SYSTEMATIC PURCHASE/WITHDRAWAL REQUEST FORM



This Systematic Purchase/Withdrawal Request Form is used to move money between your bank account and your mutual fund account via ACH on a scheduled basis. If you have any questions regarding this form, please call Shareholder Services at 1-800-934-5550.

PART I: INVESTOR INFORMATION (* DENOTES REQUIRED INFORMATION)

Owner's Name* (First, M.I., Last)		Date of Birth*	Social Secu	rity Number*
Street Address (Physical Address)*	Apartment #	City*	State*	Zip Code*
Mailing Address (if different from ab	oove)	City	State	Zip Code
Daytime Phone*	Evening Phone	Exist	ing Account Numbe	er*

PART II: SYSTEMATIC INVESTMENT/WITHDRAWAL PROGRAMS

Systematic Investment and Systematic Withdrawal allow you to move money between your bank account and your mutual fund account via ACH (Automated Clearing House) on a scheduled basis. Systematic Investment Program must be established with a \$100 minimum. Please refer to your prospectus for other account restrictions.

I AM INTERESTED IN SIGNING UP FOR:

SYSTEMATIC INVESTMENT PROGRAM

SYSTEMATIC WITHDRAWAL PROGRAM TO ADDRESS OF RECORD

SYSTEMATIC WITHDRAWAL PROGRAM VIA ACH

DIVIDEND CASH DISTRIBUTION (a check will be sent to the address of record. If prefer ACH to bank then please attach a voided check)

I authorize the IMS Family of Funds to initiate investments into or withdrawals from my mutual fund account in each of the following months:

Annually	Semi-Annually	Quarterly	Bi-Weekly	Specific Months	s (specify):
January	February August	March September	April October	May November	JuneDecember
Fund		Amount \$		Day of Month (1 st , 1	.5 th , etc.)

*Redemption proceeds of fund shares purchased via ACH may not be available for a period of fifteen (15) calendar days. Please provide all of your bank account information <u>AND</u> attach a voided check or deposit slip where requested in Part III.

IMS Family of Funds Systematic Purchase/Withdrawal Form-

Bank Name	ABA	number (if	known)
Bank Address			
City	Sta	te	Zip Code
Name(s) on Bank Account	Bar	nk Account I	Number
Name(s) on Bank Account			
Please attach one voided check or deposit John and Jane Doe 123 Any Street Anytown, USA 1234	Date		003
123 Any Street	Date	\$	
John and Jane Doe 123 Any Street Anytown, USA 1234 PAY TO THE	5 Date5	\$	003
John and Jane Doe 123 Any Street Anytown, USA 1234 PAY TO THE ORDER OF BANK NAME BANK ADDRESS	5 Date5 Tape your voided check or preprinted deposit slip here.	\$	

PART IV: SIGNATURE

The completion of this section is REQUIRED.

By signing this form, I represent and warrant that: (a) I am of legal age in my state of residence and wish to purchase shares of the Funds as described in the current Prospectus; and (b) I have the full right, power and authority to invest in the Funds; and (c) I have received a current Prospectus of the Funds and agree to be bound by its terms; and (d) I understand that no certificates will be issued and that my confirmation statement will be evidence of my ownership of fund shares.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividend, you are not required to sign the Certification, but you must provide your correct TIN. (See IRS Form W-9, which is available from the Funds, for more information).

Non-U.S. Investors must furnish a social security number or taxpayer identification number. Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are required to furnish corporate resolutions or similar documents providing evidence that they are authorized to effect securities transactions on behalf of the Investor (alternatively, the secretary or designated officer of the organization must certify the authority of the persons signing in the space provided below). In addition, signatures of representatives or fiduciaries of corporations and other entities must be accompanied by a New Technology signature guarantee by a commercial bank that is a member of the Federal Deposit Insurance Corporation, a trust company or a member of a national securities exchange.

	Х	
Date	Shareholder, Custodian, Trustee, or Authorized Officer	Date
	Х	
Date	Shareholder, Custodian, Trustee, or Authorized Officer	Date
		X

Part V: New Technology Medallion Signature Guarantee Stamp

The completion of this section is REQUIRED.

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

Participants in good standing of the Securities Transfer Agents Medallion Program ("STAMP")

- Commercial banks which are members of the Federal Deposit Insurance Corporation ("FDIC")
- Trust Companies

Firms which are members of a domestic stock exchange

Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges

Foreign branches of any of the above

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.

NEW TECHNOLOGY MEDALLION SIGNATURE
GUARANTEE STAMP

MAILING INSTRUCTIONS

Please send completed form to:

<u>Regular Mail Delivery</u> IMS Family of Funds PO BOX 410559 Kansas City, MO 64141 <u>Overnight Delivery</u> IMS Family of Funds 4520 Main St Ste 1425 Kansas City, MO 64111

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