



# New Account Application Institutional Class

Please do not use this form for IRA accounts

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. Corporate, trust, and other entity accounts require additional documentation.** 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 Investor Information | Select one

Individual

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
<input type="text"/>			
SOCIAL SECURITY NUMBER			

Joint Owner

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
<input type="text"/>			
SOCIAL SECURITY NUMBER			

Registration will be Joint Tenancy with Rights of Survivorship (JTWROS) unless otherwise specified.

Gift to Minor

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CUSTODIAN'S FIRST NAME (ONLY ONE)	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
<input type="text"/>			
CUSTODIAN'S SOCIAL SECURITY NUMBER			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MINOR'S FIRST NAME (ONLY ONE)	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>		
MINOR'S SOCIAL SECURITY NUMBER	MINOR'S STATE OF RESIDENCE		

Tax Exempt Organization

<input type="text"/>
NAME OF TRUST / CORPORATION / PARTNERSHIP AND STATE OF ORGANIZATION

C Corporation

<input type="text"/>
NAME(S) OF TRUSTEE(S)

Partnership

Limited Liability Company

<input type="text"/>	<input type="text"/>
SOCIAL SECURITY NUMBER / TAX I.D. NUMBER	DATE OF AGREEMENT (MM/DD/YYYY)

S Corporation

Trust

Other Entity

**You must supply documentation to substantiate existence of your organization. (i.e., Articles of Incorporation/Formation/Organization, Trust Agreements (including the powers and limitations section(s)), Partnership Agreement, or other official documents.)**

**Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.**

Check here if you are a government entity or affiliated with a government entity.

## 2 Investor Information

Permanent Street Address

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

STREET		APT / SUITE	
CITY	STATE	ZIP CODE	
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER	
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	
CITY	STATE	ZIP CODE	

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	
CITY	STATE	ZIP CODE	

*\* 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	
CITY	STATE	ZIP CODE	

## 3 Cost Basis Method

The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). **Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation.** If you do not elect a Cost Basis Method, your account will default to **Average Cost**.

**Primary Method (Select only one)**

- Average Cost** – averages the purchase price of acquired shares
- First In, First Out** – oldest shares are redeemed first
- Last In, First Out** – newest shares are redeemed first
- Low Cost** – least expensive shares are redeemed first
- High Cost** – most expensive shares are redeemed first
- Loss/Gain Utilization** – depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares
- Specific Lot Identification** – you must specify the share lots to be sold at the time of a redemption. (This method requires you elect a Secondary Method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable).

Secondary Method – applies only if Specific Lot Identification was elected as the Primary Method (Select only one)

- First In, First Out
- Last In, First Out
- Low Cost
- High Cost
- Loss/Gain Utilization

*Note: If a Secondary Method is not elected, First In, First Out will be used.*

## 4 Investment and Distribution Options

**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	Capital Gains		Dividends	
			\$250,000 Minimum	Reinvest	Cash*	Reinvest	Cash*
<b>Domestic Equity - Institutional Class</b>							
<input type="checkbox"/>	Cornerstone Growth Fund	HICGX 541	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Focus Fund	HFCIX 2289	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cornerstone Mid Cap 30 Fund	HIFTX 543	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cornerstone Large Growth Fund	HILGX 546	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cornerstone Value Fund	HICVX 544	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Multi-Asset - Institutional Class</b>							
<input type="checkbox"/>	Equity and Income Fund	HEIIX 2295	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sector &amp; Specialty - Institutional Class</b>							
<input type="checkbox"/>	Gas Utility Fund	HGASX 6550	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Small Cap Financial Fund	HISFX 2291	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Large Cap Financial Fund	HILFX 2930	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Technology Fund	HTCIX 2293	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Japan Fund	HJPIX 591	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Japan Small Cap Fund	HJSIX 2950	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If nothing is selected, capital gains and dividends will be reinvested.*

**\*Cash distribution should be paid by (select one):**  Check to Address of Record  ACH to Bank of Record  
*Valid Voided Check Needed*

## 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

### Multi-Asset - Institutional Class

<input type="checkbox"/> Equity and Income Fund	HEIIX 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	HGASX6550	<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

## 7 Telephone and Internet Options

Please select your preferred option(s). Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information.

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 Signature and Certification Required by the Internal Revenue Service

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.

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.

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.

**Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting. (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends.)**

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

\_\_\_\_\_

SIGNATURE OF OWNER\*

\_\_\_\_\_

DATE (MM/DD/YYYY)

\_\_\_\_\_

SIGNATURE OF JOINT OWNER\*

\_\_\_\_\_

DATE (MM/DD/YYYY)

\* If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided for the Joint Owner.

## 10 Dealer Information

DEALER NAME

REPRESENTATIVE'S LAST NAME

FIRST NAME

M.I.

DEALER'S ID

BRANCH ID

REPRESENTATIVE'S ID

### DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

### REPRESENTATIVE BRANCH OFFICE INFORMATION:

ADDRESS

CODE

CITY / STATE / ZIP

TELEPHONE NUMBER



### Before you mail, have you:

- Completed all USA PATRIOT Act required information?
  - Social Security or Tax ID Number in Section 1?
  - Birth Date in Section 1?
  - Full Name in Section 1?
  - Permanent street address in Section 2?
- Enclosed your personal check made payable to the Hennessy Funds?
- Included a voided check, if applicable?
- Signed your application in Section 9?
- Enclosed additional documentation, if applicable?

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