



Dividends Redemptions

ACCOUNT INFORMATION

Account Registration (as appears on statement)		Fund Account Number	
Street Address	City	State	Zip
Home Phone	Work Phone	E-mail	

BANK INFORMATION

A voided check **MUST** be attached to this form for verification. U.S. banks only.

Checking Savings

Name(s) on Bank Account (must be same names as Integrity Viking Funds account)			
Name of Bank	Bank account number	Routing/ABA Number	
Address of Bank	City	State	Zip

SIGNATURE AND CONFIRMATION

Each account owner makes the following certifications:

- I have provided accurate and complete information.
- I have read and agree to all applicable account information.
- I have reviewed the current prospectus for the fund and accept the term therein.
- I understand that this agreement may be terminated at any time with written notification to Integrity Fund Services, Inc.
- I understand that the signatures of all account holders are required and are included below.

Owner Signature	Date
Joint Owner Signature	Date

Signature Guarantee