



NEW ACCOUNT APPLICATION

Please print clearly in CAPITAL LETTERS

To establish an account, the minimum initial investment is \$5,000. Once your account is established, the minimum for additional investments is \$100.

If you have any questions or need any help filling out the application, please call 1-888-800-ROGÉ, Monday through Friday, 8:30 a.m. to 6:00 p.m. eastern time.

After you have completed and signed this application, Please mail to:

ROGÉ PARTNERS FUNDS
c/o GEMINI FUND SERVICES, LLC
4020 SOUTH 147TH STREET
OMAHA, NE 68137

Distributed by Aquarius Fund Distributors, LLC
www.rogepartnersfunds.com

1. ACCOUNT OWNERSHIP AND ADDRESS

Please provide complete information for EITHER A, B, or C:

A. INDIVIDUAL OR JOINT (Please check one):

Individual Joint tenants with rights of survivorship Tenants in common

Name _____ Social Security # - - - - - Birth Date / /

Citizenship U.S. or Resident Alien Other (please specify) _____

Please complete below for joint tenant or tenants in common:

Name _____ Social Security # - - - - - Birth Date / /

B. CORPORATIONS, TRUSTS OR OTHER ENTITIES

Name _____ Tax ID Number _____

Trustee(s) (if trust) _____

Date of Trust Agreement (if trust) or Date of Incorporation / /

C. UNIFORM GIFTS TO MINORS ACCOUNT (UGMA) OR UNIFORM TRANSFERS TO MINORS ACCOUNT (UTMA)

Custodian's Name _____ Minor's Name _____

Minor's Social Security # - - - - - Minor's Birth Date / /

Citizenship U.S. or Resident Alien Other (please specify) _____

2. MAILING ADDRESS (A Post Office Box will not be acceptable unless accompanied by a street address)

Street, Apt. _____

City _____ State _____ Zip _____

Daytime Phone () _____ Evening Phone () _____

SEND DUPLICATE STATEMENT TO:

Name _____

Street, Apt. _____

City _____ State _____ Zip _____

3. INITIAL INVESTMENT (Minimum initial investment per fund is \$5,000) (Third party checks are not accepted.)

- Rogé Partners Fund \$ _____ or _____%
- Rogé Select Opportunities Fund \$ _____ or _____%

Make check payable to the **Rogé Partners Funds**.
 If investing by wire: Call 1-888-800-ROGE and indicate the amount of the wire \$_____.

4. SIGNATURE(S) & CERTIFICATION (REQUIRED)

We must have signatures to process your Application and to certify your Taxpayer Identification number. IRS regulations require your signature to avoid any backup withholding. The undersigned warrants that:

- I have full authority and am of legal age to purchase shares of Funds.
- I have received a current Prospectus for the Rogé Partners Funds and agree to be bound by the terms.

W-9 Certification: Under penalty of perjury:

- (a) I certify that the number shown on this form is my/our current Social Security number(s) or Taxpayer Identification number(s).
- (b) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- (c) I am a U.S. person (including a resident alien.) The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account effective October 1, 2003.

What this means for you: When you open an account, we will ask for your name, address, date of birth, social security number/ Tax ID number and other information that will allow us to identify you. We may also ask to see other identifying documents. Until you provide the information or documents we need, we may not be able to open an account or effect any additional transactions for you.

When opening an account for a foreign business, enterprise or a non-U.S. person that does not have an identification number, we require alternative government-issued documentation certifying the existence of the person, business or enterprise.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE FUND PROSPECTUS(ES) AND AGREE TO THE TERMS THEREIN AND HEREIN.

Signature of owner (or custodian) _____ Date / /

Signature of joint owner (or corporate officer, partner or trustee) _____ Date / /

Trustee (if applicable) _____ Date / /

5. AUTOMATIC INVESTMENT PLAN

AIP allows you to add regularly to your Rogé Partners Funds investment by authorizing us to deduct money directly from your checking account every month. Your bank must be a member of the Automated Clearing House (ACH). If you choose this option, **please complete Section 9 and attach a voided check.**

Please transfer \$_____ (**\$100 minimum**) from my bank account in to:

Fund Name: _____ Account Number: _____

Fund Name: _____ Account Number: _____

on the _____ (5th, 10th, 15th or 20th) day of each month.

Important Note: If the AIP date falls on a holiday or weekend the deduction from your checking or savings account will occur on the next business day.

6. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

All dividends and capital gains will be reinvested in shares of the fund unless this box is checked.

Please pay all dividends and capital gains in cash.

7. TELEPHONE PRIVILEGES

Telephone privileges, as described in the prospectus, automatically apply unless this box is checked.

No, I do not want telephone privileges.

8. SYSTEMATIC WITHDRAWAL PLAN (SWP)

As specified below, please withdraw from my Rogé Partners Funds account _____:

\$_____ exact dollars per period (\$100 minimum)

Send checks:

monthly quarterly annually Beginning: ____/____/____

Send checks to:

Address of record Bank of record (**See Section 9**) Following payee

Name _____ Address _____

City _____ State _____ Zip _____

9. BANK INFORMATION (Please attach a voided check from your account.)

I authorize the Rogé Partners Funds to wire redemption proceeds when requested by the Automated Clearing House of which my bank is a member.

Name of Depository Institution _____

Address _____

City _____ State _____ Zip _____

Type of Account: Checking Savings

Account Name _____

Account Number _____ ABA Number _____

10. INFORMATION DELIVERY

To obtain your Rogé Partners Funds account statements, confirms and regulatory mailings online instead of in paper form, please provide us with your e-mail address. After your account is opened, we will send you an e-mail with instructions on how to sign up for electronic information delivery.

E-mail address: _____

11. DEALER INFORMATION

If you are opening your account through a broker/dealer, please have them complete this section.

Dealer Name *(as it appears on Selling Group Agreement)*

Address of Home Office

City

State

Zip

Signature *(authorized signature of broker/dealer)*

Address *(of branch office serving this account)*

City

State

Zip

Representative's Name

Representative's Number

Representative's Phone ()

TO CONTACT US:

By Telephone

Toll-free (888)-800- ROGÉ (800-7643)

In Writing

THE ROGÉ PARTNERS FUNDS
c/o GEMINI FUND SERVICES, LLC
4020 SOUTH 147TH STREET
OMAHA, NE 68137

Online

www.rogepartnersfunds.com

*Rogé Partners*SM
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