received in good order by the Funds' Transfer Agent. Any changes to my Direct Deposit plan must be made in writing to my employer. It is the sole responsibility of my employer to arrange for all transactions. I authorize my employer to make charges (debit entries) to my account to correct any deposits (credit entries) made in error by the payroll department or the processing bank. I authorize Marsico Funds and its Transfer Agent to follow all instructions by my employer in connection with transactions made under the plan. I agree not to make claims against any Marsico Funds or its Transfer Agent for following the instructions of my employer. The terms of the plan may be modified or terminated at any time and without notice.

X_____
*Employee Signature*

_____
*Date*

**Submit This Completed Form to Your Payroll Department.**

## 6 INSTRUCTIONS TO YOUR EMPLOYER

Your employee has an account with the Marsico Funds. By properly executing this form, your employee is authorizing you to establish a Direct Deposit plan to his/her Marsico Funds account. To establish the Direct Deposit plan, please note the following:

- If you substitute your own authorization form for this one, be sure that all the information in Section 4 is included in your instructions to your payroll system.
- The employee's Marsico Funds account should be coded as a **checking account** for ACH purposes.
- This form should be retained in your payroll department to document your employee's authorization. ***Please do not return this authorization form to Marsico Funds.***

If you have any questions, please call us at **888-860-8686**. Marsico Funds representatives are available 7:00 a.m. to 7:00 p.m., CT, Monday through Friday.