

Hennessy Funds New Account Application

Original Class

Please do not use this form for IRA accounts

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 (800) 966-4354 or visit us on the web at www.hennessyfund.com.

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** 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 at the current day's net asset value.

1. Investor Information – Select one

Individual

FIRST NAME _____ M.I. _____ LAST NAME _____ DOB (Mo / Dy / Yr) _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE OR STATE I.D. NUMBER _____ STATE OF ISSUE _____

Joint Owner

FIRST NAME _____ M.I. _____ LAST NAME _____ DOB (Mo / Dy / Yr) _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE OR STATE I.D. NUMBER _____ STATE OF ISSUE _____

Registration will be Joint Tenancy with Rights of Survivorship (JTWROS), unless otherwise specified.

Gift to Minor

CUSTODIAN'S FIRST NAME _____ M.I. _____ LAST NAME _____ DOB (Mo / Dy / Yr) _____
(ONLY ONE PERMITTED)

CUSTODIAN'S SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE OR STATE I.D. NUMBER _____ STATE OF ISSUE _____

MINOR'S FIRST NAME _____ M.I. _____ LAST NAME _____ DOB (Mo / Dy / Yr) _____
(ONLY ONE PERMITTED)

MINOR'S SOCIAL SECURITY NUMBER _____ MINOR'S STATE OF RESIDENCE _____

Corporation/
Trust*

NAME OF TRUST/CORPORATION/PARTNERSHIP AND STATE OF ORGANIZATION _____

Partnership*

NAME(S) OF TRUSTEE(S) _____

Other Entity*

SOCIAL SECURITY NUMBER / TAX I.D. NUMBER _____ DATE OF AGREEMENT (Mo / Dy / Yr) _____

* You must supply documentation to substantiate existence of your organization. (i.e., Articles of Incorporation/Formation / Organization, Trust Agreements, Partnership Agreement, or other official documents.)

Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.

2. Permanent Street Address (P.O. Box is not acceptable) (Residential Address or Principal Place of Business – No Foreign Addresses)

STREET _____ APT / SUITE _____

CITY _____ STATE _____ ZIP CODE _____

DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

Mailing Address (if different from Permanent):

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. No foreign addresses.

STREET _____ APT / SUITE _____

CITY _____ STATE _____ ZIP CODE _____

Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

NAME _____

STREET _____ APT/SUITE _____

CITY _____ STATE _____ ZIP CODE _____

Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

NAME _____

STREET _____ APT/SUITE _____

CITY _____ STATE _____ ZIP CODE _____

3. Investment Choices

By check: Make check payable to The Hennessy Funds. \$ _____

Note: Generally, cashier's checks of \$10,000 or less, money orders of any amount, and third party checks are not accepted.

By wire: Call (800) 261-6950. Indicate amount of wire \$ _____

A completed account application is required in advance of your wire

Conerstone Series - Original Class

		Minimum Investment	Investment Amount
<input type="checkbox"/> Focus 30 Fund (HFTFX)	(38)	\$2,500	\$ _____
<input type="checkbox"/> Cornerstone Growth Fund (HFCGX)	(36)	\$2,500	\$ _____
<input type="checkbox"/> Cornerstone Large Growth Fund (HFLGX)	(545)	\$2,500	\$ _____
<input type="checkbox"/> Cornerstone Value Fund (HFCVX)	(35)	\$2,500	\$ _____
<input type="checkbox"/> Total Return Fund (HDOGX)	(34)	\$2,500	\$ _____
<input type="checkbox"/> Balanced Fund (HBFBX)	(32)	\$2,500	\$ _____

Select Series - Original Class

<input type="checkbox"/> Select Large Value Fund (HSVFX)	(547)	\$2,500	\$ _____
<input type="checkbox"/> Select SPARX Japan Fund (SPXJX)	(590)	\$2,500	\$ _____
<input type="checkbox"/> Select SPARX Japan Smaller Companies Fund (SPJSX)	(592)	\$2,500	\$ _____
<input type="checkbox"/> First American Prime Obligation Money Market Fund Class A (FIVXX)	(33)	\$2,500	\$ _____

Distribution Options

Capital Gains & Dividends Reinvested	Capital Gains Reinvested & Dividends in Cash*	Capital Gains & Dividends in Cash*
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If nothing is checked, all distributions will be reinvested.

** Unless otherwise indicated, cash distributions will be mailed to the address in Section 2.*

4. Telephone and Internet Options

(\$1,000 minimum)

Telephone redemptions and 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.

I decline telephone redemption and exchange privileges on my account.

Phone redemption options permit the transfer of funds via:

Check to address in Section 2

Federal wire to your bank in Section 7 (There is a charge for each wire)*

EFT, at no charge, to your bank in Section 7 (funds are typically credited within two days after redemption)*

Purchase (EFT) (\$100 minimum) – permits the on-demand purchase of shares from your bank account.*

Exchange (\$100 minimum) – permits the exchange of shares between identically registered accounts.

** If you selected any of these options, please attach a voided check to this application. We are unable to draft or credit your account via EFT if it is a mutual fund or pass-through account.*

5. 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.

6. Automatic Investment Plan

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

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

Make payments Monthly Quarterly Annually starting with the month given here:

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

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.

7. Systematic Withdrawal Plan

Systematic Withdrawal Plan (\$100 minimum and \$10,000 account value minimum) – permits the automatic withdrawal of funds.

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

Payments will be mailed to address in Section 2

-OR-

Payments will be deposited directly into your bank account. Please attach a voided check or savings deposit slip to Section 7 of this application. We are unable to credit mutual fund or pass-through (“for further credit”) accounts.

<u>Cornerstone Series - Original Class</u>		Amount per Withdrawal	SWP Start Month	SWP Start Day
<input type="checkbox"/>	Focus 30 Fund (HFTFX) (38)	\$ _____	_____	_____
<input type="checkbox"/>	Cornerstone Growth Fund (HFCGX) (36)	\$ _____	_____	_____
<input type="checkbox"/>	Cornerstone Large Growth Fund (HFLGX) (545)	\$ _____	_____	_____
<input type="checkbox"/>	Cornerstone Value Fund (HFCVX) (35)	\$ _____	_____	_____
<input type="checkbox"/>	Total Return Fund (HDOGX) (34)	\$ _____	_____	_____
<input type="checkbox"/>	Balanced Fund (HBFBX) (32)	\$ _____	_____	_____
 <u>Select Series - Original Class</u>				
<input type="checkbox"/>	Select Large Value Fund (HSVFX) (547)	\$ _____	_____	_____
<input type="checkbox"/>	Select SPARX Japan Fund (SPXJX) (590)	\$ _____	_____	_____
<input type="checkbox"/>	Select SPARX Japan Smaller Companies Fund (SPJSX) (592)	\$ _____	_____	_____
<input type="checkbox"/>	First American Prime Obligation Money Market Fund Class A (FIVXX) (33)	\$ _____	_____	_____

8. Voided Check for Bank Information

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions or a systematic withdrawal plan, a voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required. We are unable to debit or credit mutual fund or pass-through 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**

9. Check Redemption Option

Establish check redemption privileges for the Money Market Fund. Checks will be mailed within ten business days after your account is opened. There is a \$100 minimum for any check written.

First American Prime Obligation Fund Account.

I/We guarantee the authenticity of each signature and understand the request is subject to the terms below.

Authorized Signatures

(For joint accounts, all owners must sign.)

One signature required

Two signatures required

X

X

X

I/We authorize U.S. Bank to honor these share drafts and to redeem sufficient shares in my account to cover payment of such checks. I understand that: (1) this privilege may be terminated at any time by the Fund or the bank and that neither shall incur any liability for loss or expense or cost to me for honoring checks, or for effecting redemptions to pay checks, or for returning checks which have not been accepted; (2) checks drawn on a joint account will require the signature of one registered owner; (3) by signing this card I/we certify that each of the statements set forth on the purchase application are true and accurate.

10. Signature and Certification Required by the Internal Revenue Service

I have received and understand 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' investment 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, 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 their transfer agent shall not be liable if I fail to notify the Funds within such time period. I certify that I am of legal age and have 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.

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, 6, or 7, 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 with respect to 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.

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 based on the information provided, if necessary.

Under penalty of perjury, I certify that (1) the Social Security number or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding either as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (3) I am a U.S. person (including a U.S. resident alien).

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

SIGNATURE OF OWNER*

DATE (Mo / Dy / Yr)

SIGNATURE OF OWNER*

DATE (Mo / Dy / Yr)

*If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided for the Joint Owner.

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:

REPRESENTATIVE'S BRANCH OFFICE INFORMATION:

ADDRESS

ADDRESS

CITY / STATE / ZIP

CITY / STATE / ZIP

TELEPHONE NUMBER

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 personal check made payable to The Hennessy Funds?

(Reminder: Generally, cashier's checks of \$10,000 or less, money orders of any amount, and third party checks are not accepted.)

Included a voided check, if applicable?

Signed your application in Section 10?

Enclosed additional documentation, if applicable?