



# Qualified Plan Account Application

## CLASS R SHARES

This application is for any Qualified Plan that would like to use the Fund of Funds Lp Funds on an investment only basis. No Third Party Administrator or Recordkeeper will be provided. Individual accounts are not available to purchase Class R Shares in qualified plans (401(k), Profit Sharing, Money Purchase Pension Plan, etc.).

A financial advisor can help evaluate your financial planning needs and help set your investment

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limited-purpose

broker-dealer and does not provide brokerage services or any financial advice. All checks must be made payable to "Fund of Funds Lp Family of Funds" and

sent with this application.

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checks, credit card checks, money orders, checks drawn on non-U.S. banks

(even if payment may be

effected through a U.S. bank), foreign checks or debit card.

### [Important Information About Opening a New Account](#)

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information. This act identifies each investor who opens an account.

Name of Trustee/Custodian \_\_\_\_\_

Name of Plan/Trust \_\_\_\_\_ Date of Plan/Trust (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ For the Benefit of \_\_\_\_\_

(e.g., 401(k) Plan Participants)

Tax Identification Number of the Plan/Trust \_\_\_\_\_

(If no TIN for the plan/trust has been established, please provide the TIN for the employer.)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name/Title of Contact Person \_\_\_\_\_

) \_\_\_\_\_

## 2. Dealer Information

In order to establish an account, a financial advisor is required to be listed below. A financial advisor can help evaluate your financial planning needs and help set your investment objectives. Fund of Funds Lp Investments LLC is a limited-purpose broker-dealer and does not provide brokerage services or any financial advice.

Dealer Name \_\_\_\_\_  
Representative's Name (First, Middle Initial, Last) \_\_\_\_\_  
Rep ID Number \_\_\_\_\_  
Representative's Branch Office Number \_\_\_\_\_ Branch Office  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_

Deadlines Home Office Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Telephone  
Number ( ) \_\_\_\_\_

## 3. Third Party Administrator – Recordkeeper (if applicable)

Third Party Administrator Name (Recordkeeper) \_\_\_\_\_  
Third Party Administrator Number \_\_\_\_\_  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Suite/Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_

## 4. Telephone Exchange Privileges

Please accept or decline the right to transact exchanges via the telephone by the Plan Trustee or financial advisor on the account

Accept          Decline

**5. Fund Selection(s)**

List the fund and class of shares you are purchasing and indicate the amount or percentage to be invested per fund. A complete list of the end of this account application. (See "Classes of Shares" and "Purchases, Redemptions and Exchanges" in the prospectus for detail each share class.)

All dividends and capital gains will be automatically reinvested.

All accounts will be opened on a pooled basis.

Fund name and share class	Fund ticker / Fund number	Investment amount <sup>1</sup>
1. _____	2. _____	\$ _____ or _____ % \$
_____	3. _____	_____ or _____ % \$
_____	4. _____	_____ or _____ % \$
_____	5. Other: _____	_____ or _____ % \$
_____		_____ or _____ %
		TOTAL: \$ _____ or _____ %

If you have additional selections, attach a separate page that includes all of the information requested above. Sign and date the page.

<sup>1</sup> If entering percentages please be sure to only include full percentage accounts. The percentages must equal 100%.

**6. Signature(s) and Certification**

I/We understand that the Plan account will be automatically subject to telephone exchange privileges unless I/we restrict such privileges in the Telephone Exchange Privileges in Section 4 and that SS&C Global Investor & Distribution Solutions, Inc., and Fund of Funds Lp Funds and their affiliated persons and service providers shall not be liable for any loss incurred by me or the Plan by reason of accepting unauthorized telephone requests for my Plan account. The undersigned certify(ies) that I/ we have full authority and, if a natural person, I/we am (are) of legal age to purchase shares pursuant to this application, have received a current prospectus and agree to be bound by its terms. A copy of the current prospectus(es) can be accessed at Fund of Funds Lp.com. Additionally, the undersigned \_\_\_\_\_

Under the \_\_\_\_\_  
 to completing any purchase of each \_\_\_\_\_  
 penalties of perjury, I certify that: (i) the number shown in the Account Registration section on Page 1 is the Plan's current Tax Identification number or I have applied, or will apply, for such a number and will provide it within sixty (60) days after signing this application (if I don't supply such number within sixty (60) days, the Plan will be subject to withholding tax), and (ii) the Plan is not subject to backup withholding because the IRS (a) has not notified the Plan that the Plan is subject to backup withholding as a result of failure to report all interest or \_\_\_\_\_

I/We understand that in accordance with applicable state regulations, this account balance may be transferred to the appropriate state \_\_\_\_\_  
 no activity occurs in the account within the time period sp represent I/we understand that one copy of prospectuses a \_\_\_\_\_  
 annual/semiannual reports will be mailed to a single household ("househo wasteful duplication, and a household is defined as two \_\_\_\_\_  
 more investors with the same last name and address. [ ] Check here if you do n \_\_\_\_\_  
 to be combined with others in your household.

backup withholding. If you are subject to backup withholding, please cross out number (ii) above. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign exactly as the account is to be registered: Signature of Plan Trustee X  
 \_\_\_\_\_ Date \_\_\_\_\_ Print Name  
 \_\_\_\_\_ Signature of Plan Trustee  
 X \_\_\_\_\_ Date \_\_\_\_\_ Print Name  
 \_\_\_\_\_

# Fund of Funds Lp Class R Shares Retail Fund List and Identifiers

FUND NAME	CLASS	TICKER	FUND NUMBER	
Fund of Funds Lp All Asset Fund Fund of Funds Lp CommodityRealReturn Strategy	Class R	PAT R X	4518	4549
Fund of Funds Lp Dynamic Bond Fund	Class R	PCSRX	4586	4506
Fund of Funds Lp High Yield Fund Fund of Funds Lp Income Fund Fund of Funds Lp International Bond Fund (U.S. Dollar-Hedged)	Class R	PUBRX	4521	4507
Fund of Funds Lp Low Duration Fund Fund of Funds Lp Real Return Fund Fund of Funds Lp Short-Term Fund Fund of Funds Lp StocksPLUS® Fund Fund of Funds Lp Total Return Fund	Class R	PHYRX	4504	4510
	Class R	PONRX	4502	4508
	Class R	PFRRX	4505	
	Class R	PLDRX		
	Class R	PRRRX		
	Class R	PTSRX		
	Class R	PSPRX		
	Class R	PTRRX		