IntegrityVikingFunds®

THE NICHE FUND GROUP

Account Application

Mailing Address:
Integrity Fund Services
PO Box 759
Minot, ND 58702-9894

Offices Located:
1 Main Street North
Minot, ND 58703

Contact Us:
(800) 601-5593
integrityvikingfunds.com

Please return completed application to:

Integrity Fund Services
PO Box 759
Minot, ND 58702-9894

Account Application ☐New ☐Revised

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Pursuant to Federal Law, the Fund has adopted a Customer Identification Program 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 Fund's 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 for each account owner and person/s opening an account on behalf of others, such as custodians, POA agents, trustees, etc. We will not be able to open your account until we receive all of this required information.

1 Required Registration and Customer Identification Number

☐ **Individual** ☐ **Joint** (Joint Tenants with Rights of Survivorship, unless specified otherwise.)

Owner - Full Legal Name _____ DOB _____

SSN / TIN (for UGMA/UTMA use Minor's SSN) _____ or Employer Identification Number _____

Street Address _____ City / State / Zip _____

Home Phone _____ Work Phone _____ *Email Address _____

Joint Owner

Joint Owner - Full Legal Name _____ DOB _____

SSN / TIN (for UGMA/UTMA use Minor's SSN) _____ or Employer Identification Number _____

Street Address _____ City / State / Zip _____

Home Phone _____ Work Phone _____ *Email Address _____

*By providing your email address and signing this account application, you agree to receive annual and semi-annual Tailored Shareholder Reports electronically.

NOTE: When account application is completed by Financial Adviser, the information below is required to be documented.

Owner - Identifying Document/s Used:

Driver's License # _____
State of Issuance _____
Expiration _____
Passport # _____
Country of Issuance _____
Alien Card # _____
Country of Issuance _____
Other info obtained _____

Joint Owner - Identifying Document/s Used:

Driver's License # _____
State of Issuance _____
Expiration _____
Passport # _____
Country of Issuance _____
Alien Card # _____
Country of Issuance _____
Other info obtained _____

NOTE: When account application is completed by Shareholder, photo IDs must be attached.

OWNER	**JOINT OWNER**
Attach legible copy of Driver's License or photo ID	Attach legible copy of Driver's License or photo ID

2 Account Registration

☐ **Gift or Transfer to a Minor** (UGMA or UTMA - please indicate which type): **Custodian**: _____

as custodian for _____ under the state of _____ Uniform Gifts / Transfers to Minors Act.

☐ **Trust** (Attach a copy of the trust's title and signature pages).

Name of Trustee _____ as trustee/s of Name of Trust _____ Agreement Date _____

☐ **Corporation / other entity** (Attach a copy of the corporate resolution showing the person/s authorized to act on this account.)

Name of corporation or other entity type of organization (i.e. non-profit, partnership, etc.) _____

☐ Own 25% or more of the equity interest of the legal entity, and are an individual with significant responsibility to control / manage legal entity.

3 Fund Selections

NOTE: Share class **required** for each selection below. **Please see prospectus for share class information.**

State Bond Funds	Amount	Share Class
Kansas Municipal Fund	$	
Nebraska Municipal Fund	$	
Oklahoma Municipal Fund	$	
Viking Tax-Free Fund for Montana	$	
Viking Tax-Free Fund for North Dakota	$	
Government Bond Fund		
Integrity Short Term Gov't Fund	$	

Equity Funds	Amount	Share Class
Integrity Dividend Harvest Fund	$	
Integrity Dividend Summit Fund	$	
Integrity Growth & Income Fund	$	
Integrity Mid-N. Amer. Res. Fund	$	
Corporate Bond Fund		
Integrity High Income Fund	$	

If purchasing more than one share class of a single Fund, please indicate each separately.

CLASS I SHARES ONLY: Eligibility required to purchase - please check applicable box below.

- ☐ Investors who purchase through a fee-based advisory account with a financial intermediary.
- ☐ Employer sponsored retirement and benefit plans, endowments or foundations.
- ☐ Bank or bank trust departments investing funds over which they exercise exclusive discretionary investment authority and that are held in a fiduciary, agency, advisory, custodial or similar capacity.
- ☐ Registered investment companies that are not affiliated with funds in the Integrity/Viking family of funds ("Integrity/Viking Funds") and which invest in securities of other investment companies.
- ☐ Plans organized under Section 529 under the Internal Revenue Service.
- ☐ Any current, former, or retired trustee, director, officer or employee (or immediate family members of a current, former, or retired trustee, director, officer or employee) of any Integrity/Viking Fund or Corridor (or an affiliate of Corridor).
- ☐ Certain financial intermediary personnel, and their immediate family members.
- ☐ Persons who retain an ownership interest in or who are the beneficial owners of an interest in Corridor for themselves, their immediate family members, their IRAs or employer sponsored IRAs, any corporation, sole partnership, or other business organization in which such person owns a 25% or greater stake.

4 Initial Investment

Check enclosed for $ _____ . Minimum initial investment for all funds is $1,000 or $50 if participating in a Monthomatic Plan. Make check payable to ***Integrity Fund Services, LLC.***

Should you wish to purchase shares via wire transfer, please call us at (800) 601-5593 for instructions.
The wire must be received by 3pm CT to receive that day's price and we must be notified it has been sent.

Cost Basis

First In, First Out (FIFO) is the default cost basis method assigned to you Funds upon opening an account. If you prefer a method other than FIFO, please include the **Cost Basis Election Form** with your application or provide the form at a later date prior to any redemptions or transfers in your account.

5 Dividends

Choose how you wish to receive dividends. **If left unchecked, option A will be assigned.**

- ☐ A. All income and capital gains dividends reinvested into my account.
- ☐ B. All income dividends in cash and capital gains reinvested in my account. (Complete cash dividends section below).
- ☐ C. All income and capital gains dividends paid to me in cash. (Complete cash dividends section below.)

Please send cash dividends to: (check one)

- ☐ Account registration address
- ☐ ACH dividend (attach **VOIDED CHECK**)
- ☐ Special Payee

_____
Special Payee Name

_____
Address / City / State / Zip

If payable to a person or an address other than as registered, place signature guarantee here.
GUARANTOR:

6 Letter of Intent

Class A and C Shares only. I request establishment of a Letter of Intent to purchase shares of the selected fund as described in the prospectus. These shares will be purchased over a thirteen-month period; the aggregate amount of these purchases, together with my present holdings, will be at least equal to the amount indicated below:

☐ $50,000 ☐ $100,000 ☐ $250,000 ☐ $500,000 ☐ $1,000,000 ☐ This is an amended Letter of Intent

7 Rights of Accumulation

Class A and C Shares only. If this account qualifies for a reduced sales charge under the Rights of Accumulation as described in the prospectus, please give the following information:

_____
Account Number of Related Account

_____
Relationship to Investor

_____
Account Number of Related Account

_____
Relationship to Investor

8 Tax Certification and Authorization

IMPORTANT: You **must** sign this section to open your new account.

The Fund reserves the right to refuse to open an account without either a certified taxpayer identification number (TIN) or a certification of foreign status. Failure to provide the tax certifications in this section may result in backup withholding on payments relating to my account and/or in my inability to qualify for treaty withholding rates.

☐ I am a U.S. resident ☐ My country of residence for tax purposes is _____

☐ **The number shown in Section 1 is my correct Social Security Number or TIN.**

☐ I am not subject to backup withholding due to underreporting of interest or dividend income because notification has not been received from the IRS or because the IRS has notified me that I am no longer subject to backup withholding.

☐ I am subject to backup withholding.

☐ **Awaiting TIN.** A TIN has not been issued to me, but I am in the process of applying for a TIN from either the appropriate Internal Revenue Service Center or Social Security Administration Office. I understand that if I do not provide a TIN to the Fund within 60 days, the Fund is required to commence backup withholding until I provide a certified TIN.

- ☐ I am not subject to backup withholding due to underreporting of interest or dividend income because notification has not been received from the IRS or because the IRS has notified me that I am no longer subject to backup withholding.
- ☐ I am subject to backup withholding.

☐ I am an Exempt Recipient. (You should still provide a TIN)

☐ I am an Exempt Foreign Person.

The IRS does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

I have read the applicable prospectus(es) and this application. I agree to all their terms and I authorize the instructions in this application. I hold harmless and indemnify Integrity Fund Services, LLC (IFS); or any of its affiliates or funds managed by such affiliates; and each of their respective directors, trustees, officers, employees and agents from any losses, expenses, costs or liability (including attorney fees) that may be incurred in connection with these instructions or the exercise of the telephone exchange and/or redemption privileges.

I understand that exchanges between funds may be taxable transactions. I authorize the registered representative assigned to my account to have access to my account and to act on my behalf with respect to my account. If IFS does not employ reasonable procedures to confirm that the instructions received from any person with appropriate account information are genuine, the fund may be liable for losses due to unauthorized or fraudulent instructions.

I understand that to comply with federal regulations, information provided on this application will be used to verify my identity. For example, my identity may be verified through the use of a database maintained by a third party. If IFS is unable to verify my identity, I understand it may need to take action, possibly including closing my account and redeeming the shares at the current market price, and that such action may have tax consequences.

Under the penalties of perjury, I certify that (i) the information provided on this application is true, correct, and complete, (ii) I have read the prospectus for the Fund in which I am investing and agree to the terms thereof, and (iii) I am of legal age or am an emancipated minor.

X _____ _____
Signature of Shareholder, Trustee, or Custodian — Date

X _____ _____
Signature of Co-Shareholder — Date

9 Broker/ Dealer Use Only

We hereby submit this application for the purchase of shares of the selected fund(s), indicated within the terms of our selling agreement with Integrity Funds Distributor, LLC, and within the terms of the prospectus for the selected fund.

_____ _____ _____
Firm Name — Branch Street Address — City / State / Zip

_____ _____ _____ _____
Representative's Name — Representative's Number — Representative's Phone # — Branch Number

X _____
Representative's Signature

_____ _____
Principal's Name — Broker/Dealer

X _____ _____
Principal's Signature — Date

Optional Shareholder Privileges

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A
Monthomatic Investment Plan

Please attach a **VOIDED CHECK** to ensure correct encoding

Bank Address _____ City / State / Zip _____

As a convenience to us, we hereby request and authorize you to honor and charge to our account (i) checks drawn on our account by the fund and payable to the order of Fund, and (ii) ACH debit entries initiated by any of us through the selected fund for the account of the Fund, provided in either case that there are sufficient collected funds in said account to pay the same upon presentation. We agree that your rights with respect to each such check or ACH debit shall be the same as if either were signed personally by each of us. This authority is to remain in effect until revoked by us in writing to you, and until you actually receive such notice, we agree that you shall be fully protected in honoring any such checks or ACH debits. We further agree that if any check or ACH debit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever.

Signature/s of depositor/s: **(Sign exactly as shown on bank records)**

X _____ Owner Signature

X _____ Joint Owner Signature

_____ Date

I authorize the Fund's Agent to draw checks or initiate Automated Clearing House (ACH) debits against the bank account provided below in the amount of $ _____ ($50 minimum for all funds), beginning the ☐ 5th or ☐ 20th of the month of _____ .

_____ Name of Depositor (as shown on bank records)

_____ Bank Account Number

_____ Bank Name

B
Systematic Withdrawal Plan

Note: All dividends from the Fund must be reinvested

Please attach a **VOIDED CHECK** if this is an ACH to your bank account

Systematic Withdrawals are available only for accounts of $5,000 or more. Redeem sufficient shares or dollars on the 1st or 25th of the month and send check to the owner listed above:

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually for $ _____ ($50 minimum) or _____ shares.

The first redemption is to take place on the ☐ 1st or ☐ 25th of _____ (month). If systematic withdrawal checks are payable to a person or an address other than registered above, make check payable to:

_____ Name

_____ Street

_____ City / State / Zip

Account Number (if applicable) _____

If payable to a person or an address other than as registered, place signature guarantee here:

GUARANTOR:
Stamp signature guarantee here:

C
Telephone Authorization Privileges

You automatically have the convenience of telephone redemption and exchange privileges, allowing you and your investment representative to sell or exchange your shares by phone, unless you check below. Review your Prospectus for a discussion of these privileges.

☐ I do NOT want telephone redemption and exchange privileges.

Optional Shareholder Privileges

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D Transfer on Death (TOD) Registration Request

Name of Fund

Account Number | Date

Account Status: ☐ Individual ☐ Joint tenant with right of survivorship

Authorization

By signing below, I/we request that my/our investment which has been marked above be registered in "transfer on death" form, in accordance with the provisions of the law of the state of my residence (or any successor law), and designate the following person(s) to whom the investment shall pass after I am/we are deceased:

Print Name of Beneficiary	Beneficiary's DOB	SSN	%
Print Name of Beneficiary	Beneficiary's DOB	SSN	%
Print Name of Beneficiary	Beneficiary's DOB	SSN	%
Print Name of Beneficiary	Beneficiary's DOB	SSN	%

By signing below, I/we also make the following warranties, representations, and agreements:

1. You are not required to re-register the investment in the name of the beneficiary unless you have received such documents as you may require to establish that I am deceased/we are both deceased.
2. You may re-register the investment in the name of the beneficiary upon receipt of such documents, even if the beneficiary is also deceased. For beneficiaries who are minors, you may require appointment of a guardian or conservator as a condition of any distribution.
3. You are not responsible for determining the tax consequences of the decision to register this investment as requested above.
4. I/we agree to hold harmless, indemnify, and defend you for any claim, loss, or liability resulting from (a) any breach of any warranty or representation in this Agreement, and (b) any action you take in connection with the registration, any re-registration in the name of the beneficiary, and from any distribution thereafter to the beneficiary or for the benefit of the beneficiary, made as requested or authorized under this agreement.
5. If this Agreement is established under joint tenants with right of survivorship account status, upon the death of one of the joint owners, ownership shall pass to the surviving joint owner, and you may follow the instructions of the survivor with regard to the investment, including, without limitation, instructions to (a) terminate transfer on death registration, (b) change owner or beneficiary, or (c) redeem all or any part of the investment.
6. If I have established this account individually and am married (or jointly, and am not married to my joint applicant), my spouse's waiver has been executed below.
7. You have not provided any legal advice to me, and I agree to obtain the advice of an attorney with regard to the enforceability of this form of registration in my state, and its affect on my estate and tax planning.

X
Applicant's Signature

X
Joint Applicant's Signature

Spousal Waiver

By signing below, I/we also make the following warranties, representations, and agreements:

X
Applicant's Spouse's Signature

X
Joint Applicant's Spouse's Signature

List of states which may allow TOD Registration: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New York, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, U.S. Virgin Islands, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin and Wyoming.

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Revised July 2026