
HOLLAND BALANCED FUND

Account Application

For help with this application, or for more information, call us toll-free: 1-800-30-HOLLAND
(1-800-304-6552)

Additional documentation is required for IRA accounts (Call 1-800-304-6552)

1. YOUR ACCOUNT REGISTRATION *(Check one box)*

Please fill out this section exactly as you wish to register your account. Any changes to the status of your account must be made in writing accompanied by a valid signature guarantee.

Individual or Joint Account

Owner's Name: First, Initial (if used), Last

Joint Owner's Name: First, Initial (if used), Last

Owner's Social Security Number

Joint Owner's Social Security Number

Joint accounts will be registered joint tenants with the right of survivorship unless otherwise indicated below:

Tenancy: In Common Entirety Common Property

Uniform Transfer/Gift to Minors (UTMA/UGMA)

Custodian's Name

Minor's Name

Minor's Social Security Number

Minor's Birth Date

State Gift or Transfer Given Under:

Corporation, Partnership, or Other Entity **See Below*

Type: Corporation Partnership Other (specify) _____

Name of Corporation or Other Entity

Tax I.D. Number

Trust **See Below*

Trustee(s) Name

Full Date of Trust

Name of Trust Agreement

Beneficiary's Name Tax I.D. Number

*For Corporations, Trusts, Partnerships or other legal entities, the following documents are required:

Trust Agreement, or Corporate Resolution

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2. YOUR ADDRESS

Street or P.O. Box Number

City

State

Zip

Citizenship: U.S. Resident Alien Non-Resident Alien

Country of Residence

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Daytime Phone

Evening Phone

3. YOUR INVESTMENT

Holland Balanced Fund \$ _____

4. YOUR METHOD OF PAYMENT

- Check Payable to: **Holland Balanced Fund**
Mail to: Holland Balanced Fund
c/o ALPS Fund Services
1290 Broadway, Suite 1100
Denver, CO 80203
- Will be Wired On: ____/____/____ . (Date)
To: State Street Bank & Trust Co.
Boston, Massachusetts
- ABA Number **011-000-028**
Attention **Holland Balanced Fund**
Account Number **32951014**
Reference **Shareholder Account Number**
Shareholder Name

Note: Please call 1-800-30-HOLLAND before wiring funds

5. DIVIDEND AND CAPITAL GAINS

PAYMENT OPTIONS (Check one box)

Unless a box is checked, all distributions will be reinvested in shares.

- Reinvest both income dividends and capital gains in shares.
 Pay income dividends in cash and reinvest capital gains in shares.
 Pay income dividends and capital gains in cash.

6. TELEPHONE TRANSACTION OPTION

I/we authorize ALPS Mutual Fund Services to honor telephone instructions for my/our account. ALPS may employ procedures designed to confirm that instructions communicated by telephone are genuine. If the Fund does not employ such procedures, it may be liable for losses due to unauthorized or fraudulent instructions. No wire instruction changes or other account registration changes will be accepted via telephone.

- Permits redemption of shares via telephone.

If you do not authorize the above-listed telephone transaction option, only written instructions will be accepted.

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7. DUPLICATE CONFIRMATIONS/STATEMENTS

I/we would like duplicate confirmations and statements sent to the following: (Please attach a supplemental sheet if more than one duplicate is necessary).

Name

Street Address

City

State

Zip Code

8. AUTOMATIC INVESTMENT PLAN

To arrange for the Automatic Investment Plan option, please provide the bank information requested below. Passbook savings accounts are not eligible for the Automatic Investment Plan.

A VOIDED CHECK MUST BE ATTACHED.

Bank Name

ABA/Bank Routing #

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Bank Account Number

Bank Phone Number

Checking/Savings

Names In Which Bank Account Is Registered

please circle one

Please indicate the frequency and amount of your Automatic Investment Plan.

On the 15th day of each month*, transfer \$ _____ from my bank account to my Holland Balanced Fund account (if the 15th falls on a non-business day, the funds will be swept on the following business day).

Monthly Bi-Monthly Quarterly Annually

*Monthly, bimonthly, quarterly, or yearly plans may be established, however, electronic transfers may occur only once per month for the Automatic Investment Plan.

9. REDEMPTION WIRE INSTRUCTIONS

Proceeds of any redemptions and dividend disbursements (if applicable) should be wired to my/our bank as follows. **Any changes to your redemption wire instructions must be accompanied by a valid signature guarantee as specified in the prospectus.**

PLEASE ATTACH A VOIDED CHECK(S).

Primary Bank Instructions:

Registered Account Name

Name of Bank

Address/Branch

Account Number

Bank Phone Number

Bank Routing Number

MINIMUM WIRE AMOUNT: \$1,000

If you do not provide wire instructions, your redemption proceeds will be sent by check to the address indicated under Section 2 (Your Address).

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10. ADDITIONAL AUTHORIZATIONS

I/we authorize the following persons to instruct ALPS Fund Services, or Holland & Co., L.L.C. on this account. I/we certify that each signature is the authentic signature of the authorized person.

Name

Signature

Name

Signature

11. SIGNATURE *(This section must be signed for all new accounts)*

Each of the undersigned warrants that he/she has full authority and, if a natural person, is of legal age to purchase shares pursuant to this Application, and that he/she has received a current Prospectus for the Fund and agrees to be bound by the terms stated in the Prospectus.

Under penalties of perjury, I/we certify (1) that the number shown on this form is my/our correct taxpayer identification number and (2) that I/we am/are not subject to 31% backup withholding either because I/we have not been notified that I/we am/are subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me/us that I/we are no longer subject to backup withholding.

If this account is registered as a corporation, financial institution, registered securities dealer, college, church, charitable organization, retirement plan, or other entity listed in the Internal Revenue Code Sec. 3452, it is EXEMPT from backup withholding on ALL payments and I/we have checked here to verify this exemption.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

A.

Corporate Officer, Partner, Trustee, Etc.

Title

Date

B.

Individual

Joint Registrant, if any

Date

*Please mail the Completed Account Application to:
Holland Balanced Fund
c/o ALPS Fund Services
P.O. Box 44183
Denver, CO 80201-4183
For shareholder service questions,
call (800) 304-6552*