THE HENSSLER EQUITY FUND
Lighting the Way

Mutual Fund Application

For assistance, please call 1-800-936-FUND (3863). **IMPORTANT INFORMATION ABOUT PROCEDURES FOR 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 person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, identification number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. The documents you provide to us will be used solely to attempt to verify your identity. The information you provide may be shared with third parties for the purpose of validating your identity. Applications without such information may not be accepted. Henssler Funds reserves the right to place limits on the transactions in all of your accounts until your identity is verified.

1. Register Your Account (Choose A, B, C or D)

A. ☐ Individual or ☐ Joint Tenants

Owner Name: _____ U.S. Citizen? ☐ Yes ☐ No

Address: _____ City: _____ State: _____ Zip Code: _____
(No P.O. Boxes)
Social Security Number: _____ Birth Date: _____

Home Phone Number: _____ Business Phone Number: _____ E-Mail Address: _____

Joint Owner Name if any: _____ U.S. Citizen? ☐ Yes ☐ No

Address: _____ City: _____ State: _____ Zip Code: _____
(No P.O. Boxes)
Joint Owner's Social Security Number: _____ Joint Owner's Birth Date: _____

B. ☐ Gift to a Minor Custodian's Name: _____ Custodian's Social Security Number: _____
(Please Designate only one custodian and one minor per account)

as custodian for Minor's Name: _____ Minor's Social Security Number: _____

Minor's Date of Birth _____ Custodian's State of Residence: _____

C. ☐ Trust Trustee(s) Name: _____

Name of Trust: _____ Date of Agreement: _____

D. ☐ Corporation ☐ Partnership or ☐ Other

Entity Name: _____ Taxpayer Indentification Number::
(Social Security Number If Sole Proprietor) _____

Corporations, trusts and partnership requires completion of the Resolution Section on the back of this form.

2. Your Investment.

Please make checks payable to The Henssler Equity Fund ($2,000 minimum/$200 subsequent investment amount)

Check Enclosed $ _____ Wired from bank $ _____ Date _____ Wire Number _____

3. Dividend and Capital Gains Payment Options

(If no choice is made, dividends and capital gains will be reinvested.)

Income Dividends ☐ reinvested ☐ paid in cash **Capital Gains Distribution** ☐ reinvested ☐ paid in cash

4. Telephone/Mail Redemptions

You may redeem shares from your account simply by calling ALPS Distributors, Inc. Unless the box is checked, the Telephone/Mail Redemption Service will be established.

☐ I DO NOT want Telephone/Mail Redemption Service.

5. Wire Redemptions

I/We authorize ALPS Distributors, Inc. to honor the request believed to be authentic for wire redemptions proceeds to bank/broker indicated.

Bank Name: _____

Bank Address: _____ City: _____ State: _____ Zip Code: _____

Bank Transit/ABA No.: _____ My Account Number: _____

Name(s) in which bank account is Registered: _____

* A signature guarantee will be required if your bank registration does not match your Henssler Equity Fund account registrations. Please review the rules for signature guaranteed in the Prospectus.

6. The Henssler Equity Fund Automatic Investment Plan. A voided check must be attached.

Bank Name: _____

Bank Address: _____ City: _____ State: _____ Zip Code: _____

Bank Transit/ABA No.: _____ Account Number: _____

Select monthly deposit (minimum $50) amount and date:

☐ 1st of the month (or next business day) ☐ 15th of the month (or next business day) $ _____ Amount of Deposit

The Henssler Equity Fund ACH is a convenient way to purchase shares automatically or at your discretion. The Henssler Equity Fund provides a convenient way to transfer money from your bank account to your Henssler account. Please note savings accounts are not eligible for ACH. We will send confirmation of your Henssler Equity Fund ACH services; please wait 3 weeks after receiving the notice before using the service.

7. Signature

Please sign application, enclose your check and mail to: **The Henssler Funds, Inc. P.O. Box 8796 Denver, CO 80201**

I/we have full authority to purchase shares in The Henssler Equity Fund, and have received and read a current Prospectus, agree to its terms and understand that by signing below (a) I/We hereby ratify all instructions given on this account and agree that neither the Fund nor ALPS Distributors, Inc. will be liable for any loss, cost or expense for acting upon such instructions (by telephone or writing) believed by it to be genuine and in accordance with the procedures described in the Prospectus, and (b) as required by Federal Law, I/We certify under Penalties of Perjury (1) that the Social Security or Taxpayer Identification Number provided herein is correct and (2) that the IRS has never notified me/us That I/we are subject to backup withholding. (Note: if part (2) of this sentence is not true in your case, please strike out that part before signing.)

If I have chosen the Automatic Investment Plan, I authorize The Henssler Equity Fund, of my request, to pay amounts representing redemptions made by me, or to secure payments of ammounts invested by me, by initiating credit or debit entries to my account of the bank named in Section 6. I further agree The Henssler Equity Fund will not incur any loss, liability, cost, or expense for acting upon my request.

Owner of Custodian: _____ Date: _____

Joint Owner (if any): _____ Date: _____

Corporate Officers or Trustees (Please complete certification.)

Signature: _____ Title: _____

Date of Birth _____ Social Security No.: _____ Date: _____

Signature: _____ Title: _____

Date of Birth _____ Social Security No.: _____ Date: _____

Complete this certification below only if you are a corporation, partnership, trust, or other organization

I hereby certify:

i) that I am the duly qualified _____ of _____ a _____ duly organized and existing under the laws of _____.

OR

ii) that _____ is (are) the currently acting (trustees(s)) (partners(s) of _____

CORPORATE SEAL

That all actions by shareholders, directors, trustees, partners, and other bodies necessary to execute the Purchase Application and establish an account with The Henssler Equity Fund have been taken, and further that the following officer(s) or trustee(s) are, and until further notice to The Henssler Equity Fund will be, duly authorized and empowered to purchase, sell, assign, transfer and withdraw securities and funds from the account established hereby.

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Signature of certifying officer: _____ Date: _____