IRA Application

For Traditional, Roth, SEP, and SIMPLE IRAs

Mail to: Grubb & Ellis AGA Funds
% US Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail to: Grubb & Ellis AGA Funds
% US Bancorp Fund Services, LLC
615 E. Michigan St. FL 3
Milwaukee, WI 53202-5207

For additional information, please call toll free 877-40-GRUBB or 877-404-7822
Or visit us on the web at: www. gbemutualfunds.com

In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: ***full name, date of birth, Social Security number, and permanent street address.*** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information for you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

1. Investor Information

FIRST NAME ____________ M.I. ____ LAST NAME ____________

SOCIAL SECURITY NUMBER ____________ BIRTHDATE (Mo / Dy / Yr) ____________

DRIVER'S LICENSE OR STATE ID NUMBER ____________ STATE OF ISSUE ____________

2. Permanent Street Address

(Residential Address or Principal Place of Business – No PO Box addresses or foreign addresses)

STREET ____________ APT / SUITE ____

CITY ____________ STATE ____ ZIP CODE ____

DAYTIME PHONE NUMBER ____________ EVENING PHONE NUMBER ____________

o **Mailing Address** (No foreign addresses)

If completed, this address will be used as the Address of Record for all statements, checks, and required mailings.

STREET ____________ APT / SUITE ____

CITY ____________ STATE ____ ZIP CODE ____

FOR DUPLICATE STATEMENTS PLEASE COMPLETE SECTION 13

3. Type of IRA

If no tax year is indicated, we will assume it is for the current tax year.

Refer to disclosure statement for eligibility requirements and contribution limits.

Choose ONE of the following account types:

- o **Traditional IRA Account**
  - o For tax year ______________
  - o IRA to IRA Transfer (please complete IRA Transfer Form)
  - o Rollover (shareholder had receipt of funds)
- o **IRA Rollover Account**
  - o Rollover IRA to Rollover IRA
  - o Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator. Please check the type of qualified plan:
    o Corporate o Pension o PSP o 401(k) o 403(b) o Other ______________________
- o **Roth IRA Account**
  - o For tax year ______________
  - o Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
  - o Traditional IRA to Roth IRA – year of conversion ______ in which Traditional IRA was converted to Roth IRA
  - o Rollover from Roth IRA (shareholder had receipt of funds)
- o **SEP (Simplified Employee Pension Plan)** -- Each employee must complete an *IRA Application.*
  - o Contribution
  - o Transfer from another SEP IRA Account
  - o Rollover (shareholder had receipt of funds)
- o **SIMPLE IRA** * (Be sure to complete Section 11)

4. Investment Choices:

o By check: Make check payable to Grubb & Ellis (Fund Name) $ _________

o By wire: Call 877-404-7822. Indicate amount of wire: $ ___________

Note: A completed application must be received in advance of a wire.

Fund Name		Investment Amount ($2,000 Minimum)	Optional Automatic Investment Plan ($100 minimum) ☐ Monthly ☐ Quarterly Amount	AIP Start Month	Day
o Grubb & Ellis AGA Realty Income - A	1242	$________________	$______________	_______________	_____
o Grubb & Ellis AGA U.S. Realty - A	1243	$________________	$______________	_______________	_____
o Grubb & Ellis AGA Int'l Realty - A	1244	$________________	$______________	_______________	_____

5. Automatic Investment Plan

Your signed application must be received at least 15 business days prior to initial transaction.

Please include a voided bank check or savings deposit slip.

If you selected this option in Section 4, funds will be automatically transferred from your checking or savings account. Please attach a voided check or a preprinted savings deposit slip to this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

ATTACH VOIDED CHECK OR PRE-PRINTED SAVINGS DEPOSIT SLIP HERE

6. Telephone and Internet Options

Your signed application must be received at least 15 business days prior to initial transaction.

o **Purchase (EFT)** ($100 minimum) - permits the purchase of shares from your bank account. ***Attach a voided check or pre-printed savings deposit slip above.***

o **E-mail Address** – permits the fund to send you fund updates

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7. Beneficiary Information *(If you need more space, please enclose a separate sheet of paper.)*

Primary

NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%

Secondary

NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

X______________________________________ ____________________

SIGNATURE OF SPOUSE DATE

8. Systematic Withdrawal Plan

This option is intended for shareholders aged 59 ½ or older or those engaged in substantially equal payments (72t).

Systematic Withdrawal Plan ($100 minimum and $10,000 account value minimum) – permits the automatic withdrawal of funds.

o Payments of $ _______ made on or about the ______ day of each month, or

o Payments of $ _______ made on or about the ______ day of the months circled below:

Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec

Your signed application must be received at least 15 business days prior to initial transaction.

o Payments will be mailed to address in Section 2.

-OR-

o Payments will be deposited directly into your bank account. Please attach a voided check or a preprinted savings deposit slip to this application. We are unable to credit mutual fund or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

9. Right of Accumulation

A reduced sales load applies to any purchase of the fund shares, sold with a sales load, where an investor's then-current investment is $100,000 or more. I/We own shares of one or more of the following funds (please indicate existing account numbers):

☐ Realty Income Fund - A ________________________

☐ U.S. Realty Fund - A ________________________

☐ Int'l Realty Fund - A ________________________

10. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Grubb & Ellis AGA Funds Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for the Grubb & Ellis AGA Funds (the "Funds"). I understand the Funds' objectives and policies and agree to be bound to the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e. consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Funds to revoke my consent. I agree to notify the Funds of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Funds and its transfer agent shall not be liable if I fail to notify Grubb & Ellis AGA Funds within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. **If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)**

If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

I authorize the Fund to perform a credit check in the event that one is needed to verify or establish identity.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Grubb & Ellis AGA Funds") will not be responsible for banking system delays beyond their control. By completing sections 5, 6, 7 or 8, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. Grubb & Ellis AGA Funds will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Funds' transfer agent receives and has had reasonable amount of time to act upon written notice of revocation.

____ ______________________

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE DATE (Mo / Dy / Yr)

Appointment as trustee accepted:
U.S. Bancorp Fund Services, LLC,

SIMPLE IRA Applicants and Dealers please go on to the next page

11. SIMPLE IRA Employer Information

EMPLOYER (COMPANY) NAME

EMPLOYER STREET ADDRESS

EMPLOYER CITY / STATE / ZIP CODE

EMPLOYER CONTACT (NAME)

EMPLOYER CONTACT BUSINE PHONE NUMBER

12. Dealer Information

Please be sure to complete representative's first name and middle initial.

DEALER NAME

REPRESENTATIVE'S LAST NAME FIRST NAME MI

DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

DEALER NUMBER

REPRESENTATIVE'S BRANCH OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

BRANCH NUMBER REP NUMBER

13. Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

NAME

STREET APT / SUITE

CITY STATE ZIP CODE

☐ Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

NAME

STREET APT / SUITE

CITY STATE ZIP CODE

14. Employee/ Affiliated Entity Information

EMPLOYEE'S LAST NAME FIRST NAME MI

EMPLOYEE'S ID NUMBER (Required)

AFFILIATED ENTITY ______________________________________

NOTE: By completing this section, I certify that I am a current employee or affiliated entity of any Grubb & Ellis Company and am entitled to have sales charges waived for all purchases made in the new accounts established from this application.

Before you mail, have you:

- Completed all USA PATRIOT Act required information?
  - Social Security or Tax ID number in Section 1?
  - Birth date in Section 1?
  - Full name in Section 1?
  - Permanent street address in Section 2?
- Enclosed your check made payable to Grubb & Ellis AGA (Name of Fund)?
- Included a voided check, if applicable?
- Signed your application in Section 10?