



P.O. Box 87 Denver, CO 80201-0087
 Main (800) 955-9988 | Fax (303) 534-5627
 info@sheltoncap.com

TYPE OF ACCOUNT (Please Select from the list below)

<input type="checkbox"/> Trust, Partnership or Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Joint Tenant <input type="checkbox"/> Uniform Gift to Minor/Custodian <input type="checkbox"/> Estate	<p>In the case of a trust, we ask that you fill out this section and supply a copy of the first and last page of your trust document. For other entities, we ask that you include the first page, powers page, and signature of the Corporate Resolution, Partnership Agreement or other official IRS Document, as applicable. Please call (800) 955-9988 if you have any questions.</p> <p>Name: _____</p> <p>Tax ID/EIN Number: _____ Date Opened: _____</p>
---	---

PRIMARY ACCOUNT HOLDER

Full Name:	Owner	Trustee	Minor
Street Address (no P.O. Box): _____			
City:	State:	Zip Code:	
Please send mail to the address below. Please provide your primary legal address above, in addition to any mailing address (if different).			
Mailing Address:	City, State, Zip:		
Birthdate:	E-mail Address:		
Social Security Number:	Phone:		
<input type="checkbox"/> U.S Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien			
Country of Citizenship:	Country of Tax Residence:		

SECONDARY ACCOUNT HOLDER

Full Name:	Owner	Trustee	Minor
Street Address (no P.O. Box): _____			
City:	State:	Zip Code:	
Please send mail to the address below. Please provide your primary legal address above, in addition to any mailing address (if different).			
Mailing Address:	City, State, Zip:		
Birthdate:	E-mail Address:		
Social Security Number:	Phone:		
<input type="checkbox"/> U.S Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien			
Country of Citizenship:	Country of Tax Residence:		

INVESTMENT OPTIONS

Please select your initial investment amount next to the fund you wish to invest in. You may also want to consider establishing an Automatic Investment Plan (AIP). An AIP is an easy and convenient way to meet your investment goals. Select an amount you wish to be transferred on a quarterly, monthly or annual basis from your checking account to your mutual fund account at Shelton Capital Management.

\$	\$	Shelton Equity Income Fund - EQTIX	\$	\$	S&P SmallCap Index Fund - SMCIX
Initial	AIP		Initial	AIP	
\$	\$	S&P MidCap Index Fund - SPMIX	\$	\$	Shelton International Select Equity Fund - SISLX
Initial	AIP		Initial	AIP	
\$	\$	Nasdaq-100 Index Fund - NASDX	\$	\$	Shelton Sustainable Equity Fund - NEXTX
Initial	AIP		Initial	AIP	
\$	\$	U.S. Government Securities Fund - CAUSX	\$	\$	Shelton Tactical Credit Fund - DEBTX
Initial	AIP		Initial	AIP	
\$	\$	Green CA Tax-Free Income Fund - CFNTX	\$	\$	Shelton Emerging Markets Fund - EMSLX
Initial	AIP		Initial	AIP	
\$	\$	The United States Treasury Trust - UTSXX			
Initial	AIP				
\$	\$	S&P 500 Index Fund - SPFIX			
Initial	AIP				

For Automatic Investment Plans (AIP) Only:

Please transfer my AIP investment from my checking account
 Monthly
 Quarterly
 Annually
 Start Date: _____ [mm/dd/yy]

I understand that I will be assessed a \$25.00 fee if the automatic purchase cannot be made due to insufficient funds, stop payment, or for any other reason.

BANK INFORMATION

By providing bank information you are authorizing purchases and redemptions via ACH transfer and/or wire transfer. This authorization will allow you to make such transactions via telephone with a Client Service Representative or on the website www.sheltoncap.com. If a check to fund this account is not included with this application, the initial purchase (as indicated in the Investment Options section of this form) will be drawn from the bank account provided. **Please attach a voided check as it is required. ACH instructions will not be established without a voided check.**

Account Type: Checking Savings

Name on Bank Account:

Bank Name:

Bank Account Number:

ABA Routing Number (9 digits):

ACCOUNT OPTIONS

Telephone & Exchange Privileges

Exchange Privileges: Permits all access to account except redemptions.

Exchange & Redemption Privileges: Permits all access to accounts, including redemptions.

Account Link: Permits purchases and redemptions to be sent to and from your bank checking or savings account.

Dividend Options (Reinvestment will occur if no box is checked)

Reinvestment: All dividends will be reinvested in your account.

Paid in Cash: All dividends will be paid in cash to you.

Statement Delivery Options (E-mail address must be provided on Page 1 for E-Delivery)

Statements	Confirmations	Tax Forms	Regulatory Documents
E-Delivery	E-Delivery	E-Delivery	E-Delivery
Postal Mail	Postal Mail	Postal Mail	Postal Mail

Check Redemption Privileges (Free checkbook for US Treasury Trust Fund)

I (we) hereby elect redemption by special check drawn against my (our) Shelton Funds account (minimum check \$500).

Note: When electing check withdrawal, please sign the Signature Card.

COST BASIS

For all shares purchased after 01/01/2012, mutual fund companies are required to provide cost basis information to both shareholders and the Internal Revenue Service (IRS) when these shares are exchanged or redeemed. Please choose from one of the following methods:

Average Cost Method (ACM): The calculation of an average cost for all shares in the account. Any shares exchanged or redeemed using ACM will be First In, First Out order (FIFO).

Specific Share Identification (SSI): Specific shares are identified to be exchanged or redeemed at the time of the transaction. With SSI, you may also provide standing instructions regarding the order in which shares will be exchanged or redeemed at the time of the transaction.

If you do not select a method by the time of the first exchange or redemption, the transaction will be processed using the Average Cost Method as the default method. You may want to consult your tax advisor to determine which cost basis method is best for you.

STATE ESCHEATMENT LAWS

Escheatment laws adopted by various states require that personal property that is deemed to be abandoned or ownerless, including mutual fund shares and bank deposits, be transferred to the state. Under such laws, ownership of your Fund shares may be transferred to the appropriate state if no activity occurs in your account within the time period specified by applicable state law. The Fund retains a search service to track down missing shareholders and will escheat an account only after several attempts to locate the shareholder have failed. To avoid this from happening to your account, please keep track of your account and promptly inform the Fund of any change to your address.

SIGNATURE & CERTIFICATION

We must have signatures to process your Application and to certify your Taxpayer Identification number. IRS regulations require your signature to avoid any backup withholding.

W-9 Certification: Under penalty of perjury:

- a. I certify that the number shown on this form is my our current Social Security Number(s) or Taxpayer Identification number(s).
- b. I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- c. I am a U.S. person (including resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.
- d. I am exempt from FATCA reporting.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account effective October 1, 2003.

What this means for you: When you open an account, we will ask you for your name, address, date of birth, Social Security Number/ Tax ID number and other information that will allow us to identify you. We may also ask to see other identifying documents. Until you provide the information or documents we need, we may not be able to open an account or effect any transactions for you.

When opening an account for a foreign business, enterprise or a non-U.S. person that dies not have an identification number, we require alternative government-issued documentation certifying the existence of the person, business or enterprise.

The undersigned represents and warrants that:

- I have full authority and am of legal age to purchase shares of the Fund(s);
- I have received and read a current prospectus for the Shelton Funds and agree to be bound by the terms contained therein; and
- The information contained on the Account Application is complete and accurate.

If Fund shares are being purchased on behalf of an Investment Company (as that term is defined under the Investment Company Act of 1940). I hereby certify that said investment Company will limit its ownership to 3% or less of the Funds outstanding shares.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

	Owner	Trustee	Custodian	
Owner Signature				Date
	Owner	Trustee	Custodian	
Joint Owner Signature (if any)				Date

Broker/Dealer Name:	Street Address:
Broker/Dealer Number:	City:
Representative Name:	State:
Representative Number:	Zip Code: