



1050 17th Street, Suite 1710
Denver, CO 80265-2077
Main (800) 955-9988
Fax (303) 534-5627
info@sheltoncap.com

Individual Retirement Account

Powered By



TYPE OF ACCOUNT

(Please select one from the list)

Traditional IRA

401(k) Rollovers

SEP IRA

Employer Name and Address:

Roth IRA

Roth 401(k) Rollovers

SIMPLE IRA

Beneficiary IRA

Transfer from IRA

ACCOUNT OWNER INFORMATION

First Name:

Middle Name:

Last Name:

Street Address (No P.O. Box):

City:

State:

Zip Code:

Mobile Number:

Home Number:

E-mail:

Date of Birth:

Social Security Number:

I am a U.S. citizen (please select one option):

Yes

No

INITIAL INVESTMENT - RENTX

(Please select one from the list)

\$250,000

\$50,000

\$5,000

\$100,000

\$25,000

Other

MONTHLY AUTOMATIC INVESTMENT* - RENTX

(Please select one from the list)

\$5,000

\$250

Other

\$1,000

No Thanks

** Automatic investment is processed by the fifth business day every month. Call to make changes. There is a \$25.00 fee if the automatic purchase cannot be made due to insufficient funds, stop payment, or for any other reason. SIMPLE IRAs and Rollover IRAs from retirement plans are not eligible for automatic investments.*

FUND THE ACCOUNT

(Please select one option)

By providing bank information you are authorizing purchases and redemptions via ACH transfer and/or wire transfer. This authorization will allow you to make such transactions via telephone with a Client Service Representative or on the website www.sheltoncap.com. If a check to fund this account is not included with this application, the initial purchase into RENTX will be drawn from the bank account provided.

Checking Account

Savings Account

Transfer from another IRA

Fund my account by check or wire

Name on Bank Account:

Bank Account Number:

Bank Name:

ABA Routing Number (9 Digits):

0001

Your Name
Street Address
City, State Zip

Date

Pay to the Order of \$

111 SCM Street
San Francisco, CA 94000
ANY BANK

Memo

ABA Routing Number: 98765432101
Account Number: 1234567890001

ACCOUNT OPTIONS

Telephone and Exchange Privileges

Exchange Privileges: Permits exchanges between funds via telephone request

Statement Delivery: Statements, tax forms and regulatory documents delivered electronically

Opt out of exchange privileges

Opt out (additional fees may apply for paper delivery)



1050 17th Street, Suite 1710
Denver, CO 80265-2077
Main (800) 955-9988
Fax (303) 534-5627
info@sheltoncap.com

Individual Retirement Account

Powered By



PRIMARY BENEFICIARY DESIGNATION

%:	First Name:	Middle Name:	Last Name:	
Street Address:		City:	State:	Zip Code:
Mobile Number:		Home Number:	E-mail:	
Date of Birth:		Social Security Number:		

SECONDARY BENEFICIARY DESIGNATION (Attach a sheet to designate additional beneficiaries)

%:	First Name:	Middle Name:	Last Name:	
Street Address:		City:	State:	Zip Code:
Mobile Number:		Home Number:	E-mail:	
Date of Birth:		Social Security Number:		

Spousal Consent (Required if your spouse is not named as a sole primary beneficiary and you reside in a community or marital property state. You should consult with your own legal tax adviser to determine if spousal consent is required.)

I am the spouse for the above-named IRA account owner. I acknowledge that a designation of a non-spousal beneficiary may not be effective in my state without my consent. I hereby consent to the beneficiary designation(s) stated above.

Signature of Spouse

Date

Signature and Certification (to avoid backup withholding)

I adopt the Shelton Capital Management Individual Retirement Account and appoint Constellation Trust Company to perform custodial and other administrative services specified in the IRA Custodial Account Agreement. I have received and read the prospectus for the Fund(s) and have read and understand the IRA Disclosure Statement and Custodial Account Agreement. I certify under penalties of perjury that my Social Security Number (above) is correct and that I am of legal age. If I am opening this IRA with a distribution from an employer-sponsored retirement plan or another individual retirement account, I certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my IRA may be billed or collected by redeeming sufficient shares from my Fund account balance. I agree to provide the Internal Revenue Service with information required. I further agree to follow the terms and conditions of the IRA Custodial Account Agreement. Acceptance by Custodian shall consist of a "confirmation of transaction statement" issued by the Custodian: Constellation Trust Company, c/o Gemini Fund Services, LLC, 17605 Wright Street, Suite 2, Omaha, NE 68130. 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 U.S. 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 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.

Signature of Owner

Date