



ADVANCE CAPITAL I, INC. APPLICATION FOR PURCHASE OF SHARES

In order to help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information which identifies each person who opens an account. In order to meet this obligation, we will ask for certain information such as your driver's license or other official unexpired documents, one of which must contain a photograph. If we are unable to verify your identity within a reasonable amount of time, Advance Capital reserves the right to close your account. Depending on the type of account distributed, such action could result in tax consequences.

1- NAME _____ BIRTHDATE _____ TAX I.D. # or SOC. SEC. # _____
 2- NAME _____ BIRTHDATE _____ SOC. SEC. # _____
 3- NAME _____ BIRTHDATE _____ SOC. SEC. # _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 TELEPHONE (DAY) _____ TELEPHONE (EVE) _____ EMAIL _____

TYPE OF ACCOUNT	YEAR
<input type="checkbox"/> REGULAR IRA	_____
<input type="checkbox"/> ROLLOVER IRA	_____
<input type="checkbox"/> IRA TRANSFER	_____
<input type="checkbox"/> SIMPLE IRA	_____
<input type="checkbox"/> ROTH IRA	_____
<input type="checkbox"/> EDUCATION IRA	_____
<input type="checkbox"/> INHERITED IRA	_____
<input type="checkbox"/> SEP IRA	_____
<input type="checkbox"/> INDIVIDUAL	_____
<input type="checkbox"/> GIFT TO MINOR (UTMA)	_____
<input type="checkbox"/> JOINT	_____
<input type="checkbox"/> TRUST	_____
<input type="checkbox"/> TOD	_____
<input type="checkbox"/> OTHER _____	_____

All IRAs require the completion of the Self Directed IRA Trust Application. A rollover form is required for Rollover IRAs. SIMPLE IRAs require the completion of Form 5034. SEP IRAs require the completion of Form 5303.

Trust accounts require a copy of the pages of your trust that show the name of the trust, the date and listing of all trustees with their signatures. TOD accounts require a Transfer on Death Registration Form.

INVESTMENT SELECTION	AMOUNT OF INVESTMENT
(Retail Shares Only)	
<input type="checkbox"/> EQUITY GROWTH FUND	\$ _____
<input type="checkbox"/> BALANCED FUND	\$ _____
<input type="checkbox"/> RETIREMENT INCOME FUND	\$ _____
<input type="checkbox"/> CORE EQUITY FUND	\$ _____

MAKE CHECKS PAYABLE TO ADVANCE CAPITAL I, INC.

HOW WOULD YOU LIKE TO RECEIVE DISTRIBUTIONS?
<input type="checkbox"/> I WOULD LIKE ALL CAPITAL GAINS AND DIVIDENDS REINVESTED IN MY ACCOUNT.
<input type="checkbox"/> I WOULD LIKE ALL DIVIDENDS PAID TO ME IN CASH AND CAPITAL GAINS REINVESTED IN MY ACCOUNT.
<input type="checkbox"/> I WOULD LIKE ALL DIVIDENDS AND CAPITAL GAINS PAID TO ME IN CASH. <input type="checkbox"/> ACH <input type="checkbox"/> CHECK

IF NONE ARE CHECKED, THE FIRST OPTION WILL APPLY

HOW DO YOU WANT TO DO BUSINESS WITH US?

A. **BY TELEPHONE AND IN WRITING**
 I want you to accept any instructions from me by telephone or in writing without a signature guarantee to redeem or exchange shares for amounts less than \$25,000. (Amounts in excess of \$25,000 require a signature guarantee).
 I agree that Advance Capital I, Inc., its affiliated companies, their officers or employees shall not be required to examine the genuineness of any signature or oral instructions to exchange or redeem, or the authority or competency of the person(s) giving such instruction, and
 I agree to indemnify Advance Capital I, Inc. and its affiliated companies against, and hold them harmless from, all losses, claims, expenses and liabilities that may be based upon such matters or upon the failure to make such examination.

B. **IN WRITING ONLY**
 I want you to accept only written instructions signed by me to redeem or exchange shares and to require that my signature be guaranteed on redemption requests, regardless of the amount.

NOTE:
CHECK ONLY ONE BOX.
IF NO BOX IS CHECKED, OPTION B WILL APPLY

SIGNATURES

I hereby acknowledge that I have received, read and understand the prospectus and all disclosure documents. I certify under penalties of perjury (1) that the Social Security or Taxpayer Identification Number provided above is correct, (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to withholding and (3) that I am a U.S. person (including a U.S resident alien).

Signature _____ Signature (Joint accounts only) _____
 Signature (Joint accounts only) _____ Date _____

SHAREHOLDER SERVICES USE ONLY	BROKER USE ONLY: PLEASE INITIAL
ACCOUNT # _____ S/S/R _____ DATE PROCESSED: _____	C/S/S _____ C/S/R _____ R/P _____ REP _____