



Coverdell Education Savings Account Application

Investor Class

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

Overnight Express Mail To: The 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.
 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 Designated Beneficiary | Account Holder

<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	LAST NAME
<input type="text"/>		<input type="text"/>
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)		CITY / STATE / ZIP
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Check if minor should receive statements.
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	

2 Responsible Party

<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	LAST NAME
<input type="text"/>		<input type="text"/>
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)		CITY / STATE / ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>
DAYTIME PHONE NUMBER	RELATIONSHIP TO DESIGNATED BENEFICIARY	SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>	
BIRTHDATE (MM/DD/YYYY)	EMAIL ADDRESS	

The following 2 options will be added to your account. If you do not want these options, check the boxes below.

- I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article V of the Coverdell Education Savings Account agreement.
 - The responsible party does not wish to control the account after age of majority.
- II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VI of the Coverdell Education Savings Account agreement.
 - The responsible party may not change the beneficiary.

3 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 hennessyfund.com.

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

4 Account Type

Refer to disclosure statement for eligibility requirements and contribution limits.

Select one of the following account types:

Coverdell Education Savings Account (CESA)

For Tax Year _____

Rollover Account – specify the type of rollover:

Account Holder's CESA to Account Holder's CESA

Qualifying Family Member's CESA to Account Holder's CESA

Transfer Account – a direct transfer from current CESA custodian

5 Investment Choices

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.

Domestic Equity		Investment Amount \$250 Minimum
<input type="checkbox"/> Cornerstone Growth Fund	HFCGX 36	\$ <input type="text"/>
<input type="checkbox"/> Focus Fund	HFCSX 2288	\$ <input type="text"/>
<input type="checkbox"/> Cornerstone Mid Cap 30 Fund	HFMDX 38	\$ <input type="text"/>
<input type="checkbox"/> Cornerstone Large Growth Fund	HFLGX 545	\$ <input type="text"/>
<input type="checkbox"/> Cornerstone Value Fund	HFCVX 35	\$ <input type="text"/>
Multi-Asset		
<input type="checkbox"/> Total Return Fund	HDOGX 34	\$ <input type="text"/>
<input type="checkbox"/> Equity and Income Fund	HEIFX 2294	\$ <input type="text"/>
<input type="checkbox"/> Balanced Fund	HBFBX 32	\$ <input type="text"/>
Sector & Specialty		
<input type="checkbox"/> Gas Utility Fund	GASFX 2299	\$ <input type="text"/>
<input type="checkbox"/> Small Cap Financial Fund	HSFNX 2290	\$ <input type="text"/>
<input type="checkbox"/> Large Cap Financial Fund	HLFNX 2298	\$ <input type="text"/>
<input type="checkbox"/> Technology Fund	HTECX 2292	\$ <input type="text"/>
<input type="checkbox"/> Japan Fund	HJPNX 590	\$ <input type="text"/>
<input type="checkbox"/> Japan Small Cap Fund	HJPSX 592	\$ <input type="text"/>
Money Market		\$2,500 Minimum
<input type="checkbox"/> First American Retail Prime Obligation Money Market Fund Class A	FAPXX 33	\$ <input type="text"/>

6 Telephone and Internet Options

Your signed application must be received at least 15 business days prior to initial transaction.

You automatically have the ability to make telephone and/or internet purchases* 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.

7 Automatic Investment Plan (AIP)

Your signed Application must be received at least 15 business 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

<input type="checkbox"/> Cornerstone Growth Fund	HFCGX 36	<input type="text"/>	<input type="text"/>	<input type="text"/>
		AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Focus Fund	HFCSX 2288	<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	HFMDX 38	<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	HFLGX 545	<input type="text"/>	<input type="text"/>	<input type="text"/>
		AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Cornerstone Value Fund	HFCVX 35	<input type="text"/>	<input type="text"/>	<input type="text"/>
		AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY

Multi-Asset

<input type="checkbox"/> Total Return Fund	HDOGX 34	<input type="text"/>	<input type="text"/>	<input type="text"/>
		AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Equity and Income Fund	HEIFX 2294	<input type="text"/>	<input type="text"/>	<input type="text"/>
		AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Balanced Fund	HBFBX 32	<input type="text"/>	<input type="text"/>	<input type="text"/>
		AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY

Sector & Specialty

<input type="checkbox"/> Gas Utility Fund	GASFX 2299	<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	HSFNX 2290	<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	HLFNX 2298	<input type="text"/>	<input type="text"/>	<input type="text"/>
		AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Technology Fund	HTECX 2292	<input type="text"/>	<input type="text"/>	<input type="text"/>
		AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY

7 Automatic Investment Plan (AIP) (continued)

<input type="checkbox"/> Japan Fund	HJPNX 590	<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	HJPSX 592	<input type="text"/>	<input type="text"/>	<input type="text"/>
		AMOUNT PER WITHDRAWAL	AIP START MONTH	AIP START DAY
Money Market				
<input type="checkbox"/> First American Retail Prime Obligation Money Market Fund Class A	FAPXX 33	<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 on the day the beneficiary (minor) reaches the age of 18.

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	53289
Jane Doe	
123 Main St.	
Anytown, USA 12345	
Pay to the order of _____	\$ _____
_____	_____ DOLLARS
Memo _____	Signed _____
⑆ 23456789 ⑆	⑆ 23456789 ⑆

VOID

9 Beneficiary Information (Due To Death of Account Holder)

If you need more space, please enclose a separate sheet of paper.

Primary

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

Secondary

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

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 Retail 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, as the Responsible Party, 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.

X	
DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE	DATE (MM/DD/YYYY)

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

Joseph Neuberg

11 Dealer Information

DEALER NAME

DEALER'S ID

BRANCH ID

DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE'S LAST NAME

FIRST NAME

M.I.

REPRESENTATIVE'S ID

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 & 2?
 - Birth Date in Section 1 & 2?
 - Full Name in Section 1 & 2?
 - Permanent street address in Section 1 & 2?
- Enclosed your check made payable to The Hennessy Funds?
- Included a voided check, if applicable?
- 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.

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.