



Hennessy Funds Systematic Withdrawal Plan Form 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.hennessyfund.com.

Use this form to establish a Systematic Withdrawal Plan (SWP) for your non-IRA account. A SWP will initiate withdrawals from your account at regular, periodic times. Please read everything carefully and complete all sections of this form. To ensure timely processing, please return this form within fifteen days of the initial withdrawal. **Please do not use this form to establish a SWP on an IRA account.** Instead, please call us and request an *IRA Distribution form*.

1. Your Name(s) and Account Information

Account Number _____

If you have more than one fund and account number, list only the ones that should have a SWP on them. Then check the appropriate boxes below.

Primary Account Owner

FIRST NAME

M.I.

LAST NAME

Joint Owner

FIRST NAME

M.I.

LAST NAME

2. Systematic Withdrawal Plan

To establish a Systematic Withdrawal Plan, your account value must be at least \$10,000 and your withdrawals must be at least \$100 each.

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

Mail my payments to the current address of record.

-OR-

Deposit my payments directly into my bank account. Please attach a voided check to Section 3 of this application. We are unable to credit mutual fund or pass-through ("for further credit") accounts. A signature guarantee is required for this.*

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

Cornerstone Series - Original Class

		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 Growth Fund, Series II (HENLX)	(39)	\$ _____	_____	_____
<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)	\$ _____	_____	_____

Select Series - Original Class

<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)	\$ _____	_____	_____

* A signature guarantee is a method of identity verification that protects against fraud. It can be obtained from a bank, trust company, or other financial institution. A notary public is not an acceptable guarantor since it does not include financial assurance against fraudulent activity.

3. Voided Check for Bank Information

If you have elected to have your proceeds sent directly to your bank account, please attach a voided check in this space. 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).

PLEASE ATTACH
VOIDED CHECK HERE

4. Signature

I understand that this Systematic Withdrawal Plan will operate until I cancel the Plan, either via telephone to the Funds' transfer agent or in writing to same. While there is no fee if there is not enough cleared money in my account to cover a withdrawal, I understand that the Fund may redeem my remaining position in the Fund and close my account. Also, I acknowledge that if a Plan is stopped due to insufficient funds, it will not automatically restart and that I must submit a new Systematic Withdrawal Plan form to restart the Plan.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Hennessy Funds" and The "First American Funds") will not be responsible for banking system delays beyond their control. By electing to have my fund directly deposited, 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 Hennessy 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. 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.

Lastly, I have read and understand the prospectus and any supplements to it, especially the sections that pertain to the Systematic Withdrawal Plan.

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.

SIGNATURE GUARANTEE *Affix signature guarantee here.*