

1. ACCOUNT INFORMATION

Information About Procedures for Opening a New Account

Federal law, pursuant to the USA Patriot Act, requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, identification number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Such documents will be used solely to attempt to establish your identity. Information you provide in this account application may be shared with third parties for the purpose of validating your identity and may be shared for other purposes in accordance with the Ameristock Funds' privacy policy.

Please complete only one of the following account types below.

Individual or Joint Account

First Name Middle Initial Last Name

Social Security Number Birth Date

Joint Owner (if any) Middle Initial Last Name

Social Security Number Birth Date

Joint owners have rights of survivorship, unless you specify otherwise.

Gift/Transfer to Minor

Custodian Name (only one permitted) Social Security Number

Street (no P.O. Boxes)

City State Zip Code Custodian's Birth Date

Minor's Name (only one permitted) Social Security Number

Street (no P.O. Boxes)

City State Zip Code Minor's Birth Date

Trust, Corporation, Business, or Other Entity

If Corporation: S-Corporation, C-Corporation

Name of Corporation or Other Entity (Please include Corporate Resolution, Trust Agreement or other documentation that indicates who is authorized to act on behalf of this entity. Also, include a copy of the Certified Articles of Incorporation, Trust Instrument or Partnership Agreement.)

Name of Trustee (if applicable—if more than one please attach an accompanying sheet.)

Date of Trust Agreement (if applicable)

Tax Identification Number

Authorized Person Social Security Number

City State Zip Code Authorized Person's Birth Date

Note: An S-Corporation will be established unless otherwise indicated

2. ADDRESS (if not provided above.)

Street (no P.O. Boxes)

City State Zip Code

Daytime Phone Evening Phone Email Address (if any)

3. INVESTMENT INFORMATION

The initial minimum investment for the Fund is \$1,000.

Ameristock Mutual Fund, Inc. (AMSTX) \$ _____

Investment Method:

Check made payable to "Ameristock Mutual Fund, Inc." (Third party checks cannot be accepted.)

Investment to be wired to account # _____ Please call for instructions.

4. DISTRIBUTION & TELEPHONE OPTIONS

All dividends and capital gains will be *automatically reinvested* unless otherwise indicated below. In addition, you elect to have telephone redemption privileges unless otherwise indicated below.

Please pay all income dividends and capital gains distributions in cash.

I DO NOT want any telephone redemption privileges.

5. SPECIAL ACCOUNT OPTIONS

These options are subject to the terms set forth in the prospectus. Please see the prospectus for more information, including charges that may apply.

A. Automatic Investment Plan

Yes (Please complete below.) No

This option allows you to make automatic investments (minimum of \$100) into your Ameristock account directly from your bank checking or savings account. *Please also complete Bank Information Section.*

Fund Name Amount
Ameristock Mutual Fund, Inc. \$ _____



www.ameristock.com
1-800-394-5064

COST BASIS ELECTION FORM

The cost basis of covered shares, generally shares acquired on or after January 1, 2012, is determined using the fund's default method, unless you elect another method. The Ameristock Fund's default method is Average Cost. If available, the cost basis of noncovered shares, generally shares acquired before January 1, 2012, is determined using the Average Cost method. Complete this form to elect a different cost basis method for covered shares.

Do not use this form to:

- Elect a cost basis method for noncovered shares, an educational, retirement or Money Market account.
• Revoke Average Cost.

SECTION 1: Account Information

Account Number

Owner's Name (Last, First, Middle Initial)

Owner's Social Security Number

Date of Birth (MM/DD/YY)

Joint Owner's Name (Last, First, Middle Initial) (if applicable)

Joint Owner's Social Security Number

Date of Birth (MM/DD/YY)

Address of Residence (Required) - P.O. Box not accepted

City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

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Day Phone

Evening Phone

E-mail Address

SECTION 2: Cost Basis Method

You may elect a different cost basis method or change methods below. To determine which cost basis method is appropriate for your tax situation, please consult a qualified tax professional.

Important: The method you elect will be applied to future redemptions. However, if you are changing from Average Cost to another method, the method you elect above applies to shares acquired after the effective date of the change. Only a revocation of Average Cost is applied retroactively. Please contact us to determine your eligibility and for instructions.

I would like to elect the below method for my account. My election will be my default cost basis method for covered shares and will apply to all funds in my account, including funds acquired at a later date, unless I otherwise specify.

- ☐ Average Cost (Fund's Default Cost Basis Method)
☐ Last In, First Out
☐ First In, First Out
☐ Low Cost
☐ Highest In, First Out
☐ Specific Share Identification Manual Lot Selection (If lots are not specified for redemptions or other dispositions, shares will be redeemed using the FIFO method.)

SECTION 3: Signature(s)

I authorize the Ameristock Funds and it's agents to act upon the instructions provided. I understand that the elections above will be applied as of the date this form is received and processed in good order. I agree that neither Ameristock Funds nor its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that these instructions are genuine.

ALL owners of this account must sign below:

X

Signature of Owner

Date

X

Signature of Joint Owner (if any)

Date

Mailing Instructions

Please mail the Cost Basis Election Form to: Ameristock Mutual Fund • P.O. Box 44266 • Denver, CO 80201-4266 • 1-800-394-5064