



# USA PATRIOT ACT VERIFICATION OF IDENTITY

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Each fund has adopted a Customer Identification Program, as required by Federal Law, in an effort to assist the government in the fight against funding terrorism and money-laundering activities. In addition to the information we must collect under the Funds' Anti-Money Laundering Program we will, at a minimum: obtain and verify, to the extent reasonable and practicable, the identity of any customer seeking to open an account; maintain records of information used to verify a customer's identity; and check that a customer does not appear on government terrorist lists. The following information **is required** to be documented, as applicable, by the registered representative.

## CUSTOMER INFORMATION

Name		Date of Birth	Social Security Number	
Street Address (no PO Box)		City	State	Zip
Signature			Date	

## JOINT OWNER

Name		Date of Birth	Social Security Number	
Street Address (no PO Box)		City	State	Zip
Signature			Date	

## NOTARY

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature \_\_\_\_\_

(SEAL)