Hennessy Funds
IRA Application

Original Class

For Traditional, Roth, SEP, and SIMPLE IRAs

Hennessy Funds
Formulas for Smart Investing

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.

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1. Investor Information

FIRST NAME ______ M.I. ______ LAST NAME ______

SOCIAL SECURITY NUMBER ______ BIRTH DATE (Mo / Dy / Yr) ______

DRIVER'S LICENSE OR STATE I.D. NUMBER ______ STATE OF ISSUE ______

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2. Permanent Street Address

(Residential Address or Principal Place of Business – No P.O. Box addresses or foreign addresses)

STREET ______ APT/SUITE ______

CITY ______ STATE ______ ZIP CODE ______

DAYTIME PHONE NUMBER ______ EVENING PHONE NUMBER ______

❑ **Mailing Address** (No foreign addresses)

If completed, this address will be used as the Address of Record for all statements, checks, and required mailings

STREET ______ APT/SUITE ______

CITY ______ STATE ______ ZIP CODE ______

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3. Type of IRA

If no tax year is indicated, we will assume it is for the current tax year.

Refer to disclosure statement for eligibility requirements and contribution limits.

Choose ONE of the following account types:

- ❑ **Traditional IRA Account**
  - ❑ For tax year ____________
  - ❑ IRA to IRA Transfer (please complete IRA Transfer Form)
  - ❑ Rollover (shareholder had receipt of funds)
- ❑ **IRA Rollover Account**
  - ❑ Rollover IRA to Rollover IRA
  - ❑ Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator. Please check the type of qualified plan:
    ❑ Corporate ❑ Pension ❑ PSP ❑ 401(k) ❑ 403(b) ❑ Other ______________________
- ❑ **ROTH IRA Account**
  - ❑ For tax year ____________
  - ❑ Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
  - ❑ Traditional IRA to Roth IRA
  - ❑ Rollover from Roth IRA (shareholder had receipt of funds)
- ❑ **SEP (Simplified Employee Pension Plan)** – Each employee must complete an *IRA Application.*
  - ❑ Contribution
  - ❑ Transfer from another SEP IRA Account
  - ❑ Rollover (shareholder had receipt of funds)
- ❑ **SIMPLE IRA** (Be sure to complete Section 11)

4. Investment Choices

❑ By check: Make check payable to the Hennessy Funds. $ ____________

❑ By wire: Call 1-800-261-6950 Indicate amount of wire $ ____________

Cornerstone Series - Original Class		Minimum Investment	Investment Amount	Optional Automatic Investment Plan $100 Minimum	AIP Start Month	Day
❑ Focus 30 Fund (HFTFX)	(38)	$250	$________	$________	________	______
❑ Cornerstone Growth Fund (HFCGX)	(36)	$250	$________	$________	________	______
❑ Cornerstone Large Growth Fund (HFLGX)	(545)	$250	$________	$________	________	______
❑ Cornerstone Value Fund (HFCVX)	(35)	$250	$________	$________	________	______
❑ Total Return Fund (HDOGX)	(34)	$250	$________	$________	________	______
❑ Balanced Fund (HBFBX)	(32)	$250	$________	$________	________	______
Select Series - Original Class						
❑ Select Large Value Fund (HSVFX)	(547)	$250	$________	$________	________	______
❑ Select SPARX Japan Fund (SPXJX)	(590)	$250	$________	$________	________	______
❑ Select SPARX Japan Smaller Companies Fund (SPJSX)	(592)	$250	$________	$________	________	______
❑ First American Prime Obligation Money Market Fund Class A (FIVXX)	(33)	$2,500	$________	$________	________	______

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.hennessyfunds.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.

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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.hennessyfunds.com/account_access.html to set up your on-line account.

7. Voided Check for Bank Information

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

A voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required.

This plan allows money to be moved from the shareholders account on a systematic schedule (e.g. monthly, bimonthly, quartery and annually)

If you selected this option in Section 4, funds will be automatically transferred from your checking or savings account. Please attach a voided check or savings deposit slip to this application. We are unable to debit 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).

ATTACH VOIDED CHECK OR PREPRINTED SAVINGS DEPOSIT SLIP HERE

8. Beneficiary Information *(If you need more space, please enclose a separate sheet of paper.)*

Primary

NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%

Secondary

NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

X

SIGNATURE OF SPOUSE | DATE

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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 am of legal age and have the legal capacity to make this purchase. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

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.

If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. 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.

Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your States abandoned property laws.

I authorize the Fund to perform a credit check in the event that one is needed to verify or establish identity.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Hennessy Funds" and "Class A shres 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. SIMPLE IRA Employer Information

EMPLOYER (COMPANY) NAME

EMPLOYER STREET ADDRESS

EMPLOYER CITY / STATE / ZIP CODE

EMPLOYER CONTACT NAME

EMPLOYER CONTACT BUSINESS PHONE NUMBER

11. Dealer 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:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE'S BRANCH OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

Before you mail, have you:

- ❑ 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?
- ❑ Enclosed your check made payable to the Hennessy Funds?
- ❑ Included a voided check, if applicable?
- ❑ Signed your application in Section 9?