



Coverdell Savings Account Application

FOR ADDITIONAL INFORMATION PLEASE CALL TOLL FREE 1-800-241-9772

MAIL TO: MONETTA FUNDS

c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

OVERNIGHT MAIL TO: MONETTA FUNDS

c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., Floor 3
Milwaukee, WI 53202-5207

>>In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: 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 for 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 as an age-appropriate distribution at the current day's net asset value.

1 DESIGNATED BENEFICIARY (Account Holder-Minor)

<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 (Adult)

<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"/>
RELATIONSHIP TO DESIGNATED BENEFICIARY	SOCIAL SECURITY NUMBER	BIRTHDATE (MM/DD/YYYY)
<input type="text"/>		
DAYTIME PHONE NUMBER		
<input type="text"/>		
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 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.

4 INVESTMENT CHOICES

- BY CHECK:** Make check payable to the Monetta Funds
Note: Generally, money orders of any amount and third party checks are not accepted.
- BY WIRE:** Call 1-800-241-9772.
Note: A completed application is required in advance of a wire.

The minimum initial investment amount is \$1,000 for shares in any of the Monetta Funds, with no subsequent investment minimum. **However, the initial investment is lowered to \$100 if also enrolled in the automatic investment Plan with a minimum of \$25 monthly.**

Investment Amount

MONETTA FUND, (9)\$	<input type="text"/>
MONETTA YOUNG INVESTOR FUND, (17)\$	<input type="text"/>

5 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 7 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP (check one):
(\$25.00 minimum)

- Monthly
- Quarterly

If no option is selected, the frequency will default to monthly.

<input type="checkbox"/> MONETTA FUND, (9)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	AMOUNT PER DRAW	AIP START MONTH	AIP START DATE
<input type="checkbox"/> MONETTA YOUNG INVESTOR FUND, (17)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	AMOUNT PER DRAW	AIP START MONTH	AIP START DATE

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

6 TELEPHONE AND INTERNET OPTIONS

You automatically have the ability to make telephone and/or Internet purchases*, redemptions* or exchanges per the prospectus, unless you specifically decline. See the prospectus for minimum and maximum amounts *You must provide bank instructions and a voided check in Section 7.

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

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.

7 VOIDED CHECK FOR BANK INFORMATION

Please attach a voided check or savings deposit slip to this application if you chose the Automatic Investment Plan. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

John Doe Jane Doe 123 Main Street Anytown, USA 12345	58239
VOID	
Pay to the order of _____ \$ _____ _____ DOLLARS	
Memo _____ Signed _____	
⑆ 1 2 3 4 5 ⑆ ⑆ 1 2 3 4 5 6 7 8 5 6	

8 BENEFICIARY INFORMATION (Due to Death)

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

Primary

Name	Relationship	City / State / Zip	Social Security #	Date of Birth	%
Name	Relationship	City / State / Zip	Social Security #	Date of Birth	%

Secondary

Name	Relationship	City / State / Zip	Social Security #	Date of Birth	%
Name	Relationship	City / State / Zip	Social Security #	Date of Birth	%

9 SIGNATURE

✓ I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Monetta 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 Monetta Funds (the "Fund"). I understand the Fund's 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. 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 Fund to revoke my consent. I agree to notify the Fund 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 Fund and its transfer agent shall not be liable, if I fail to notify the Fund 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.

✓ I understand that the fees relating to my account may be collected by redeeming sufficient shares. The Custodian may change the fee schedule at any time

✓ 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 Fund, its 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, 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 Fund, its 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 Fund's 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 and dividends, or 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), 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.**

DEPOSITOR/LEGALLY RESPONSIBLE INDIVIDUAL SIGNATURE

DATE (MM/DD/YYYY)

Appointment as custodian accepted:
U.S. BANK, National Association

10 DEALER INFORMATION (If Applicable)

<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
DEALER NAME		REPRESENTATIVE LAST NAME		FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>			
DEALER'S ID	BRANCH ID	REPRESENTATIVE'S ID			
DEALER HEAD OFFICE INFORMATION			REPRESENTATIVE BRANCH OFFICE INFORMATION		
<input type="text"/>		<input type="text"/>		<input type="text"/>	
ADDRESS		ADDRESS		CODE	
<input type="text"/>		<input type="text"/>			
CITY / STATE / ZIP		CITY / STATE / ZIP			
<input type="text"/>		<input type="text"/>			
TELEPHONE NUMBER		TELEPHONE NUMBER			

SAGE TUITION REWARDS REGISTRATION

How to Enroll in the College Tuition Rewards Program

Shareholders are eligible to enroll in the College Tuition Rewards Program.
You can start by visiting www.investors.monetta.com and enroll under the Tuition Rewards Button

For complete program details and restrictions please visit www.tuitionrewards.com.

! BEFORE YOU MAIL, HAVE YOU:

- | | |
|---|--|
| <input type="checkbox"/> 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? | <input type="checkbox"/> Enclosed your check made payable to Monetta Funds?
<input type="checkbox"/> Included a voided check, if applicable?
<input type="checkbox"/> Signed your application in Section 9?
<input type="checkbox"/> Enclosed additional documents if applicable? |
|---|--|

For additional information please call toll-free 1-800-Monetta or visit us on the web at www.investors.monetta.com.

PRIVACY NOTICE

In order to provide the products and services of the Fund, we may collect nonpublic, personal information from you. We consider such information to be private and confidential and are committed to respecting your privacy and protecting your information.

We may collect nonpublic, personal information about you from the following sources:

- information that you provide us on applications and other forms;
- information that we generate to service your account, such as account statements; and
- information that we may receive from third parties.

We do not disclose nonpublic, personal information about you without your authorization, except as permitted by law or in response to inquiries from governmental authorities. We may share information with affiliated and unaffiliated third parties with whom we have contracts for servicing the Fund, including transfer agents and mailing services. We will provide unaffiliated third parties with only the information necessary to carry out their assigned responsibilities and require third parties to treat your non-public personal information with the same high degree of confidentiality.

We restrict access to your nonpublic, personal information to those employees who need to know such information to provide products or services to you. We maintain certain physical, electronic and procedural safeguards that are designed to protect your nonpublic, personal information.

In the event that you hold shares of the Fund 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 non-affiliated third parties.