



Coverdell Education Savings Account Application

Original Class

Mail To: Hennessy Funds
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: Hennessy Funds
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL 3
Milwaukee, WI 53202-5207

For additional information please call toll-free **1-800-966-4354** or visit us on the web at www.hennessyfunds.com.

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 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 as an age-appropriate distribution at the current day's net asset value.

1. Designated Beneficiary

(Account Holder)

FIRST NAME _____	M.I. _____	LAST NAME _____
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) _____		CITY / STATE / ZIP _____
SOCIAL SECURITY NUMBER _____		BIRTHDATE (Mo / Dy / Yr) _____

2. Responsible Party

FIRST NAME _____	M.I. _____	LAST NAME _____
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) _____		CITY / STATE / ZIP _____
DAYTIME PHONE NUMBER _____	RELATIONSHIP TO DESIGNATED BENEFICIARY _____	
SOCIAL SECURITY NUMBER _____		BIRTHDATE (Mo / Dy / Yr) _____
DRIVER'S LICENSE OR STATE I.D. NUMBER _____	STATE OF ISSUE _____	

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 VI 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 VII 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 _____

- 4. Investment Choices** By check: Make check payable to the Hennessy Funds. \$ _____
 By wire: Call 1-800-261-6950 Indicate amount of wire \$ _____

<u>Cornerstone Series - Original Class</u>	Minimum Investment	<u>Investment Amount</u>	<u>Optional Automatic Investment Plan</u>		
			\$100 Minimum	AIP Start Month	Day
<input type="checkbox"/> Focus 30 Fund (HFTFX)	(38) \$250	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Cornerstone Growth Fund (HFCGX)	(36) \$250	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Cornerstone Growth Fund, Series II (HENLX)	(39) \$250	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Cornerstone Large Growth Fund (HFLGX)	(545) \$250	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Cornerstone Value Fund (HFCVX)	(35) \$250	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Total Return Fund (HDOGX)	(34) \$250	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Balanced Fund (HBFBX)	(32) \$250	\$ _____	\$ _____	_____	_____
Select Series - Original Class					
<input type="checkbox"/> Select Large Value Fund (HSVFX)	(547) \$250	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Select SPARX Japan Fund (SPXJX)	(590) \$250	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Select SPARX Japan Smaller Companies Fund (SPJSX)	(592) \$250	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> First American Prime Obligation Money Market Fund Class A (FIVXX)	(33) \$2,000	\$ _____	\$ _____	_____	_____

- 5. Telephone Options**
- Your signed Application must be received at least 15 business days prior to initial transaction.
- Exchange** (\$100 minimum) – permits the exchange of shares between identically registered accounts
- Purchase (EFT)** (\$100 minimum) – permits the purchase of shares from your bank account.
Attach a voided check or savings deposit slip to Section 6.
- I decline telephone exchange privileges on my account.

Telephone exchange privileges up to a maximum of \$100,000 to the address of record are automatically provided, should you wish to waive this option, please mark the appropriate box listed under this section. Your signed application must be received at least 15 business days prior to initial transaction.

- 6. E-delivery Options**
- You can access your account on-line at www.hennessyfund.com
- I would like to:**
- Receive prospectuses, annual reports and semi annual reports electronically
- Receive quarterly statements electronically
- Receive tax statements electronically

E-mail address – Your e-mail address is required in order to allow for notification that statements or reports are available for viewing or downloading.

By selecting these options, you agree to waive the physical delivery of these statements or reports. If you have opted to receive your statements electronically, you will need to establish access to your account via the funds web site to view them. Once your account has been set up, please visit www.hennessyfund.com/account_access.html to set up your on-line account.

7. Automatic Investment Plan

Your signed application must be received at least 15 business days prior to initial transaction.

Please include a voided bank check or savings deposit slip.

Based on the instructions in Section 4, funds will be automatically transferred from the checking or savings account on the slip below:

**ATTACH VOIDED CHECK OR
PREPRINTED SAVINGS DEPOSIT
SLIP HERE**

- \$25 fee will be assessed if your bank refuses the automatic purchase draw.
- Participation in the plan will be terminated upon redemption of all shares.
- Automatic Investments will be reported as current year contributions

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 NUMBER	DOB	%
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Secondary

NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
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9. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Hennessy 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 read the prospectus for the Hennessy Funds Original Class and if applicable, the class A shares of Prime Obligation Fund, a series of First American Funds Inc., (the "Funds"). I understand the Funds' objectives and policies and agree to be bound to 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 documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Funds to revoke my consent. I agree to notify the Funds 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 Funds and its transfer agent shall not be liable if I fail to notify the Hennessy Funds 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.

By signing below, I certify and agree that the information provided in this application is complete and correct. I have read and understood the terms set forth in this application, including the Customer Agreement. I understand that certain account options and features available to investors, such as Automatic Investment Plan and Systematic Withdrawal Plan options may not be available to me unless I provide the First American Funds, Inc., with additional information. I understand that these investment products are not FDIC insured, are not deposits of, obligations of, or guaranteed by any bank, and involve investment risks, including possible loss of the principal invested. I agree that Quasar Distributors, LLC, First American Funds, Inc., or any affiliate or their officers, directors or employees will not be liable for any loss, expense or cost for acting upon any instructions or inquiries believed genuine.

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.

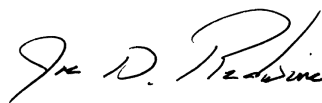
I authorize the Fund to perform a credit check based on the information provided, if necessary.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Hennessy Funds" and "Class A shares of Prime Obligation Fund") will not be responsible for banking system delays beyond their control. By completing sections 4, 5, or 6, 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 Funds" will not be liable for acting upon instruction 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 collected 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 dishonored 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 Funds' transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (Mo / Dy / Yr)

Appointment as Custodian accepted:
U.S. BANK, NA



10. Dealer / Broker Information

Please be sure to complete representative's first name and middle initial.

DEALER NAME	DEALER #	REPRESENTATIVE'S LAST NAME	FIRST NAME	REP #
DEALER HEAD OFFICE INFORMATION:		REPRESENTATIVE'S BRANCH OFFICE INFORMATION:		
ADDRESS		ADDRESS		
CITY / STATE / ZIP		CITY / STATE / ZIP		
TELEPHONE NUMBER		TELEPHONE NUMBER		

Before you mail, have you:

- | | |
|---|--|
| <input type="checkbox"/> Completed all USA PATRIOT Act required information? <ul style="list-style-type: none">- Social Security or Tax ID Number in Sections 1 and 2?- Birth Date in Sections 1 and 2?- Full Name in Sections 1 and 2?- Permanent street address in Sections 1 and 2? | <input type="checkbox"/> Enclosed your check made payable to the Hennessy Funds? |
| | <input type="checkbox"/> Included a voided check, if applicable? |
| | <input type="checkbox"/> Signed your application in Section 8? |