



Kirr, Marbach Partners Funds

Purchase Application

Mail to: Kirr, Marbach Partners Funds
 c/o U.S. Bancorp Mutual Fund Services, LLC
 PO Box 701
 Milwaukee, WI 53201-0701

Overnight Express Mail To: Kirr, Marbach Partners Funds
 c/o U.S. Bancorp Mutual Fund Services, LLC
 615 E. Michigan St., 3rd Floor
 Milwaukee, WI 53202-5207

Use this form for individual, custodial, trust, profit sharing or pension plan accounts. Do not use this form for Kirr, Marbach Partners Funds sponsored IRA or SEP IRA accounts. For any additional information, please call Kirr, Marbach Partners Funds at 1-800-870-8039.

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 Funds reserve the right to redeem your account at the current day's net asset value.

A. Investment Choices

	Initial Investment Amount	Capital Gains & Dividends Reinvested	Capital Gains Reinvested & Dividends in Cash*	Capital Gains and Dividends in Cash *	Dividend Reinvestment & Capital Gains in Cash*
<input type="checkbox"/> Kirr, Marbach Partners Value Fund	\$ _____ (\$1,000 minimum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kirr, Marbach FA Retail Prime Obligations Fund	\$ _____ (\$1,000 minimum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

B. Registration

Individual

FIRST NAME _____ M.I. _____ LAST NAME _____ SOCIAL SECURITY # _____ BIRTHDATE (Mo/Dy/Yr) _____

Joint Owner

FIRST NAME _____ M.I. _____ LAST NAME _____ SOCIAL SECURITY # _____ BIRTHDATE (Mo/Dy/Yr) _____

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

Gift to Minors

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

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

MINOR'S SOCIAL SECURITY # _____ STATE OF RESIDENCE _____ CUSTODIAN'S SOCIAL SECURITY # _____

Corporation/Trust**

NAME OF TRUSTEE(S) *(IF TO BE INCLUDED IN REGISTRATION) _____

Partnership*

NAME OF TRUST/CORPORATION**/PARTNERSHIP* _____

Other Entity*

SOCIAL SECURITY # / TAX ID # _____

* Additional documentation and certification may be requested. **Corporate Resolution is required.

C. Mailing Address

<p>STREET _____ APT/SUITE _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>DAYTIME TELEPHONE # _____ EVENING PHONE # _____</p>	<p><input type="checkbox"/> Duplicate Confirmation to:</p> <p>FIRST NAME _____ M.I. _____ LAST NAME _____</p> <p>STREET _____ APT/SUITE _____</p> <p>CITY _____ STATE _____ ZIP _____</p>
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D. Telephone Options

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

To ensure proper debiting/crediting of your bank account, an unsigned voided check (for checking accounts) or a savings account deposit slip is required with your Application

Telephone Redemption.

Check to address shown on your account

Via federal wire to your bank account below (\$15.00 charge for each wire transfer)

Via EFT, at no charge, to your bank account below (funds are typically credited within two days after redemption)

Telephone Purchase (EFT). Permits the purchase of shares using your bank account to clear the transaction. (Minimum \$100.00)

Complete bank account information below.

NAMES ON BANK ACCOUNT _____

BANK NAME _____ ACCOUNT NUMBER _____

BANK ADDRESS _____ BANK ROUTING / ABA # _____

E. Automatic Investment Plan

Please start my Automatic Investment Plan as described in the Prospectus beginning: Month _____ Year _____. I hereby instruct U.S. Bank N.A., Transfer Agent for the Kirr, Marbach Partners Funds to automatically transfer \$ _____ (minimum \$100.00) directly from my checking, NOW or savings account named below on the _____ of each month or the first business day thereafter. I understand that I will be assessed a \$25 fee if the automatic purchase cannot be made due to insufficient funds, stop payment, or for any other reason.

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

An unsigned voided check (for checking accounts) or a savings account deposit slip is required with your Application.

Check if savings account

NAME(S) ON BANK ACCOUNT _____

BANK NAME _____ ACCOUNT NUMBER _____

BANK ADDRESS _____ BANK ROUTING / ABA # _____

SIGNATURE OF BANK ACCOUNT OWNER _____ SIGNATURE OF JOINT OWNER _____

F. Systematic Withdrawals

I would like to withdraw from the Kirr, Marbach Partners Funds \$ _____ (minimum \$250.00) as follows:

- I would like to have payments made to me on or about the _____ day of each month or,
- I would like to have payments made to me on or about the _____ day of the months that I have circled below:

Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

NAME (S) ON THE BANK ACCOUNT

BANK NAME

ACCOUNT NUMBER

Check if savings account

BANK ADDRESS

BANK ROUTING / ABA #

To ensure proper crediting of your bank account, please attach a voided check or a deposit slip.

G. Cost Basis Method

The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation. **If you do not elect a Cost Basis Method, your account will default to Average Cost.**

Primary Method (Select only one)

- Average Cost – averages the purchase price of acquired shares
- First In, First Out – oldest shares are redeemed first
- Last In, First Out – newest shares are redeemed first
- Low Cost – least expensive shares are redeemed first
- High Cost – most expensive shares are redeemed first
- Loss/Gain Utilization – depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares
- Specific Lot Identification – you must specify the share lots to be sold at the time of a redemption (This method requires you elect a Secondary Method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable.)

Secondary Method– applies only if Specific Lot Identification was elected as the Primary Method (Select only one)

- First In, First Out
- Last In, First Out
- Low Cost
- High Cost
- Loss/Gain Utilization

Note: If a Secondary Method is not elected, First In, First Out will be use

H. Signature and Certification Required by the Internal Revenue Service

I have received and understand the prospectus for the Kirr, Marbach Partners Value Fund (“Value Fund”) and/or the Kirr, Marbach FA Treasury Obligations Fund (“Treasury Obligations Fund”), together referred to as the “Funds”. I understand the Funds’ investment objectives and policies and agree to be bound by the terms of the applicable prospectus. Before I request an exchange between the Funds, I will obtain the current prospectus of the Value Fund or the Treasury Obligations 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 agents 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.

The Funds, their transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Kirr, Marbach Partners Funds") will not be responsible for banking system delays beyond their control. By completing sections D, E and F, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank N.A., on behalf of the applicable Fund. Kirr, Marbach Partners 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.

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, (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 and (3) I am a U.S. person (including a U.S. resident alien).

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

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

DATE (Mo/Day/Yr)

SIGNATURE OF OWNER*

DATE (Mo/Day/Yr)

SIGNATURE OF OWNER, if any

*If shares are to be registered in (1) joint names, both persons should 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 space provided below.