TradeUP Securities

Send these completed forms to:
TradeUP Securities Inc.
101 Eisenhower Parkway
Roseland, NJ 07068 1-800-962-7726

494

Instructions:
Complete the Checkwriting Application section and the Checkwriting Signature Card section. Checkwriting is not available on IRA accounts. A supply of checks will be sent to you shortly. **All persons listed on the account must sign the applicable areas.**
Note: We comply with Section 326 of the USA Patriot Act. This law requires us to verify certain information about you while processing your application.

Account number **689**☐☐☐☐☐☐☐☐☐☐

CHECKWRITING APPLICATION

1. PERSONAL INFORMATION

Primary Shareowner's First Name Middle Initial Last

Social Security Number Date of Birth

Mailing Address Apt. No. P.O. Box No.

City State Zip Code How Long?

Mother's Maiden Name

Home Address (if different from mailing address)

Home Phone Business Phone

Joint Shareowner's First Name Middle Initial Last

Social Security Number Date of Birth

Mailing Address Apt. No. P.O. Box No.

City State Zip How Long?

Mother's Maiden Name

Home Address (if different from mailing address)

Home Phone Business Phone

2. EMPLOYMENT INFORMATION

Position ngtheof Employment

Primary Shareowner's Present Employer

Business Address

Position Length of Employment

Joint Shareowner's Present Employer

Business Address

3. BUSINESS ACCOUNTS

Name of Business Entity

Taxpayer Identification Number

Business Type: ☐ Corporate ☐ Partnership ☐ Tax Exempt Entity ☐ Other All Businesses: Please furnish an appropriate resolution.

Authorized Representative Name (for Card)

Signature of Authorized Representative

CHECKWRITING SIGNATURE CARD

TradeUP Securities Inc. – 494

689☐☐☐☐☐☐☐☐☐☐

1. PRIMARY SHAREOWNER(S) NAME(S) AS REGISTERED

2. JOINT SHAREOWNER(S) NAME

ACCOUNT ADDRESS Street City State Zip Code

X

X

By signing this Checkwriting Signature Card, I certify that the information provided above is true and correct. I acknowledge that I have read, understand and agree to the Checkwriting Account Agreement printed on the reverse side of this application.

AUTHORIZED SIGNATURE(S) SIGN ABOVE

Rev: 07/05

CHECKWRITING ACCOUNT AGREEMENT

Each person signing the Checkwriting Signature Card on the reverse hereof (an "Applicant") certifies that his or her signature thereon represents such Applicant's legal signature. Each Applicant guarantees the genuineness of any other Applicant's signature appearing on the Signature Card. The Fund from which Applicant's checks are to be paid, Applicant's Broker (if any), and UMB Bank, n.a. or its bank affiliates (collectively, the "Bank") and any of their successors are authorized to recognize such signature in the payment of checks, drafts and other instruments ("Checks") against Applicant's investment account ("Account"), **any (1) of the signatures on the Signature Card, standing alone, being sufficient.**

Each Applicant agrees to be bound by the Terms and Conditions for Check Writing (the "Terms"), which may be forwarded to Applicant by Bank from time to time. The Terms may be amended by the Bank, and shall be binding on Applicant and the Account when an Applicant receives notice of any such changes.

Each Applicant hereby appoints the Bank as Applicant's agent for purposes of this Checkwriting Account Agreement. The Bank is authorized, upon the presentment of Checks or other electronic debits drawn on the Account (collectively, "Debits"), to transmit such Debits to the Fund or its Transfer Agent or to the Broker (as appropriate) as requests to redeem shares in the Account in an amount sufficient to pay such Debits, and to effect their payment. Applicant agrees that Bank may honor electronic payments to or from the Account as authorized by Applicant, when such payments are processed in accordance with law and the applicable payment system rules.

Applicant agrees that the Account is subject to the applicable terms and restrictions, including charges for check writing and payment processing services, as set forth in the current Prospectus or in a separate fee schedule for each Fund.

Applicant agrees that payments made from the Account under this Checkwriting Account Agreement are governed by the laws, including the Uniform Commercial Code, as enacted in the State of Missouri, as amended from time to time. Applicant consents to the jurisdiction of the state or federal courts in Missouri over any dispute or claim arising out of the provision of check writing or other payment services under this Agreement. Applicant agrees to examine the statement for the Account promptly. **Applicant agrees to report any claim that a Check or other payment made from the Account was forged, altered, or otherwise not authorized within thirty (30) days of receipt of the statement by any account holder. Failure to notify the Fund, the Broker or the Bank within that time will preclude any claim against the Fund, the Broker and the Bank by reason of any unauthorized or missing signature, alteration, or error of any kind.** In the event the Fund, the Broker or the Bank is deemed liable for any unauthorized payment or any failure to honor a stop payment order that has been properly given, such liability shall not exceed the face amount of the Check or other payment improperly made.