

IRA APPLICATION



MARSICO
FUNDS®

IMPORTANT INFORMATION

Do not use this application to establish a regular Marsico Funds account. To request a Marsico Funds Account Application and/or a Marsico Funds IRA Transfer Form, please call **888-860-8686** or visit our Website at **www.marsicofunds.com**. There is a \$1,000 minimum (\$500 for Spousal IRA) initial investment per Fund. If you have any questions, please contact an Investor Service Representative at **888-860-8686**.

NEW PROCEDURES FOR OPENING AN ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law now requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

In order to open your IRA account, you must complete sections 1, 2, 3, 4, 5, 6, 13 of this application and sign section 14.

1 ACCOUNT REGISTRATION

If the IRA account is for a minor, please provide the following information for the responsible person.

Owner's Social Security Number _____ Date of Birth _____

Owner's Name (first, middle, last) _____

Responsible Person's Social Security Number _____ Date of Birth _____

Responsible Person's Name (first, middle, last) _____

2 MAILING ADDRESS

Applications will only be accepted if they contain a U.S. or Puerto Rico address.

Street (If P.O. Box, please also complete the residential/street address box below.) _____

City, State, ZIP Code _____

() ()
Daytime Telephone _____ Evening Telephone _____

()
Fax Number _____ E-Mail Address _____

Additional Address or Broker Dealer Information (if applicable)

Residential/Street Address

To send copies of confirms and statements for this account (optional)

Name (first, middle, last) _____

Street _____

City, State, ZIP Code _____

Broker Dealer Rep. Name _____ Broker Dealer Account Number _____

3 TYPE OF ACCOUNT (Please select all that apply)

Individual IRA For Tax Year _____

Roth IRA For Tax Year _____ Year Roth IRA Started _____
If you are converting a Marsico Funds IRA, please include your Account Number.

Account Number _____

Spousal Roth IRA For Tax Year _____

Spousal IRA For Tax Year _____

If electing this option, the non-earning spouse must be shown as the account holder in Section 1 above.

SEP-IRA For Tax Year _____

Rollover

You had constructive receipt of assets for less than 60 days or you have authorized a direct rollover from a qualified plan. If this is a Rollover Account, please specify the type of account held by the previous Custodian:

IRA to IRA

IRA to Roth IRA

Roth IRA to Roth IRA

Employer-Sponsored SIMPLE to IRA

Other Employer-Sponsored Plan to IRA

Other Roth Employer-Sponsored Plan to Roth IRA

Is this IRA comprised of inherited assets (Beneficiary IRA or Qualified Retirement Plan)?

Yes No

Transfer—You did not have constructive receipt of assets; assets are a direct transfer from the previous Custodian. **If this is a Transfer, you must also complete an IRA Transfer Form.**

Please Note:

If you are age 70½ or older, you must take your minimum annual distribution from your account with the current Custodian before transferring your IRA or other retirement assets to Marsico Funds. **If this is a trustee to trustee conversion, you must also complete an IRA Transfer Form.**

4 YOUR FUND SELECTION(S)

The initial minimum investment is \$1,000 (\$500 for Spousal IRA) per Fund and must accompany the completed application.

Payment by Check

Please Make Checks Payable to Fund Name

Purchase by Wire

Call **888-860-8686** for Instructions

40 – Marsico Focus Fund \$ _____

41 – Marsico Growth Fund \$ _____

42 – Marsico 21st Century Fund \$ _____

43 – Marsico International Opportunities Fund \$ _____

44 – Marsico Flexible Capital Fund \$ _____

45 – Marsico Global Fund \$ _____

46 – Marsico Emerging Markets Fund \$ _____

48 – Marsico Shares of the BofA Cash Reserves Fund (Money Market Fund) \$ _____

Total \$ _____

5 BENEFICIARY DESIGNATION

I designate the individual(s) named below the beneficiary(ies) of this IRA. I revoke all prior IRA beneficiary designations, if any, made by me for these assets. I understand that I may change or add beneficiaries at any time by written notice to the Custodian. (If you are not survived by any beneficiary, see the "Designation of a Beneficiary or Beneficiaries" section of the IRA Disclosure Statement for the distribution of your account assets.)

Primary Beneficiary(ies)

Name (first, middle, last)* _____

Social Security Number* _____ Date of Birth _____

% of Account _____ Relationship _____

Street _____

City, State, ZIP Code _____

() ()
Daytime Telephone _____ Evening Telephone _____

Primary Beneficiary(ies)

Secondary Beneficiary

Name (first, middle, last)* _____

Social Security Number* _____ Date of Birth _____

% of Account _____ Relationship _____

Street _____

City, State, ZIP Code _____

() ()
Daytime Telephone _____ Evening Telephone _____

*The beneficiary's name and social security number are required. Beneficiary designations received without this information will not be accepted. In the event a distribution must be made to beneficiaries, shares will be distributed among the beneficiaries for whom complete information is received.

6 SPOUSAL CONSENT (if applicable)

Your state may require the spousal consent below if you live in a community or marital property state and you designate someone other than your spouse as a beneficiary. Consult your tax adviser.

I hereby consent to and join in the designation of the beneficiary(ies) identified above. I give my spouse any interest I have in the funds deposited in this account.

Name of Spouse _____

Signature of Spouse _____ Date _____

Application is continued on the back

7 AUTOMATIC INVESTMENT PLANS

Automatic Investment Program: This option allows you to make automatic monthly, quarterly, semiannual or annual investments (\$50 minimum per purchase) into your Marsico Funds retirement account(s) directly from your bank account. To establish a new account with this program, you must initially invest at least \$1,000 per account and subsequent investments must be at least \$50 per purchase. **You must also include the bank information in section 8.**

\$

Fund Name Amount (\$50 minimum)

Begin Investment on (month, year)

5th 10th 15th 20th**

monthly quarterly semiannually annually

**If no date is specified, investments will be made on the 20th day of each month. Your first automatic investment will occur no sooner than two weeks after receipt of this application.

Important Note: IRA contributions made through the Automatic Investment Program will be credited as contributions to the year in which the shares are purchased.

8 BANK INFORMATION

You must complete this section if you would like the ability to add funds to your account electronically, conduct online purchase transactions or have redemption proceeds sent to your bank electronically. **Please attach a voided, unsigned check or deposit slip for this bank account.**

Name of Bank

Address of Bank

City, State, ZIP Code

Name(s) on Bank Account

Bank Account Number

ABA Number (available from your bank)

()

Bank Phone Number

This is a: checking account savings account

9 TELEPHONE TRANSACTIONS

As a Marsico Funds shareholder, you have the ability to conduct purchase, exchange and redemption transactions by telephone. **You must have telephone transaction privileges in order to conduct Internet transactions (section 10).**

You will automatically be granted telephone transaction privileges unless you decline them by checking below. **If you decline, you will be required to submit a medallion signature guaranteed letter of instruction signed by all registered account owners to add telephone transaction privileges in the future.**

I decline telephone transaction privileges. All requests to redeem shares from this account must be submitted in writing.

10 INTERNET TRANSACTIONS

You can make purchases into your existing IRA account(s) and conduct exchange transactions over the Internet through our Website by enrolling for online transaction privileges at www.marsicofunds.com. **Please note that you must have telephone privileges (section 9) in order to conduct online transactions. In addition, you must have ACH instructions on your account (section 8) in order to conduct online purchases.**

You will have the ability to establish online transaction privileges unless you decline them by checking below. **If you decline, you will be required to submit a medallion signature guaranteed letter of instruction signed by all registered account owners to add any online transaction privileges in the future.**

I decline online transaction privileges.

11 AUTOMATIC EXCHANGE PLAN

This option allows you to make automatic exchanges (\$50 minimum per purchase) between identically registered Marsico Funds account(s) and Marsico Shares of the BoFA Cash Reserves Fund (Money Market) account. To establish a new IRA account with this program, you must initially invest at least \$1,000 per account and subsequent monthly investments must be at least \$50 per purchase. To select this option, please complete the information below.

I hereby instruct Marsico Funds to start my Automatic Exchange Plan as described in the Prospectus to automatically exchange:

\$

From (Fund name) Amount (\$50 minimum)

To (Fund name) Beginning on the (month, year)

5th 10th 15th 20th***

*** If no date is specified, investments will be made on the 20th day of each month. Your first automatic investment will occur no sooner than two weeks after receipt of this application.

12 ELECTRONIC DELIVERY AUTHORIZATION

You can receive shareholder reports (prospectus updates, annual report and semiannual report) and statements (transaction confirmations and account statements) in electronic rather than paper form. To enroll for this service, please visit our Website at www.marsicofunds.com.

13 WITHHOLDING

You must select one of the options below. The distributions you receive from the Marsico Funds retirement account are subject to federal income tax withholding unless you elect not to have withholding apply. If you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of the distributions. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. You may change your withholding election for future distributions by notifying the Marsico Funds in writing.

- I do not want federal income tax withheld from distributions from this account
- I want federal income tax of 10% withheld from distributions from this account
- I want federal income tax of _____% (greater than 10%) withheld from distributions from this account.

14 SIGNATURES

By signing below:

- I hereby adopt the appropriate Marsico Funds IRA Custodial Account Agreement and appoint UMB Bank, n.a., to serve as the Custodian and accept its agent to perform administrative services. I have received the current Prospectus(es) and Privacy Policy of the Fund(s) to which I am making my initial contribution and I have read the appropriate IRA Custodial Account Agreement and Disclosure Statement and agree to be bound by their terms.
- I understand that a \$12.50 annual maintenance fee per account per Fund may be collected by redeeming sufficient shares from each Fund account balance in which I have an IRA. The Custodian may change the fee schedule from time to time.
- I understand that my account(s) will have exchange privileges with other Marsico Funds.
- I understand that any redemptions made within 30 days of purchase would be subject to a 2% redemption fee.

By completing section 8 and signing below:

- I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that Marsico Funds shall be fully protected in honoring any such transaction. I also agree that Marsico Funds may make additional attempts to debit/credit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.
- I authorize the Marsico Funds and its agents to act upon instructions (by phone, in writing, over the Internet or other means) believed to be genuine and in accordance with procedures described in the Prospectus for this account or any account into which exchanges are made. I agree that neither the Marsico Funds, the transfer agent nor UMB Bank, n.a., will be liable for any loss, cost or expense for acting on such instructions. Such entities will employ reasonable procedures to confirm that instructions communicated by phone are genuine, and may be liable for losses due to unauthorized or fraudulent instructions only if such procedures are not followed.
- Under penalty of perjury, I certify that:**
 - The Social Security Number shown on this application is correct, and
 - I am a U.S. person (including U.S. resident alien).

The owner must sign

X _____
Signature of Individual Owner Date

X _____
Responsible Person for Minor Date

Please complete sections 1, 2, 3, 4, 5, 6, 13 and sign section 14.

This form can also be downloaded from our Website: www.marsicofunds.com or photocopied. If you have any questions, please call: 888-860-8686.

Please return application to:

Marsico Funds
UMB Fund Services, Inc. – Transfer Agent
P.O. Box 3210, Milwaukee, WI 53201-3210

MA212-1210