

IRA Account Application

CALIFORNIA INVESTMENT TRUST

ACCOUNT HOLDER

FUND GROUP

Full Name _____ Social Security Number _____

Street Address (no P.O. Box) _____

City _____ State _____ Zip Code _____

() _____ / / _____

Daytime Phone _____ Email _____ Birthdate _____

44 Montgomery Street Suite 2100
San Francisco, CA 94104-4708

(800) 225-8778
(415) 421-2019 Fax

www.caltrust.com

TYPE OF IRA

- Traditional IRA Transfer from another IRA Roth IRA SEP IRA SIMPLE IRA
- Rollover IRA — For Rollovers: Check if you have physical receipt of assets for less than 60 days
- Check if this is a direct rollover from an Employer Sponsored Retirement Plan
- 401(k) Other _____

INVESTMENT OPTIONS

- \$ _____ EQTAX - Equity Income Fund A Class \$ _____ CAUAX - U.S. Government Securities Fund A Class

BENEFICIARY DESIGNATION (Attach a sheet to designate additional beneficiaries)

<input type="checkbox"/> Primary () % <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary () % <input type="checkbox"/> Secondary
Name _____	Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
_____ / / _____	_____ / / _____
Social Security Number _____ Birthdate _____	Social Security Number _____ Birthdate _____
() _____	() _____
Daytime Phone _____ Email _____	Daytime Phone _____ Email _____

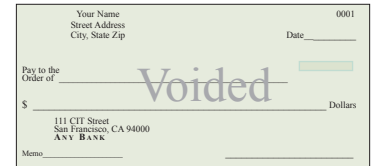
ACCOUNT OPTIONS

TELEPHONE & INTERNET PRIVILEGES (Please attach a voided check)

- ELECTRONIC DELIVERY | Statement, prospectus, and financial reports delivered electronically. Email required.
- EXCHANGE PRIVILEGES | Permits all access to account except redemptions.
- ACCOUNT LINK | Permits purchases and redemptions to be sent to and from your bank checking or savings account.

AUTOMATIC INVESTMENT PLAN (Please attach a voided check)

- I hereby instruct ALPS Mutual Fund Services, Transfer Agent for California Investment Trust Fund Group, to automatically transfer \$ _____ (minimum \$100) from my checking account on the _____ day of each month or the first business day thereafter. I understand that I will be assessed a \$25.00 fee if the automatic purchase cannot be made due to insufficient funds, stop payment, or for any other reason.



SIGNATURE & CERTIFICATION (to avoid backup withholding)

I adopt the California Investment Trust Individual Retirement Account and appoint Colorado State Bank & Trust, N.A. to perform custodial and other administrative services specified in the IRA Custodial Account Agreement. I have received and read the prospectus for the Fund(s) and have read and understand the IRA Disclosure Statement and Custodial Account Agreement. I certify under penalties of perjury that my Social Security Number (above) is correct and that I am of legal age. If I am opening this IRA with a distribution from an employer-sponsored retirement plan or another individual retirement account, I certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my IRA may be billed or collected by redeeming sufficient shares from my Fund account balance. I agree to provide the Internal Revenue Service with information required. I further agree to follow the terms and conditions of the IRA Custodial Account Agreement. Acceptance by Custodian shall consist of a "confirmation of transaction statement" issued by the Custodian: Colorado State Bank and Trust, N.A., c/o ALPS Fund Services, Inc., 1290 Broadway, Suite 1100, Denver, CO 80203.

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 U.S. 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 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.

Signature _____ Date _____

For Broker/Dealer Use Only

Broker/Dealer Name	Broker/Dealer Number	Street Address
Representative Name	Representative Number	City State Zip Code