



TRADITIONAL/SEP & ROTH IRA APPLICATION

Use this IRA Application to open a Traditional, SEP, OR ROTH IRA. If you have any questions about completing this form, please contact Shareholder Services at 855.552.5520.

IMPORTANT:

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 person who opens an account. When you open an account, you will be asked for your name, date of birth (for a natural person), your residential address or principal place of business, and mailing address, if different, as well as your Social Security Number or Taxpayer Identification Number. Additional information is required for corporations, partnerships and other entities. Applications without such information will not be considered in good order. The Fund reserves the right to deny an application if it is not in good order. Please note that the value of your account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

Monachil Credit Income Fund
PO Box 2175
Milwaukee WI 53201-2175

Overnight Delivery

Monachil Credit Income Fund
C/O UMB Fund Services, Inc
235 W Galena Street
Milwaukee WI 53212-3948

PART I-A: IRA OWNER INFORMATION (DECEASED INDIVIDUAL IF ESTABLISHED AS INHERITED IRA, RESPONSIBLE PARTY IF IRA IS FOR A MINOR)

Select type of IRA: Traditional IRA ROTH IRA SEP IRA

Name: _____ Social Security Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____ Date of Death (if applicable): _____

Check to indicate the IRA is established after the death of the individual named above, with either a direct rollover or transfer. If checked, complete Part I-B of the *IRA Application*. If you are a spouse claiming the IRA as your own, do not complete the section below.

PART I-B: INHERITED OR MINOR IRA OWNER INFORMATION (COMPLETE THIS SECTION FOR INHERITED IRA OR MINOR IRA ONLY)

Note: Inherited IRAs may only be established with assets acquired by a nonspouse beneficiary due to the death of the individual named above.

Name: _____ Social Security Number: _____ Date of Birth: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

PART II: CONTRIBUTION INFORMATION

Source of Funds (select one):

Regular/Spousal Contribution

Amount: \$ _____ Tax Year(s): _____
Amount: \$ _____ Tax Year(s): _____

Recharacterization – Please complete a Recharacterization Form.

Conversion

Amount: \$ _____
Source: Traditional IRA SEP/SIMPLE IRA*

Employee SEP Contribution

Amount: \$ _____

Direct Transfer – Please complete an IRA Transfer Form.
Source: Traditional IRA ROTH IRA SEP IRA SIMPLE IRA*

Rollover
Source: Traditional IRA SEP IRA SIMPLE IRA*
 Employer-Sponsored Plan (e.g. 401(a), 401(k), 403(b), government 457(b))
 ROTH Employer-Sponsored Plan (e.g. 401(a), 401(k), 403(b), government 457(b))

Other: _____

*You may not transfer or rollover SIMPLE IRA assets to a Traditional IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan. You may not convert SIMPLE IRA assets to a ROTH IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan.

PART III: INVESTMENT SELECTION

Addendum attached for additional investment selections. If you need additional space to make investment selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

| Fund Name | Amount |
|---|------------------------|
| Monachil Credit Income Fund Class A (MONAX) | \$ _____ |
| Monachil Credit Income Fund Class I (MONIX) | \$ _____ |
| | TOTAL: \$ _____ |

PART IV: PAYMENT METHOD

You can open your account using any of the methods below. The minimum initial purchase is \$1,000,000 for Monachil Credit Income Fund CI I & \$2,500.00 for Monachil Credit Income Fund CI A.

- By Check** Enclose a check payable to Monachil Credit Income Fund for the total amount.
- By Wire** For wire instructions call 855.552.5520. A New Account Application must be submitted in advance of sending an initial wire.

PART V: BANK ACCOUNT INFORMATION

Provide information about your checking or savings account to fund your initial investment via ACH, to receive distributions or redemption proceeds by ACH, or to establish an automatic investment program by ACH.

- Attach a voided check or deposit slip for your bank account. **Please use tape; do not staple.**
- Provide information about your bank account below.

Account Type: Checking Savings

Name of Bank: _____ Bank's Phone Number: _____

Bank Address: _____ ABA Routing Number: _____

City: _____ State: _____ Zip Code: _____

Name(s) on Bank Account: _____ Bank Account Number: _____

PART VI: BENEFICIARY DESIGNATION

IRA Owner (or Inherited IRA Owner) 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. The most current beneficiary designation on file with the Custodian at the time of death will govern. 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.

Type: Primary Contingent **Share Percentage:** _____ % **Relationship to IRA Owner:** spouse non-spouse

Name: _____ **Social Security Number:** _____ **Date of Birth:** _____

Address: _____

Type: Primary Contingent **Share Percentage:** _____ % **Relationship to IRA Owner:** spouse non-spouse
 Name: _____ Social Security Number: _____ Date of Birth: _____
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 Name: _____ Social Security Number: _____ Date of Birth: _____
 Address: _____

Addendum attached for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

PART VII: SPOUSAL CONSENT

Complete this section only if you, the 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. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the 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: _____

PART VIII: ACCOUNT SERVICE OPTIONS FOR YOUR IRA (DO NOT COMPLETE THIS SECTION FOR INHERITED IRAS)

Automatic Investment Program *(The completion of this section is optional)*

This option provides an automatic investment into your IRA by transferring money directly from your bank account provided in Part V via ACH (Automated Clearing House) on a scheduled basis. The automatic investment program may require a minimum deposit. Other account restrictions may also apply. Contributions made to your IRA using the automatic investment option will be for the current tax year.

Frequency:

Choose one*: Monthly or Quarterly
Choose one*: 5th 10th 15th 20th or 25th Begin date (month/year): _____

**If no time frame or date is specified investments will be made monthly on the 15th. Your first automatic investment will occur no sooner than 15 days after receipt of this application*

| Fund Name | Share Class (if applicable) | Amount |
|-----------|-----------------------------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

TOTAL: \$ _____

Auto-reinvest opt out

Accounts will automatically reinvest dividends and capital gains in the fund. Select one of the following cash options to opt out of auto reinvest (note that distributions for custodial accounts will be paid to the custodian regardless of the selection).

- Check ACH(Copy of voided check required) Third party brokerage account

Dividend and Capital Gain Reinvestment Plan

The Fund will declare its income dividends or capital gains or other distributions ("Distributions") payable in Shares, or, at the option of Shareholders, in cash. **Therefore, each Shareholder will have all Distributions, net o any applicable U.S. withholding taxes, on his or her Shares automatically reinvested in additional Shares, unless such Shareholder elects to receive such Distributions in cash by contacting the Agent.** An election to receive cash may be revoked or reinstated at the election of the Shareholder.

- Reinvest in the same fund that pays them
- Pay by check to the mailing address of record on the account
- Pay to 3rd Party/Brokerage Account
- Deposit via electronic transfer to my bank account

Dividend and Capital Gain Distributions

All dividends and capital gains will be reinvested in shares of the Fund that pay them unless this box is checked.

- Please pay all dividends and capital gains in cash
- Please send a check to the address in section 3
- Please send distributions via ACH to the bank in section 8

Telephone Transactions

This option provides the ability to conduct purchase and redemption transactions by telephone. You will automatically be granted telephone redemption privileges unless you decline them by checking below. If you decline, you will be required to submit a Medallion signature guaranteed letter of instruction signed by all registered account owners to add telephone transaction privileges in the future.

- I decline telephone redemption privileges. All requests to redeem shares from this account must be submitted in writing.

PART IX: DUPLICATE ACCOUNT STATEMENT

- Yes, please send a duplicate statement to:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

PART X: FOR DEALER USE ONLY

The completion of this section is optional. If you wish to have a dealer listed on your account, please provide the information requested below.

Representative's Full Name: _____

Representative's Signature: _____ Date: _____

Financial Institution Name: _____

Mailing Address: _____ Representative's Branch Office Phone Number: _____

City: _____ State: _____ Zip: _____

Dealer Number: _____ Branch Number: _____ Representative Number: _____

PART XI: WITHHOLDING NOTICE AND ELECTION FORM (Form W4P/OMB No. 1545-0074) Department of Treasury, Internal Revenue Service

Withholding Election is not necessary for Roth accounts.

NOTICE: The distributions you receive from your IRA are subject to Federal income tax withholding unless you waive withholding. You may waive withholding on your IRA distribution by returning a signed and dated IRS Form W-4P, *Withholding Certificate for Pension or Annuity Payments*, or substitute Form W-4P to the Custodian. Withholding will apply to the total amount of the distribution, whether taxable or not. If you waive withholding on your IRA distribution, or if you do not have enough Federal income tax withheld from your IRA distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You are responsible for determining and paying all Federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding or elect an alternative withholding amount, ten percent will be withheld from your nonperiodic IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. If you are a non-resident alien you may not use Form W-4P to withhold income tax or to waive withholding.

Election: Unless you indicate a different withholding amount below or you waive withholding by indicating your election below, ten percent will be withheld from your IRA distribution.

- I do not want federal income tax withheld from my distribution from this account.
- I want federal income tax of 10% withheld from my distribution from this account.
- I want federal income tax of _____ % (greater than 10%) withheld from my distribution from this account.

State Tax Withholding Election

Unless you waive state taxes below, state taxes will also be withheld if, at the time of your distribution, your address is within one of the mandatory withholding states.

I do not want state income tax withheld from my distribution from this account.

Please refer to the list of mandatory state withholding rates included on the Tax Withholding Information Addendum. To obtain a copy of the addendum please visit the Fund's website or contact a Shareholder Services representative at the number below. You may change your state withholding election on your IRA distribution by submitting the change in writing to the Custodian. Please contact a tax professional regarding the possible tax implications prior to making a redemption request.

PART XII: ACKNOWLEDGEMENT *Note: This application will not be processed unless signed below by the IRA Owner (or Inherited IRA Owner.)*

By signing this Application, I certify that the information I have provided is true, correct, and complete, and the Custodian UMB Bank, n.a. may rely on what I have provided. In addition, I have read and received copies of the Application, the applicable IRS Form, Disclosure Statement and Financial Disclosure, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that I am responsible for the IRA transactions I conduct, and I will indemnify and hold the Custodian and its agents harmless from any consequences related to executing my directions. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. I understand that if the deposit establishing the IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If I am an Inherited IRA Owner, I understand the distribution requirements and the contribution limitations applicable to Inherited IRA Owners. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of IRA Owner (or Inherited IRA Owner or Responsible Party):

X _____ Date: _____