

IRA Application

For Traditional, Roth, SEP, and SIMPLE IRAs

Mail to: Congress Large Cap Growth Fund
c/o U.S. Bancorp Fund Services, LLC
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail to: Congress Large Cap Growth Fund
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St. FL 3
Milwaukee, WI 53202-5207

For additional information, please call toll-free **888-688-1299** or visit us on the web at **www.congressasset.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 (P.O. Box is not acceptable)

Residential Address or Principal Place of Business – No Foreign Addresses

_____	_____	
STREET	APT / SUITE	
_____	_____	_____
CITY	STATE	ZIP CODE
_____	_____	
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	

Mailing Address (if different from Permanent):

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

Duplicate Statement #1

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

_____	_____	_____
FIRST NAME	M.I.	LAST 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.

_____	_____	_____
FIRST NAME	M.I.	LAST NAME
_____	_____	
STREET	APT / SUITE	
_____	_____	_____
CITY	STATE	ZIP CODE

8. Voided Check

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.

Please attach a voided check or a preprinted savings deposit slip to this application if you chose the Automatic Investment Plan or the EFT option for your Systematic Withdrawal Plan. We are unable to debit or 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).

**ATTACH VOIDED CHECK OR
PRE-PRINTED SAVINGS
DEPOSIT SLIP HERE**

9. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt Congress Large Cap Growth Fund 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 Congress Large Cap Growth Fund (the “Fund”). I understand the Fund’s 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 Fund to revoke my consent. I agree to notify the Fund 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 Fund and its transfer agent shall not be liable if I fail to notify Congress Large Cap Growth Fund 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.

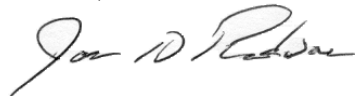
I authorize the Fund to perform a credit check in the event that one is needed to verify or establish identity.

The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively “Congress Large Cap Growth Fund”) will not be responsible for banking system delays beyond their control. By completing sections 5, 6, 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. Congress Large Cap Growth Fund 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 Fund’s transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL’S SIGNATURE

DATE (Mo / Dy / Yr)

Appointment as Custodian accepted:
U.S. Bank, NA



**10. SIMPLE IRA
PLANS ONLY**

**Employer
Information**

EMPLOYER (COMPANY) NAME _____

EMPLOYER STREET ADDRESS _____

EMPLOYER CITY / STATE / ZIP CODE _____

EMPLOYER CONTACT (NAME) _____

EMPLOYER CONTACT BUSINESS PHONE NUMBER _____

**11. Dealer
Information**

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

DEALER NAME	BRANCH/REP ID	REPRESENTATIVE'S LAST NAME	FIRST NAME	MI
DEALER HEAD OFFICE INFORMATION:		REPRESENTATIVE'S BRANCH OFFICE INFORMATION:		
ADDRESS _____		ADDRESS _____		
CITY / STATE / ZIP _____		CITY / STATE / ZIP _____		
TELEPHONE NUMBER _____		TELEPHONE NUMBER _____		

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 Congress Large Cap Growth Fund?
- Included a voided check, if applicable?
- Signed your application in Section 9?