Fund of Funds Lp

SARSEP-IRA Application

CLASS A AND CLASS C SHARES

A financial advisor can help evaluate your financial planning needs and help set your investment objectives. Please work with a financial advisor to open your account and provide their information under the Dealer Information section of this form. Fund of Funds Lp Investments LLC is a 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. Fund of Funds Lp Funds does not accept payments by cash, temporary/ starter checks, credit cards, traveler’s 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 that identifies each investor who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

1. ACCOUNT INFORMATION

Please complete section A and B below.

A. Individual’s Information

Name (First, Middle Initial, Last) ______________________________

Date of Birth (mm/dd/yyyy)________ / ________ / __________

Social Security Number________ / ________ / __________

U.S. Citizen Resident Alien Other ______________________

Mailing Address ______________________________

(If you provide a P.O. Box, you must fill out Physical Address below) Suite/Apt. No.

City ______________________________

State ______________________________ZIP Code ____________

Daytime Telephone Number ( ) ______________________________

Physical Address ______________________________

(Required if different from above) Suite/Apt. No.

City

____

___ State ______________________________ZIP Code

____

1. ACCOUNT INFORMATION *(continued)*

B. Employer's Information

Employer's Name ______________________________

Address ______________________________ Suite/Apt. No.

City ______________________________ State ______________ ZIP Code ______________

Name of Contact at Employer's Office ______________________________

Telephone Number ( ) ______________________________

Employer Tax ID Number ______________________________ Group Plan Number ______________________________

2. TRUSTED CONTACT INFORMATION

In conjunction with new FINRA Rule 2165 and amendments to FINRA Rule 4512, that became effective on February 5, 2018, we are seeking to obtain the name and contact information for a "trusted contact" person for shareholder accounts. We could reach out to the "trusted contact" if, for example, we were unable to contact you after multiple attempts, or if you became subject to a disability, or we had reason to believe that you were being abused or exploited by a third party.

If you choose to provide information about a trusted contact person, you agree that the trusted contact you have listed below may be contacted by the firm about your account. You are also agreeing that the firm, or an associated person of the firm, is authorized to contact the trusted contact, and disclose information about your account, to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165. You are not required to provide a trusted contact person to us.

Please note, assigning a trusted contact does not give the trusted contact any discretionary authority over your account; accordingly, the individual you list, on the basis of being listed as a trusted contact, will not be able to make purchases, effectuate sales or disbursements, or conduct any other activity.

Trusted Contact Name ______________________________ Relationship to Owner ______________________________

Home Phone Number ( ) ______________________________ Cell Phone Number ( ) ______________________________

Email Address ______________________________ Age ______________

Mailing Address ______________________________

City ______________________________ State ______________ ZIP Code ______________

3. 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 ( ) ______________________________

Dealer Home Office Address:

Address ______________________________

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

Telephone redemption privileges are not available on SARSEP-IRA accounts.

If you do not make an election, your account will automatically be coded to allow telephone privileges mentioned above. Fund of Funds Lp Funds may accept telephone instructions from any person identifying himself or herself as the owner of an account or the financial advisor on the account, provided that Fund of Funds Lp Funds follows reasonable procedures and believes the instructions to genuine. Thus you risk possible losses in the event of an unauthorized telephone exchange. Please read the prospectus regarding redemption procedures, including signature validation requirements. All redemptions from a SARSEPIRA must be received in writing.

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 funds is available at the end of this account application. (See "Classes of Shares" and "Purchases, Redemptions and Exchanges" in the prospectus for detailed information on each share class.)

Individual participant accounts have a minimum investment of $50 per fund.

All dividends and capital gains will be automatically reinvested.

Fund name and share class	Fund ticker / Fund number	Investment amount1
1. ______		$ ______ or ______%
2. ______	______	$ ______ or ______%
3. ______	______	$ ______ or ______%
4. ______	______	$ ______ or ______%
5. Other: ______	______	$ ______ 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.

[1] Class A shares are an initial sales charge alternative, while class C shares are an asset-based sales charge alternative. For class A shares, you may be eligible for breakpoint discounts based on the size of your purchase, current holdings or future purchases. Please refer to Fund of Funds Lp Funds Important Investor Information Regarding Breakpoints below, the Fund of Funds Lp Funds prospectuses and statements of additional information or contact your financial advisor for further information.

[2] If entering percentages please be sure to only include full percentage accounts. The percentages must equal 100%.

6. BENEFICIARY DESIGNATIONS

SARSEP-IRA owner may designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the IRA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. If no beneficiary is provided, or none is surviving at the time of a distribution, the proceeds will be paid to your estate. You may revoke or change the beneficiary designation at any time by completing a new IRA Change of Beneficiary Form and providing it to the Custodian. Any subsequent designation filed with the Custodian will revoke all prior designations.

If you need additional space to name beneficiaries, attach a separate page that includes all of the information requested below. Sign and date the page.

Choose ONE only (If no selection is made or if you select a trust or estate beneficiary, your account will default to Per Capita):

Per Capita: Only surviving named beneficiaries receive a share of the account.

Lineal Descendants Per Stirpes (LDPS): A beneficiary's share of the account will go to his or her descendents if the beneficiary does not survive you.

6. BENEFICIARY DESIGNATIONS *(continued)*

Type: Primary Contingent Share Percentage ______________%

Relationship to IRA owner: Spouse Nonspouse

Name ____

Address ____ Suite/Apt. No.

City ______________________________State ____________ZIP Code ____________

Taxpayer ID Number ______________________________Date of Birth (mm/dd/yyyy) ______ / _____ / ________

Type: Primary Contingent Share Percentage ______________%

Relationship to IRA owner: Spouse Nonspouse

Name ____

Address ____ Suite/Apt. No.

City ______________________________State ____________ZIP Code ____________

Taxpayer ID Number ______________________________Date of Birth (mm/dd/yyyy) ______ / _____ / ________

Spousal Consent

Complete this section only if you, the SARSEP-IRA owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse, so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions.

Consent of Spouse

By signing below, I acknowledge that I am the spouse of the SARSEP-IRA owner and agree with and consent to my spouse's designation of a

primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse X ______________________________Date ____________________

Witness X ______________________________Date ____________________

7. AUTOMATIC EXCHANGE PLAN

Automatic exchanges for IRAs can only be made to other fund positions within the same IRA account.

Please establish a new automatic exchange plan for the funds and amounts listed below.*

Auto Exchange Schedule:

Exchanges should occur Monthly Quarterly Semi-annually Annually

Amount of Exchange ____________________ ($50 minimum per fund)

Exchanges should begin _____ / _____ / _______(mm/dd/yyyy)

From: Fund Name ______________________________

Please make the exchange to the following Fund of Funds Lp Funds account:

Account Number ____________________

To: Fund Name ______________________________ Account Number ____________________

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

Fund of Funds Lp Funds will code an account as lost when the United States Post Office or another carrier returns mailing(s) sent to the shareholder by Fund of Funds Lp Funds as undeliverable. Once an account is deemed lost, for the shareholder's protection, Fund of Funds Lp Funds will stop any automatic exchange plan on the account. Additionally, once Fund of Funds Lp Funds confirms a shareholder is deceased, any automatic exchange plan on the accounts will be stopped.

* A $1,000 minimum exchange is required to open a new account or fund position through the Automatic Exchange Plan. Fund of Funds Lp Funds may discontinue the automatic exchange upon written notice 30 days prior to any exchange date, or by the above-signed shareholder at any time at least ten (10) business days prior to an exchange date.

8. REDUCED SALES CHARGE FOR CLASS A SHARES (CHOOSE ONE ONLY)

Right of Accumulation: I own shares in other Fund of Funds Lp Funds which may entitle this purchase to have a reduced sales charge under the provisions in the fund prospectus. (See “Initial Sales Charges - Class A Shares: Combined Purchase Privilege and Right of Accumulation (Breakpoints)” in the prospectus.)

Existing Account Name____________________________ Account Number ____________________

ELxeitsttteinr go f Intent (LOIA)c*c:oI uangtr ee to the LeNttaemr oef_ I_n_t_e_n_t _co_n__d_it_io_n_s_ _st_a_te_d__ in__ t_h_e_ c_u_r_re_n_t_Number_p_r_o_s_p_e_c
_p_e_ri_o_d_ _b_e_gi_n_n_i_n_g _o_n_ t_h_e_ _es_t_a_b_li_s_h date, in shares of the Fund(s) purchased with this application, an aggregate amount which, to
the value of shares of any eligible funds owned by me on the establish date, will be at least equal to:

Establish NEW LOI: $50,000 $100,000 $250,000 $500,000 $1,000,000

Add to EXISTING LOI: Existing Account Name ____________________ Account Number ________________

*The maximum intended investment amount allowable in a Letter of Intent is $1,000,000 (except for Class A shares of the Fund of Funds Lp California Intermediate Municipal Bond, Fund of Funds Lp California Municipal Bond, Fund of Funds Lp California Short Duration Municipal Income, Fund of Funds Lp Floating Income, Fund of Funds Lp High Yield Municipal Bond, Fund of Funds Lp Low Duration, Fund of Funds Lp Municipal Bond, Fund of Funds Lp National Intermediate Municipal Bond, Fund of Funds Lp New York Municipal Bond, Fund of Funds Lp Senior Floating Rate, Fund of Funds Lp Short Asset Investment, Fund of Funds Lp Short-Term and Fund of Funds Lp Short Duration Municipal Income Funds, for which the maximum intended investment amount is $250,000).

9. SIGNATURE(S) AND CERTIFICATION

I hereby adopt the UMB Bank, n.a. IRA Custodial Account Agreement. I have read and understood the IRA Custodial Account Agreement and Disclosure Statement. The undersigned certifies that I have full authority and, if a natural person, I am of legal age to purchase shares pursuant to this application, have received and reviewed a current prospectus for the Fund of Funds Lp Funds I intend to purchase and agree to be bound by all the terms, conditions and account features selected in any and all parts of this Application and the prospectus. A copy of the current prospectus(es) can be accessed at Fund of Funds Lp.com. Additionally, the undersigned agree(s) that I will access and review an applicable then current prospectus for any additional Fund of Funds Lp Funds that I may purchase in the future prior to completing any purchase of each such Fund of Funds Lp Funds and in each case agree(s) to be bound by all of the terms, conditions and account features in each then applicable prospectus. The undersigned hereby (i) consents to the distribution and termination fee as it may be amended from time to time as reflected in the Disclosure Statement and/or in the prospectus(es) of the relevant Fund of Funds Lp Funds mutual funds, (ii) agrees to give such instructions to the Custodian promptly as necessary to enable the Custodian to carry out its duties under the Custodial Account Agreement, (iii) represents that whenever information as to any taxable year is required to be filed with the Internal Revenue Service by the Custodian unless filed by the individual, the individual will file such information with the Internal Revenue Service, (iv) affirms that his or her participation is completely voluntary, and (v) confirms that he or she has received no endorsement of the investment vehicles available under this SARSEP-IRA from the Custodian, SS&C Global Investor & Distribution Solutions, Inc., nor Fund of Funds Lp Funds and their affiliated persons and service providers. I understand that my account will be subject to certain telephone privileges unless I restrict such privileges under Section 4 and that the Custodian, SS&C Global Investor & Distribution Solutions, Inc., Fund of Funds Lp Funds and their affiliated persons and service providers shall not be liable for any loss incurred by me by reason of accepting unauthorized

telephone requests for my account. Under the penalties of perjury, I certify that: (i) the number shown in Section 1 is my correct Social Security/Tax Identification Number or Government Issued ID 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 a number within sixty (60) days, I am subject to withholding tax] and (ii) I am not subject to backup withholding because the IRS (a) has not notified me that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) has rescinded a previously imposed backup withholding requirement. I am aware that if the Social Security/Tax Identification Number or Government Issued ID number I have provided is incorrect, I am subject to backup withholding, and (iii) I am a U.S. Person (including a U.S. Resident Alien). I understand that in accordance with applicable state regulations, my/our account balance may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law. I represent I understand that one copy of prospectuses and annual/semiannual reports will

9. SIGNATURE(S) AND CERTIFICATION *(continued)*

be mailed to a single household (“householding”), thereby eliminating wasteful duplication, and a household is defined as two or more investors with the same last name and address. [ ] Check here if you do not want your account to be combined with others in your household. 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:

Employee’s Signature X ____Date ___________________________

This application should only be used for a Fund of Funds Lp Funds SARSEP-IRA.

If the SARSEP-IRA owner is a minor under the laws of the his or her state of residence, a parent or guardian must also sign the account application here. Until the SARSEP-IRA owner reaches the age of majority, the parent or guardian will exercise the powers and the duties of the SARSEP-IRA owner. Federal Law requires the following identifying information for the parent or guardian acting for the minor.

Signature of Parent or Guardian X ____Date ________________________________ Parent or Guardian Name (print) ____

Date of Birth (mm/dd/yyyy)________ / ________ / __________ Social Security Number________ / ________ / __________

Address ____ City ____State ____________ZIP Code ___________

Fund of Funds Lp Class A and Class C Shares Fund List and Identifiers

FUND NAME	CLASS	TICKE	FUND NUMBER
Fund of Funds Lp All Asset All Authority Fund Fund of Funds Lp All	Class A	R	4019 4219 4018
Asset All Authority Fund Fund of Funds Lp All Asset Fund Fund of	Class C	PAUAX	4218 4038 4238
Funds Lp All Asset Fund Fund of Funds Lp California Intermediate	Class A	PAUCX	6040 6240 4117
Municipal Bond Fund Fund of Funds Lp California Intermediate	Class C	PASAX	8087 8287 6016
Municipal Bond Fund Fund of Funds Lp California Municipal Bond	Class A	PASCX	6216 4049 4249
Fund Fund of Funds Lp California Municipal Bond Fund Fund of	Class C	PCMBX	6033 6233 4033
Funds Lp California Short Duration Municipal Income Fund Fund of	Class A	PCFCX	4233 6036 6236
Funds Lp Climate Bond Fund Fund of Funds Lp Climate Bond Fund	Class C	PCTTX	4086 4286 4001
Fund of Funds Lp CommoditiesPLUS® Strategy Fund Fund of Funds	Class A	PCTGX	4201 4029 4032
Lp CommoditiesPLUS® Strategy Fund Fund of Funds Lp	Class A	PCDAX	4232 8090 8290
CommodityRealReturn Strategy Fund® Fund of Funds Lp	Class C	PCEBX	4087 4011 4211
CommodityRealReturn Strategy Fund® Fund of Funds Lp Credit	Class A	PCECX	4090 4290 4055
Opportunities Bond Fund Fund of Funds Lp Credit Opportunities	Class C	PCLAX	4255 4099 4299
Bond Fund Fund of Funds Lp Diversified Income Fund Fund of Funds	Class A	PCPCX	4006 4206 4025
Lp Diversified Income Fund Fund of Funds Lp Dividend and Income	Class C	PCRAX	4225 6020 6220
Fund Fund of Funds Lp Dividend and Income Fund Fund of Funds Lp	Class A	PCRCX P	4021 4221 6034
Dynamic Bond Fund Fund of Funds Lp Dynamic Bond Fund Fund of	Class C	ZCR X P	4007 4207 4042
Funds Lp Emerging Markets Bond Fund Fund of Funds Lp Emerging	Class A	CCR X	4242 4051 4251
Markets Bond Fund Fund of Funds Lp Emerging Markets Currency	Class C	PDVAX	8084 8204 4003
and Short-Term Investments Fund Fund of Funds Lp Emerging	Class A	PDICX	4203 6026 6226
Markets Local Currency and Bond Fund Fund of Funds Lp Emerging	Class C	PQIZX	4004 4204 4041
Markets Local Currency and Bond Fund Fund of Funds Lp ESG	Class A	PQICX	4241 6044
Income Fund Fund of Funds Lp ESG Income Fund Fund of Funds Lp	Class C	PUBAX	
Global Advantage® Strategy Bond Fund Fund of Funds Lp Global	Class A	PUBCX	
Bond Opportunities Fund (U.S. Dollar-Hedged) Fund of Funds Lp	Class C	PAEMX	
Global Bond Opportunities Fund (U.S. Dollar-Hedged) Fund of Funds	Class A	PEBCX	
Lp Global Core Asset Allocation Fund Fund of Funds Lp Global Core	Class A	PLMAX	
Asset Allocation Fund Fund of Funds Lp GNMA and Government	Class C	PELAX	
Securities Fund Fund of Funds Lp GNMA and Government Securities	Class A	PELCX	
Fund Fund of Funds Lp Government Money Market Fund Fund of	Class C	PEGAX	
Funds Lp Government Money Market Fund Fund of Funds Lp High	Class A	PEGBX	
Yield Fund Fund of Funds Lp High Yield Fund Fund of Funds Lp High	Class A	PGSAX	
Yield Municipal Bond Fund Fund of Funds Lp High Yield Municipal	Class C	PAIIX	
Bond Fund Fund of Funds Lp High Yield Spectrum Fund Fund of	Class A	PCIIX	
Funds Lp High Yield Spectrum Fund Fund of Funds Lp Income Fund	Class C	PGMAX	
Fund of Funds Lp Income Fund Fund of Funds Lp Inflation Response	Class A	PGMCX	
Multi-Asset Fund Fund of Funds Lp International Bond Fund (U.S.	Class C	PAGNX	
Dollar-Hedged) Fund of Funds Lp International Bond Fund (U.S.	Class A	PCGNX	
Dollar-Hedged) Fund of Funds Lp International Bond Fund	Class C	AMAXX	
(Unhedged) Fund of Funds Lp International Bond Fund (Unhedged)	Class A	AMGXX	
Fund of Funds Lp Investment Grade Credit Bond Fund Fund of Funds	Class C	PHDAX	
Lp Investment Grade Credit Bond Fund Fund of Funds Lp Long	Class A	PHDCX	
Duration Total Return Fund Fund of Funds Lp Long Duration Total	Class C	PYMAX	
Return Fund Fund of Funds Lp Long-Term U.S. Government Fund	Class A	PYMCX	
Fund of Funds Lp Long-Term U.S. Government Fund Fund of Funds	Class C	PHSAX	
Lp Low Duration Credit Fund Fund of Funds Lp Low Duration Credit	Class A	PHSCX	
Fund Fund of Funds Lp Low Duration Fund Fund of Funds Lp Low	Class C	PONAX	
Duration Fund Fund of Funds Lp Low Duration Income Fund Fund of	Class A	PONCX	
Funds Lp Low Duration Income Fund Fund of Funds Lp Mortgage	Class A	PZRMX	
Opportunities and Bond Fund	Class C	PFOAX	
	Class A	PFOCX	
	Class C	PFUAX	
	Class A	PFRCX	
	Class C	PBDAX	
	Class A	PBDCX	
	Class C	PLRAX	
	Class A	PLRCX	
	Class C	PFGAX	
	Class A	PFGCX	
	Class C	PSRZX	
	Class A	PSRWX	
	Class C	PTLAX	
	Class A	PTLCX	
	Class C	PFIAX	
	Class A	PFNCX	
		PMZAX	

Fund of Funds Lp Class A and Class C Shares Fund List and Identifiers *(continued)*

FUND NAME	CLASS	TICKER	FUND NUMBER
Fund of Funds Lp Mortgage Opportunities and Bond Fund	Class C	PMZCX	6244 4014 4214
Fund of Funds Lp Mortgage- Backed Securities Fund Fund of	Class A	PMRAX	4012 4212 6041
Funds Lp Mortgage-Backed Securities Fund Fund of Funds Lp	Class C	PMRCX	6241 4037 4237
Municipal Bond Fund Fund of Funds Lp Municipal Bond Fund	Class A	PMLAX	8021 8286 8022
Fund of Funds Lp National Intermediate Municipal Bond	Class C	PMLCX	4088 8027 8025
Fund Fund of Funds Lp National Intermediate Municipal	Class A	PMNTX	6046 6246 4043
Bond Fund Fund of Funds Lp New York Municipal Bond Fund	Class C	PMNNX	4243 8002 8001
Fund of Funds Lp New York Municipal Bond Fund Fund of	Class A	PNYAX	8201 8024 8023
Funds Lp Preferred and Capital Securities Fund Fund of	Class C	PBFCX	8085 8285 4010
Funds Lp Preferred and Capital Securities Fund Fund of	Class A	PFANX	4210 4061 4261
Funds Lp RAE Emerging Markets Fund Fund of Funds Lp RAE	Class C	PFCJX	8014 8015 8016
Fundamental Advantage PLUS Fund Fund of Funds Lp RAE	Class A	PEAFX	8017 8018 8019
Global ex-US Fund Fund of Funds Lp RAE International Fund	Class A	PTFAX	8020 8088 8091
Fund of Funds Lp RAE PLUS EMG Fund Fund of Funds Lp RAE	Class A	PZRAX	8012 6042 4039
PLUS EMG Fund Fund of Funds Lp RAE PLUS Fund Fund of	Class A	PPYAX	4239 4002 4202
Funds Lp RAE PLUS Fund Fund of Funds Lp RAE PLUS	Class A	PEFFX	4062 4262 4008
International Fund Fund of Funds Lp RAE PLUS Small Fund	Class C	PEFCX	4208 4044 4244
Fund of Funds Lp RAE PLUS Small Fund Fund of Funds Lp RAE	Class A	PIXAX	4056 4256 4052
US Fund Fund of Funds Lp RAE US Small Fund Fund of Funds	Class C	PIXCX	4252 4053 4253
Lp RAE Worldwide Long/Short PLUS Fund Fund of Funds Lp	Class A	PTSOX	6001 6201 8089
RAE Worldwide Long/Short PLUS Fund Fund of Funds Lp Real	Class A	PCFAX	8289 4005 4205
Return Fund Fund of Funds Lp Real Return Fund Fund of	Class C	PCFEX	6032 6047 6247
Funds Lp RealEstateRealReturn Strategy Fund Fund of Funds	Class A	PKAAX	
Lp RealEstateRealReturn Strategy Fund Fund of Funds Lp	Class A	PMJAX	
REALPATH® Blend 2025 Fund Fund of Funds Lp REALPATH®	Class A	PWLBX	
Blend 2030 Fund Fund of Funds Lp REALPATH® Blend 2035	Class C	PWLEX	
Fund Fund of Funds Lp REALPATH® Blend 2040 Fund Fund of	Class A	PRTNX	
Funds Lp REALPATH® Blend 2045 Fund Fund of Funds Lp	Class C	PRTCX	
REALPATH® Blend 2050 Fund Fund of Funds Lp REALPATH®	Class A	PETAX	
Blend 2055 Fund Fund of Funds Lp REALPATH® Blend 2060	Class C	PETCX	
Fund Fund of Funds Lp REALPATH® Blend 2065 Fund Fund of	Class A	PPZAX	
Funds Lp REALPATH® Blend Income Fund Fund of Funds Lp	Class A	PBPAX	
Short Asset Investment Fund Fund of Funds Lp Short Duration	Class A	PDGAX	
Municipal Income Fund Fund of Funds Lp Short Duration	Class A	PVPAX	
Municipal Income Fund Fund of Funds Lp Short- Term Fund	Class A	PVQAX	
Fund of Funds Lp Short-Term Fund Fund of Funds Lp	Class A	PPQAX	
StocksPLUS® Absolute Return Fund Fund of Funds Lp	Class A	PRQAX	
StocksPLUS® Absolute Return Fund Fund of Funds Lp	Class A	PRBAX	
StocksPLUS® Fund Fund of Funds Lp StocksPLUS® Fund	Class A	PBLLX	
Fund of Funds Lp StocksPLUS® International Fund (U.S.	Class A	PBRAX	
Dollar-Hedged) Fund of Funds Lp StocksPLUS® International	Class A	PAIAX	
Fund (U.S. Dollar-Hedged) Fund of Funds Lp StocksPLUS®	Class A	PSDAX	
International Fund (Unhedged) Fund of Funds Lp	Class C	PSDCX	
StocksPLUS® International Fund (Unhedged) Fund of Funds	Class A	PSHAX	
Lp StocksPLUS® Short Fund Fund of Funds Lp StocksPLUS®	Class C	PFTCX	
Short Fund Fund of Funds Lp StocksPLUS® Small Fund Fund	Class A	PTOAX	
of Funds Lp StocksPLUS® Small Fund Fund of Funds Lp	Class C	PSOCX	
Strategic Bond Fund Fund of Funds Lp Strategic Bond Fund	Class A	PSPAX	
Fund of Funds Lp Total Return ESG Fund Fund of Funds Lp	Class C	PSPCX	
Total Return ESG Fund Fund of Funds Lp Total Return Fund	Class A	PIPAX	
Fund of Funds Lp Total Return Fund Fund of Funds Lp Total	Class C	PIPCX	
Return Fund IV Fund of Funds Lp TRENDS Managed Futures	Class A	PPUAX	
Strategy Fund Fund of Funds Lp TRENDS Managed Futures	Class C	PPUCX	
Strategy Fund	Class A	PSSAX	
	Class C	PSSCX	
	Class A	PCKAX	
	Class C	PCKCX	
	Class A	ATMAX	
	Class C	ATMCX	
	Class A	PTGAX	
	Class C	PTGCX	
	Class A	PTTAX	
	Class C	PTTCX	
	Class A	PTUZX	
	Class A	PQTAX	
	Class C	PQTCX	

SARSEP-IRA Direct Rollover/Direct Transfer Form

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 that identifies each investor who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

For questions, please call Fund of Funds Lp Funds at 800.426.0107.

1. ACCOUNT OWNER INFORMATION

Name (First, Middle Initial, Last) ______________________________

Date of Birth (mm/dd/yyyy) ________ / ________ / __________ Social Security Number________ / ________ / __________

Mailing Address ______________________________

(If you provide a P.O. Box, you must fill out Physical Address below) Suite/Apt. No.

City ______________________________State ____________ZIP Code __________

Daytime Telephone Number ( ) ______________________________

Physical Address ______________________________

(Required if different from above) Suite/Apt. No.

City ______________________________State ____________ZIP Code __________

U.S. Citizen Resident Alien Other ______________________________

2. CURRENT CUSTODIAN INFORMATION

Name of Current Custodian ______________________________ Street Address

____

Suite/Apt. No.

City ______________________________State ____________ZIP Code __________

Telephone Number ( ) ______________________________

Account Number with Current Custodian ______________________________

3. TYPE OF TRANSFER

Check one:

Direct Rollover: If transferring a distribution from a current retirement plan directly to a Fund of Funds Lp Funds SARSEP-IRA. Direct Transfer: If transferring funds from an existing SARSEP-IRA to a similar Fund of Funds Lp Funds SARSEP-IRA via a Custodian-to-Custodian transfer.

If the transferred assets are to be invested in an existing Fund of Funds Lp Funds SARSEP-IRA, provide account information in Section 5: Fund of Funds Lp Funds Account.

4. TRANSFER INSTRUCTIONS

Please indicate the estimated transfer/rollover amount: $_________________ and attach a copy of your most recent statement(s) from your current custodian.

Check one:

Partial Transfer: Transfer/rollover $/%_________________ of my present plan account.

Full Transfer: Transfer/rollover all the cash proceeds of my referenced plan account (liquidate all positions/shares).

Transfer-In-Kind: Transfer the registration of shares of any Fund of Funds Lp fund held in my present SARSEP-IRA plan account to the custodian of my new Fund of Funds Lp Funds SARSEP-IRA. (Resigning custodian must complete Section 8 for transfer-in-kind.)

5. Fund of Funds Lp FUNDS ACCOUNT

I am opening a new Fund of Funds Lp Funds SARSEP-IRA. Please complete the Fund of Funds Lp Funds SARSEP-IRA application and return it along with this form. I am adding to an existing Fund of Funds Lp Funds SARSEP-IRA. Group Plan Number

_______________________ ____________ ______________ Please invest the transfer/rollover as follows (there is an initial minimum investment of $50 per fund):

Fund of Funds Lp Fund Name	Account Number	$/% of transfer/rollover to be invested in this Fund
1.		
2.		
3.		
4.		
5.		
6.		

6. SIGNATURE(S)

I have established a Fund of Funds Lp Funds SARSEP-IRA. Please accept this authorization to transfer/rollover my SARSEP-IRA plan account. Please follow the instructions I have provided. If my plan account is to be liquidated, send the cash proceeds by check made payable to Fund of Funds Lp Family of Funds:

Do not withhold any amount for federal income tax purposes upon terminating my plan account.

Your Signature X ______________________________ Date ____________________

Medallion Signature Guarantee:

(if required by resigning trustee/custodian)

By:

Name of Guarantor ______________________________

Title of Guarantor ______________________________

Signature of Guarantor X______________________________ Date ____________________

7. ACCEPTANCE OF TRANSFER

(For UMB Bank, n.a. use only)

To the referenced custodian:

Above are instructions from the individual referenced to transfer/rollover proceeds to a Fund of Funds Lp Funds SARSEP-IRA. We have established a Fund of Funds Lp Funds SARSEP-IRA for the said individual under the provisions of the Internal Revenue Code of 1986, as amended, and we hereby agree to accept the assets you transfer/rollover, and to hold these assets in a SARSEP-IRA for the benefit of the individual referenced above.

To ensure proper credit, please make the check payable to: Fund of Funds Lp Family of Funds*

7. ACCEPTANCE OF TRANSFER *(continued)*

Please mail the check, together with a copy of this form, to identify it as a custodian-to-custodian transfer or a direct rollover, in the enclosed envelope to: Fund of Funds Lp

F/B/O ____ Print Name of

Custodian: ____ By Authorized Signature X

______________________________Date ____________________

* Fund of Funds Lp Funds reserves the right to require payment by wire. Fund of Funds Lp Funds does not accept payments made by cash, temporary/starter checks, credit cards, traveler's 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 cards.

8. FOR TRANSFER-IN-KIND ONLY

(Requires signature of resigning custodian)

To: SS&C Global Investor & Distribution Solutions, Inc. as Transfer Agent

At the request of our account owner, we ask you to transfer the registration of the Fund of Funds Lp Funds account(s) currently registered in our name as the custodian to a Fund of Funds Lp Funds SARSEP-IRA for the benefit of the referenced individual.

Fund Name ______________________________________Account Number ______________

Number of Shares Certified ________________________________Number of Shares Uncertified ________

Fund Name ______________________________________Account Number ______________

Number of Shares Certified ________________________________Number of Shares Uncertified ________

Fund Name ______________________________________Account Number ______________

Number of Shares Certified ________________________________Number of Shares Uncertified ________

Fund Name ______________________________________Account Number ______________

Number of Shares Certified ________________________________Number of Shares Uncertified ________

Print Name of resigning custodian ____

by Signature of Authorized Officer X ____

Title ____

Medallion Signature Guarantee or Signature Validation Program Stamp:

(if required by resigning trustee/custodian)

By: Name of Guarantor

____ Title of

Guarantor

____ Signature

of Guarantor X____________________________________Date ________________________