



# IRA Application Institutional Class

For Traditional, ROTH, SEP, and SIMPLE IRAs

Mail to: Hennessy Funds  
c/o U.S. Bancorp Fund Services, LLC  
PO Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail To: Hennessy Funds  
c/o U.S. Bancorp Fund Services, LLC  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207

**For additional information please call toll-free 800-966-4354 or visit us on the web at [hennessyfund.com](http://hennessyfund.com).  
Please review our Privacy Policy on the back page of this application.**

>> In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number and permanent street address**. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

## 1 Type of IRA

*If no tax year is indicated, we will assume it is for the current tax year. Refer to disclosure statement for eligibility requirements and contribution limits.*

### Choose ONE of the following account types:

**Traditional IRA Account**

- For tax year \_\_\_\_\_
- IRA to IRA Transfer (please complete IRA Transfer Form)
- Rollover (shareholder had receipt of funds)
- Inherited IRA - Name of Decedent \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_

**IRA Rollover Account**

- Rollover IRA to Rollover IRA
- Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator.  
Please check the type of qualified plan:  
 Corporate  Pension  Profit Sharing Plan  401(k)  403(b)  Other \_\_\_\_\_

**ROTH IRA Account**

- For tax year \_\_\_\_\_
- Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
- Traditional IRA Conversion to Roth IRA – year of conversion \_\_\_\_\_ in which Traditional IRA was converted to Roth IRA
- Rollover from Roth IRA (shareholder had receipt of funds)
- Inherited Roth IRA - Name of Decedent \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_

**SEP (Simplified Employee Pension Plan)** – Each employee must complete an IRA Application.

- Contribution
- Transfer from another SEP IRA Account
- Rollover (shareholder had receipt of funds)

**SIMPLE IRA** (Be sure to complete Section 11)

- Contribution
- Transfer from another SIMPLE IRA Account
- Rollover (shareholder had receipt of funds)

## 2 Investor Information

**Individual**

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
SOCIAL SECURITY NUMBER			

### 3 Investor Information

**Permanent Street Address**

*Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed*

STREET		APT / SUITE
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CITY	STATE	ZIP CODE
------	-------	----------

DAYTIME PHONE NUMBER	EVENING PHONE NUMBER
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E-MAIL ADDRESS

E-MAIL ADDRESS

**Duplicate Statement #1**

*Complete only if you wish someone other than the account owner(s) to receive duplicate statements.*

COMPANY NAME

NAME

STREET	APT / SUITE
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CITY	STATE	ZIP CODE
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CITY	STATE	ZIP CODE
------	-------	----------

CITY	STATE	ZIP CODE
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**Mailing Address\*** (if different from Permanent Address)

*If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.*

STREET		APT / SUITE
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CITY	STATE	ZIP CODE
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CITY	STATE	ZIP CODE
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\* A P.O. Box may be used as the mailing address.

**Duplicate Statement #2**

*Complete only if you wish someone other than the account owner(s) to receive duplicate statements.*

COMPANY NAME

NAME

STREET	APT / SUITE
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CITY	STATE	ZIP CODE
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CITY	STATE	ZIP CODE
------	-------	----------

CITY	STATE	ZIP CODE
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### 4 Investment Amount

**By check:** Make check payable to the Hennessy Funds.

*Note: All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.*

**By wire:** Call 800-261-6950.

*Note: A completed application is required in advance of a wire.*

**Investment Amount**

*\$250,000 Minimum*

**Domestic Equity - Institutional Class**

Cornerstone Growth Fund    HICGX 541 \$

Focus Fund    HFCIX 2289 \$

Cornerstone Mid Cap 30 Fund    HIFTX 543 \$

Cornerstone Large Growth Fund    HILGX 546 \$

Cornerstone Value Fund    HICVX 544 \$

**Multi-Asset - Institutional Class**

Equity and Income Fund    HEIIX 2295 \$

## 4 Investment Amount

### Sector & Specialty - Institutional Class

<input type="checkbox"/> Gas Utility Fund	HGASX	6550	\$	<input type="text"/>
<input type="checkbox"/> Small Cap Financial Fund	HISFX	2291	\$	<input type="text"/>
<input type="checkbox"/> Large Cap Financial Fund	HILFX	2930	\$	<input type="text"/>
<input type="checkbox"/> Technology Fund	HTCIX	2293	\$	<input type="text"/>
<input type="checkbox"/> Japan Fund	HJPIX	591	\$	<input type="text"/>
<input type="checkbox"/> Japan Small Cap Fund	HJSIX	2950	\$	<input type="text"/>

## 5 E-Delivery Options

### I would like to:

- Receive prospectuses, annual reports and semi annual reports electronically
- Receive statements electronically
- Receive tax statements electronically

E-MAIL ADDRESS

By selecting any of the above options, you agree to waive the physical delivery of the prospectus, fund reports, account statements and/or tax forms. If you have opted to receive your statements or tax forms electronically, you will need to establish on-line access to your account, which you may do once your account has been established by visiting [hennessyfunds.com](http://hennessyfunds.com).

**Please note, you must provide your e-mail address to enroll in eDelivery.**

## 6 Automatic Investment Plan (AIP)

Your signed Application must be received at least 15 calendar days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to Section 8 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

**Draw money for my AIP (check one):**  Monthly  Quarterly  Semi-Annually  Annually

\$100 minimum

*If no option is selected, the frequency will default to monthly.*

### Domestic Equity - Institutional Class

<input type="checkbox"/> Cornerstone Growth Fund	HICGX	541	<input type="text"/>	<input type="text"/>	<input type="text"/>
			AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Focus Fund	HFCIX	2289	<input type="text"/>	<input type="text"/>	<input type="text"/>
			AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Cornerstone Mid Cap 30 Fund	HIFTX	543	<input type="text"/>	<input type="text"/>	<input type="text"/>
			AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Cornerstone Large Growth Fund	HILGX	546	<input type="text"/>	<input type="text"/>	<input type="text"/>
			AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Cornerstone Value Fund	HICVX	544	<input type="text"/>	<input type="text"/>	<input type="text"/>
			AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY

## 6 Automatic Investment Plan (AIP)

### Multi-Asset - Institutional Class

<input type="checkbox"/> Equity and Income Fund	HEIX	2295	<input type="text"/>	<input type="text"/>	<input type="text"/>
			AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY

### Sector & Specialty - Institutional Class

<input type="checkbox"/> Gas Utility Fund	HGASX	6550	<input type="text"/>	<input type="text"/>	<input type="text"/>
			AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Small Cap Financial Fund	HISFX	2291	<input type="text"/>	<input type="text"/>	<input type="text"/>
			AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Large Cap Financial Fund	HILFX	2930	<input type="text"/>	<input type="text"/>	<input type="text"/>
			AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Technology Fund	HTCIX	2293	<input type="text"/>	<input type="text"/>	<input type="text"/>
			AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Japan Fund	HJPIX	591	<input type="text"/>	<input type="text"/>	<input type="text"/>
			AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Japan Small Cap Fund	HJSIX	2950	<input type="text"/>	<input type="text"/>	<input type="text"/>
			AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY

**Please keep in mind that:**

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.
- An AIP will cease the year in which a shareholder reaches the age of 70 1/2 (excluding SEP, SIMPLE and Roth IRA accounts).

## 7 Telephone and Internet Options

Your signed Application must be received at least 15 calendar days prior to initial transaction.

You automatically have the ability to make telephone and/or Internet purchases\*, redemptions or exchanges per the prospectus, unless you specifically decline below. See the prospectus for minimum and maximum amounts.

\* You must provide bank instructions and a voided check in Section 8.

Please check the box below if you wish to decline these options. If the options are not declined, you are acknowledging acceptance of these options.

I decline telephone and/or internet transaction privileges.

## 8 Voided Check for Bank Information

If you have selected an automatic investment plan, wire redemptions, Electronic Funds Transfer purchases (EFT), EFT redemptions, a systematic withdrawal plan, or cash distributions, a voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____ \$ _____	_____ DOLLARS
Memo _____	Signed _____
<b>VOID</b>	
⑆ 123456789⑆    ⑆ 123456789⑆	

## 9 Beneficiary Information | *If you need more space, please enclose a separate sheet of paper.*

### Primary

NAME

- Spouse  
 Non Spouse

SOCIAL SECURITY NUMBER

DATE OF BIRTH

%

NAME

- Spouse  
 Non Spouse

SOCIAL SECURITY NUMBER

DATE OF BIRTH

%

NAME

- Spouse  
 Non Spouse

SOCIAL SECURITY NUMBER

DATE OF BIRTH

%

### Secondary

NAME

- Spouse  
 Non Spouse

SOCIAL SECURITY NUMBER

DATE OF BIRTH

%

NAME

- Spouse  
 Non Spouse

SOCIAL SECURITY NUMBER

DATE OF BIRTH

%

NAME

- Spouse  
 Non Spouse

SOCIAL SECURITY NUMBER

DATE OF BIRTH

%

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

SIGNATURE OF SPOUSE

DATE

## 10 Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Hennessy Funds Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and understand the prospectus for the Hennessy Funds (collectively, the "Funds"). I understand the Funds' investment objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund and the Class A Prime Obligation Fund, a series of First American Funds, Inc., as applicable. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Funds to revoke my consent. I agree to notify the Funds of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Funds and their transfer agent shall not be liable, if I fail to notify the Funds within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. [If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e., "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. In the case of a guardian, the guardian must provide a copy of the letters of appointment.]

By signing below, I certify and agree that the information provided in this application is complete and correct. I have read and understood the terms set forth in this application, including the Customer Agreement. I understand that certain account options and features available to investors, such as Automatic Investment Plan and Systematic Withdrawal Plan options may not be available to me unless I provide the Funds and First American Funds, Inc. with additional information. I understand that these investment products are not FDIC insured, are not deposits of, obligations of, or guaranteed by any bank, and involve investment risks, including possible loss of the principal invested. I agree that Quasar Distributors, LLC, Hennessy Advisers, Inc., First American Funds, Inc., or any affiliate or their officers, directors, or employees will not be liable for any loss, expense, or cost for acting upon any instructions or inquiries believed genuine.

If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.

The Funds, their transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. The Funds, their transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or telephone purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Funds' transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (MM/DD/YYYY)

Appointment as Custodian accepted:  
 U.S. BANK, NA

*Joseph Neuberg*

## 11 SIMPLE IRA Plans Only

### Employer Information:

<input type="text"/>		<input type="text"/>	
EMPLOYER (COMPANY) NAME		EMPLOYER STREET ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER CITY / STATE / ZIP CODE	EMPLOYER CONTACT NAME	EMPLOYER CONTACT BUSINESS PHONE	

## 12 Dealer Information

<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
DEALER NAME		REPRESENTATIVE'S LAST NAME	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>		
DEALER'S ID	BRANCH ID	REPRESENTATIVE'S ID		
<b>DEALER HEAD OFFICE INFORMATION:</b>		<b>REPRESENTATIVE BRANCH OFFICE INFORMATION:</b>		
<input type="text"/>		<input type="text"/>	<input type="text"/>	
ADDRESS		ADDRESS	CODE	
<input type="text"/>		<input type="text"/>		
CITY / STATE / ZIP		CITY / STATE / ZIP		
<input type="text"/>		<input type="text"/>		
TELEPHONE NUMBER		TELEPHONE NUMBER		



### Before you mail, have you:

- |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Completed all USA PATRIOT Act required information?<br>– Social Security or Tax ID Number in Section 2?<br>– Birth Date in Section 2?<br>– Full Name in Section 2?<br>– Permanent street address in Section 3? | <input type="checkbox"/> Enclosed your check made payable to Hennessy Funds?<br><input type="checkbox"/> Included a voided check, if applicable?<br><input type="checkbox"/> Signed your application in Section 10? |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**For additional information please call toll-free 800-966-4354 or visit us on the web at [hennessyfunds.com](http://hennessyfunds.com).**

## Privacy Policy

We collect the following non-public personal information about you:

- information we receive from you on or in applications or other forms, correspondence, or conversations, including, but not limited to, your name, address, phone number, social security number, assets, income and date of birth;
- and
- information about your transactions with us, our affiliates or others, including, but not limited to, your account number and balance, payment history, parties to transactions, cost basis information and other financial information.

We do not disclose any non-public personal information about our current or former shareholders to nonaffiliated third parties, except as permitted by law. For example, we are permitted by law to disclose all of the information we collect, as described above, to our Transfer Agent to process your transactions. Furthermore, we restrict access to your non-public personal information to those persons who require such information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information.

In the event that you hold shares of the Fund(s) through a financial intermediary, including, but not limited to, a broker-dealer, bank or trust company, the privacy policy of your financial intermediary would govern how your non-public personal information would be shared with nonaffiliated third parties.