

## Volumetric Fund



# NEW ACCOUNT APPLICATION

*Do not use this form for IRA accounts.*

Please print clearly in CAPITAL LETTERS

The minimum initial investment in the fund is \$500 and the minimum subsequent investment is \$200.

If you have any questions or need any help filling out the application, please call **(800) 541-3863**.

[www.volumetric.com](http://www.volumetric.com)

After you have completed and signed this application,  
Please mail to:

**Volumetric Fund, Inc.**  
**c/o Ultimus Fund Solutions, LLC**  
**PO Box 541150**  
**Omaha, NE 68154**

Distributed by Ultimus Fund Distributors, LLC

### 1. ACCOUNT OWNERSHIP

Please provide complete information for EITHER A, B, C or D:

#### A. INDIVIDUAL OR JOINT *(Please check one):*

☐ Individual    ☐ Joint Account\*    \*Tenants with Rights of Survivorship will be assumed, unless otherwise specified.

Name	Social Security Number	Date of Birth
		/ /

Joint Owner	Social Security Number	Date of Birth
		/ /

Email

Citizenship    ☐ U.S. or Resident Alien    ☐ Other *(please specify)*

#### B. UNIFORM GIFTS TO MINORS ACCOUNT (UGMA) OR UNIFORM TRANSFERS TO MINORS ACCOUNT (UTMA)

Custodian's Name	Custodian's Social Security Number	Custodian's Date of Birth
		/ /

Minor's Name	Minor's Social Security Number	Minor's Date of Birth
		/ /

Minor's State of Residence	Email
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#### C. TRUST *(Include a copy of the title page, authorized individual page and signature page of the **Trust Agreement**. Failure to provide this documentation may result in a delay in processing your application.)*

Trust or Plan Name	Email
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Trust Date (mo/day/yr)	Employer or Trust Taxpayer Identification Number
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Trustee's (Authorized Signer's) Name (First, Middle Initial, Last)

Trustee's Date of Birth (mo/day/yr)	Trustee's Social Security Number
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Co-Trustee's (Authorized Signer's) Name (First, Middle Initial, Last)

Co-Trustee's Date of Birth (mo/day/yr)	Co-Trustee's Social Security Number
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**D. CORPORATIONS OR OTHER ENTITIES** (Include a copy of one of the following documents: registered articles of incorporation, government-issued business license, partnership papers, plan documents or other official documentation that verifies the entity and lists the authorized individuals. Failure to provide this documentation may result in a delay in processing your application.)

☐ C Corporation    ☐ S Corporation    ☐ Corporation    ☐ Partnership    ☐ Government Entity

☐ Other (please specify) \_\_\_\_\_

**If no classification is provided, per IRS regulations, your account will default to an S Corporation.**

Name of Corporation or Other Business Entity	Tax ID Number	Email
Authorized Individual	Social Security Number	Date of Birth
Co-Authorized Individual	Social Security Number	Date of Birth

**2. MAILING AND CONTACT INFORMATION**

**LEGAL ADDRESS** (Must be a street address)

Street Address \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Evening Telephone \_\_\_\_\_

☐ Please send mail to the address below. Please provide your primary legal address above, in addition to any mailing address (if different).

Mailing Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

**3. INITIAL INVESTMENT** (The minimum initial investment in the Fund is \$500.)

**Volumetric Fund, Inc.**      \$ \_\_\_\_\_

Make check payable to **Volumetric Fund, Inc..**

If investing by wire: Call **(800) 541-3863** and indicate the amount of the wire \$ \_\_\_\_\_

**Third Party checks are not accepted.**

**4. 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.

**5. AUTOMATIC INVESTMENT PLAN (AIP)**

AIP allows you to add regularly to the Fund by authorizing us to deduct money directly from your checking account every month. Your bank must be a member of the Automated Clearing House (ACH). If you choose this option, please complete **Section 6** and **attach a voided check**.

Please transfer \$ \_\_\_\_\_ (**\$100 minimum**) from my bank account:

☐ Monthly    ☐ Quarterly    on the \_\_\_\_\_ day of the month    Beginning: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Important Note:** If the AIP date falls on a holiday or weekend the deduction from your checking or savings account will occur on the next business day.

## 6. BANK INFORMATION

I authorize the Fund to purchase or redeem shares through the Automatic Investment Plan and/or directed transactions via the Automated Clearing House of which my bank is a member.

Type of Account: ☐ Checking ☐ Savings

\_\_\_\_\_  
Name on Bank Account

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank Routing/ABA Number

\_\_\_\_\_  
Bank Address

**Please attach a voided check from your account.**

## 7. COST BASIS METHOD

Note: The default cost basis calculation method for your new account will be Average Cost. If you wish to elect a different cost basis method, please contact the Fund to obtain a Cost Basis Election Form.

## 8. DEALER/REGISTERED INVESTMENT ADVISOR INFORMATION

If opening your account through a Broker/Dealer or Registered Investment Advisor, please have them complete this section.

\_\_\_\_\_  
Dealer Name

\_\_\_\_\_  
Representative's Last Name, First Name

### DEALER HEAD OFFICE

### REPRESENTATIVE'S BRANCH OFFICE

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Rep Telephone Number

\_\_\_\_\_  
Rep ID Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Rep Email Address

\_\_\_\_\_  
Branch ID Number

\_\_\_\_\_  
Branch Telephone Number (if different than Rep Phone Number)

## 9. STATE ESCHEATMENT LAWS

Escheatment laws adopted by various states require that personal property that is deemed to be abandoned or ownerless, including mutual fund shares and bank deposits, be transferred to the state. Under such laws, ownership of your Fund shares may be transferred to the appropriate state if no activity occurs in your account within the time period specified by applicable state law. The Fund retains a search service to track down missing shareholders and will escheat an account only after several attempts to locate the shareholder have failed. To avoid this from happening to your account, please keep track of your account and promptly inform the Fund of any change in your address.

## 10. SIGNATURE(S) & CERTIFICATION (REQUIRED)

We must have signatures to process your Application and to certify your Taxpayer Identification number. IRS regulations require your signature to avoid any backup withholding.

### W-9 Certification: Under penalty of perjury:

- (a) I certify that the number shown on this form is my/our current Social Security number(s) or Taxpayer Identification number(s).
- (b) I am not subject to backup withholding because; (1) I am exempt from backup withholding, or (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (3) the IRS has notified me that I am no longer subject to backup withholding.
- (c) I am a U.S. person (including a resident alien.)
- (d) I am exempt from FATCA reporting.

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, social security number/ Tax ID number and other information that will allow us to identify you. We may also ask to see other identifying documents. Until you provide the information or documents we need, we may not be able to open an account or effect any additional transactions for you.

When opening an account for a foreign business, enterprise or a non-U.S. person that does not have an identification number, we require alternative government-issued documentation certifying the existence of the person, business or enterprise.

The undersigned represents and warrants that:

- I have full authority and am of legal age to purchase shares of the Fund;
- I have received and read a current prospectus for **Volumetric Fund, Inc.** and agree to be bound by the terms contained therein; and
- The information contained on this New Account Application is complete and accurate.

If Fund shares are being purchased on behalf of an Investment Company (as that term is defined under the Investment Company Act of 1940, as amended ("the 1940 Act"), including investment companies that are not required to register under the 1940 Act pursuant to section 3(c)(1) or 3(c)(7) exemptions), I hereby certify that said Investment Company will limit its ownership to 3% or less of the Fund's outstanding shares.

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

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Signature of owner (or custodian)

Date

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Signature of joint owner (or corporate officer, partner or other)

Date

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Trustee (if applicable)

Date

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**TO CONTACT US:**

**By Telephone**

Toll-free **(800) 541-3863**

**In Writing**

**Volumetric Fund, Inc.**

c/o Ultimus Fund Solutions, LLC

PO Box 541150

Omaha, NE 68154

or

Via Overnight Delivery

4221 N. 203<sup>rd</sup> Street, Suite 100

Elkhorn, NE 68022

**Internet**

[www.volumetric.com](http://www.volumetric.com)

Distributed by Ultimus Fund Distributors, LLC

## **VOLUMETRIC FUND'S PRIVACY POLICY**

Volumetric Fund, Inc. and its affiliate Volumetric Advisers, Inc. have always worked hard to maintain the highest standard of confidentiality and to respect the privacy of its shareholders and clients. The non-public personal information collected about you comes primarily from the account applications or other forms you submit to Volumetric Fund, Inc.

We do not market or disclose information about you to anyone, except as permitted by law. For example, this may include disclosing information according to your express consent to fulfill your instructions, such as in a mortgage application, or to comply with applicable laws and regulations.

We limit information about you to those of our employees who are involved in servicing your account and outside companies that are used to service and maintain your account. We maintain physical, electronic, and procedural safeguards that are designed to comply with federal standards to guard the information. If our relationship ends, we will continue to treat the information as described in this Privacy Policy notice.

This notice complies with Federal law and SEC regulations regarding privacy. If you have any questions or concerns please contact us at Volumetric Fund, Inc.

Approved: June 6, 2019