

MAIL TO: Tributary Funds
 P. O. Box 219022
 Kansas City, MO 64121-9022
1-800-662-4203

Please Print Clearly

1 Current Account Registration

THIS MUST BE EXACTLY THE SAME AS THE SHAREHOLDER NAME ON YOUR ACCOUNT.

NAME AS LISTED ON THE ACCOUNT

NAME OF THE FUND

ACCOUNT NUMBER

2 Beneficiary Designation

Designate the beneficiary or beneficiaries who will receive your IRA account in the event of your death. If you name more than one beneficiary, indicate the percentage each is to receive, otherwise your named beneficiaries (if more than one) will share equally.

Primary Beneficiary(ies)

NAME	PERCENT	
RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
NAME	PERCENT	
RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER

Secondary Beneficiary(ies)

NAME	PERCENT	
RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
NAME	PERCENT	
RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER

Spousal Consent

(For use in community or marital property states)

(This section should be reviewed if either the Trust or the residence of the accountholder is located in a community or marital property state and the accountholder is married and is designating a beneficiary other than the spouse. It is the accountholder's responsibility to determine if this section applies. The accountholder may need to consult with legal counsel. Neither the Custodian nor the Sponsor will be liable for any consequences resulting from a failure of the accountholder to provide proper spousal consent.)

I am the spouse of the above-named accountholder. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community property interest in this IRA, I have been advised to see a tax professional or legal advisor. I hereby give the accountholder any interest I have in the funds or property deposited in the IRA and consent to the beneficiary designation(s) indicated above.

I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

X _____ DATE _____
 SIGNATURE OF SPOUSE

X _____ DATE _____
 SIGNATURE OF WITNESS FOR SPOUSE

3 Shareholder Agreement

In this Agreement, "I", "my", "you" and "your" means any customer signing this Agreement.

- I affirm that I have received and read the current prospectus of the Fund(s) selected and agree to its terms. I agree that the Distributor, the Transfer Agent, Tributary Funds or any affiliate or their officers, directors or employees will not be liable for any loss, expense or cost for acting upon any instructions or inquiries believed genuine.
- I understand that the authorization(s), with respect to Wire Redemptions are subject to the conditions and limitations set forth in the current prospectus. I ratify any instructions given, pursuant to the above authorization(s).
- This Agreement shall be governed by the laws of the Commonwealth of Pennsylvania.

X _____ DATE _____
 SIGNATURE