

IRA Application

(ADOPTION AGREEMENT)

You may use this form to establish only one IRA account. Do not use this application to open a SIMPLE IRA. Note: If you are transferring an existing account to us, please fill out a Baron Capital® Transfer Form as well. For information and to request forms, call: 1-800-442-3814, Monday – Friday, 9:00AM – 5:00PM, ET or visit www.BaronCapitalGroup.com. See section 13 for mailing and wiring instructions.

To help record address openin make s	information that identifies each po s, date of birth and other informat g a mutual fund account. Any doc cure to provide all the required inf	ENING A NEW ACCOUNT of terrorism and money-laundering erson who opens an account. What tion that will allow us to identify younders that we request (i.e., a drivermation. Incomplete information provided and this form has been	t this ou. T er's on wi	means for you: When you op his information will be verifi license) will beused solely to Il delay your investment. Th	en an acc ed to ensu attempt t	ount, we will ask are the identity of o establish your i	for your name, f all individuals dentity. Please
1. Ini	tial Investment						
or \$500 The min per fun Plan ca see our	nimum initial investment for Retain per fund if you use our Automatic nimum initial investment for Institu and. Please call us for more inform an only be added to the account for the prospectus for details on Instituti	Investment Plan (see page 5). utional Class Shares is \$1,000,000 ation. An Automatic Investment or subsequent purchases. Please		Baron Real Estate Income F Retail Share Class (5006) BRI Institutional Share Class (503 Baron Small Cap Fund Retail Share Class (583) BSCF Institutional Share Class (158	FX L6) BRIIX -X		
Bare Reta Insti Bare Reta	om Retail Class Shares. on Asset Fund ail Share Class (585) BARAX itutional Share Class (1585) BARIX on Discovery Fund ail Share Class (572) BDFFX itutional Share Class (1572) BDFIX	\$		Baron Technology Fund Retail Share Class (5035) BTE Institutional Share Class (503 Baron WealthBuilder Fund Institutional Share Class (503 TA Share Class (5034) BWBT	36) BTEUX L4) BWBIX (
☐ Reta	on Durable Advantage Fund ail Share Class (5005) BDAFX itutional Share Class (5015) BDAIX	\$		te: The Funds do not accept of ecks, starter checks, third-pa	ash, cred	it cards, money o	rders, travelers
Bard □ Reta □ Insti Bard □ Reta	on Emerging Markets Fund ail Share Class (575) BEXFX itutional Share Class (1575) BEXIX on Fifth Avenue Growth Fund ail Share Class (579) BFTHX	\$	kin Ho D	nd or in any amount. (See Sect by would you like to fund yo Check enclosed payable to Ba One-time initial electronic wit Wired funds payable to Baron account number before wiring funds).	iion 13 for ur accoun aron Fund hdrawal (f Funds® (Pl	mailing and wirin t? S.® rom the bank account	g instructions.) listed in Section 11).
Baro Reta Insti Baro Reta Insti	itutional Share Class (1579) BFTIX on FinTech Fund ail Share Class (5008) BFINX itutional Share Class (5018) BFIIX on Focused Growth Fund ail Share Class (578) BFGFX itutional Share Class (1578) BFGIX	\$	Cu fee pa ma	Transfer or Rollover from an Transfer Form). Istodian's Annual Fee: The ce of \$12 per IRA Plan Type. The id separately. Make check pay aintenance fee is waived if the the fee is assessed.	other cust custodian is fee will vable to BA	charges an annua be deducted from RON FUNDS®. Th	al maintenance n your IRA if not e per Plan Type
■ Reta	on Global Advantage Fund ail Share Class (573) BGAFX itutional Share Class (1573) BGAIX	\$	2.	Please Check One:			
Bard Reta	on Growth Fund ail Share Class (587) BGRFX itutional Share Class (1587) BGRIX			e Funds are offered and solo entification number. U.S. CITIZ			
☐ Reta	on Health Care Fund ail Share Class (BHCFX) itutional Share Class (BHCHX)	\$	3.	Account Registration	ı – Reqı	uired	
☐ Reta	on International Growth Fund ail Share Class (577) BIGFX itutional Share Class (1577) BINIX	\$	Ov	/ner's name (First, M.I., Last) – Require	d		
Bard □ Reta	on India Fund ail Share Class (5009) BINRX itutional Share Class (5019) BINDX		Ov	ner's SSN/U.S. Tax ID – Required		Date of Birth (MM/DI)/YYYY) – Required
Bard □ Reta	on Opportunity Fund ail Share Class (580) BIOPX itutional Share Class (1580) BIOIX			eet (P.O. Box not acceptable except for APC)/FPO) – Requ	ired	
Bard □ Reta	on Partners Fund ail Share Class (586) BPTRX itutional Share Class (1586) BPTIX			y – Required	State – Re	quired	Zip – Required
	on Real Estate Fund		— Da	ytime phone		Evening phone	

☐ Retail Share Class (576) BREFX

☐ Institutional Share Class (1576) BREIX \$_

Email Address

4. Mailing Address (If different than	Street Address)	☐ ALL ASSETS IN MY	ACCOUNT	
			AMOUNT IN \$	OR	%
P.O. Box or Alternate Street			STEP 2. Type of Trans	fer or Rollover: Choo	ose one option only.
Other Information (Suite, Attention	acts \		$1\square$ transfer of an	EXISTING TRADITIO	NAL IRA OR ROTH IRA.
Other imormation (suite, Attention	retc.)				RA Transfer Form and return it
City	State	Zip	to Baron Capital a	long with this form.)	
5. Combined Share	holder Mailings		Roth IRA, date esta	ablished (MM/DD/YYYY)	
			2 DIRECT ROLLOVE	R FROM EMPLOYER-	QUALIFIED RETIREMENT PLAN.
To help reduce Fund expens the same address are related report to that address, unles	d accounts and we will m	ail only one shareholder	(You must complete a Baron Capital® IRA Transfer Form and return it to Baron Capital along with this form.)		
☐ Please send multiple rep	orts.			EXISTING IRA ROLLE	ED OVER WITHIN 60 DAYS OF MY
6. Duplicate Statem	ents		RECEIPT.		
•			☐ Existing Traditio		
Please send a copy of my ac				sored Retirement Plai	
☐ Registered Broker/Dealer	Financial Plan	nner	Roth IRA (Accou	nt start date (MM/DD	
☐ Interested Party	☐ Trust Adminis	strator	4 CONVERSION CON Convert from ar	5	(ONE BELOW) tal Traditional IRA to a Roth IRA.
Last Name	First Name	M.I.	Fund Name	A	.ccount Number
Street Address					ng taxes applied to your distribution from
			your existing IRA	A. Indicate withholdir	ng percentage below. If no percentage is
City	State	Zip	entered, no with	hholding will be appli	ied.
7. Type of IRA			%	kisting Non-Baron Cap	nital Traditional IPA
What type of account are you e	stablishing? Choose ONE o	nly.	a convert nomex	isting Non-Baron Cap	ntat Haditional IIVA.
☐ Traditional IRA			\$ or % amount to I		
☐ ROTH IRA (COVERS ALL FORI	MS OF ROTH IRAs)				n, United Missouri Bank of Kansas ") are authorized to credit the Baron
□ SEP IRA	no or morn muss,				debit the bank account as indicated that this service is governed by the
_					ectus and therules of the Automated
☐ SAR SEP IRA					romtime to time, and is established unt owner. The undersigned further
☐ Inherited IRA (call 1-800-442	-3814 for complete instruct	tions.)			terminated or modified at any time
8. How would you li	ike to fund your I	RA?			or United Missouri Bank of Kansas Baron Capital®, their affiliates, their
What Type of Transaction are y	ou making? Check A or B.		agents and represen	ntatives from all lia	ability and agrees to indemnify the
Please see the Universal Indifor information about contrib		t-Disclosure Statement	accordance with the	e privilege selected	es or costs for acting in good faith in I herein. In no event shall the Funds able for consequential damages. All
A New contribution (MA	DE WITH NEW MONEY)				, representatives and assigns of the
Amount	For Tax Year				il terminated by any account owner o DST. Termination will be effective
If SEP IRA, check one:					me to act upon it following receipt.
☐ SELF EMPLOYED (EMPLOYE	ER'S CONTRIBUTIONS)				nent Plan must be received at least neduled purchase date. We may not
☐ RECEIVE MY EMPLOYER'S C	CONTRIBUTION		be able to stop you	r systematic purch	hase if your request is not received
☐ RECEIVE SALARY REDUCTION	ONS FROM EMPLOYER		at least six business	days prior to you	r next scheduled purchase.
☐ EMPLOYEE CONTRIBUTION			Individual Owner		Date (MM/DD/YYYY)
B TRANSFER OR ROLLOVER	OF EXISTING IRA.		Distributed by: Baron (Avenue, New York, NY 10153
STEP 1 . Please provide the am	ount and choose which two	e of transfer or rollover		9-BARON, www.Baror	
\$	Tank and choose which typ	I danser of follower.			ing an Automatic Investme nt form is in addition to the

For Tax Year

Amount

IRA Account Application. It is not available for entities.

9. Beneficiary Designation

Note: Any amount remaining in the Account that is not disposed of by a proper Designation of Beneficiary will be distributed to your estate (unless otherwise required by the laws of your state of residence). You may change Designation of Beneficiary with the Custodian. Any subsequent Designation filed with the Custodian will revoke all prior Designations, even if the subsequent designation does not dispose of your entire account.

I designate the individual(s) named below as the beneficiary (ies) of this IRA. I revoke all prior IRA Beneficiary designations, if any, made by me for these assets. I understand that I may change or add Beneficiaries at any time by written notice to the Custodian. If I am not survived by any Beneficiary, my Beneficiary shall be my estate. (If no percentage is specified, primary beneficiaries will share the account balance equally.)

1st Beneficiary's Name: First	M.I.	Last
SSN/U.S. Tax ID	Date of Birth (MM/	/DD/YYYY)
Relationship	% of Shares	
2nd Beneficiary's Name: First	M.I.	Last
SSN/U.S. Tax ID	Date of Birth (MM/	/DD/YYYY)
Relationship	% of Shares	
CONTINGENT BENEFICIARY(IES)	
1st Beneficiary's Name: First	M.I.	Last
SSN/U.S. Tax ID	Date of Birth (MM/	/DD/YYYY)
Relationship	% of Shares	
2nd Beneficiary's Name: First	M.I.	Last
SSN/U.S. Tax ID	Date of Birth (MM/	/DD/YYYY)
Relationship	% of Shares	

SPOUSAL CONSENT

(This section should be reviewed if the owner designates a Beneficiary other than his/her spouse. It is the owner's responsibility to determine if this section applies. The accountholder may need to consult with legal counsel. Neither the Custodian nor the Sponsor are liable for any consequences resulting from a failure of the accountholder to provide proper spousal consent.)

I am the spouse of the previously 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 Baron Capital® IRA, I acknowledge that it would be in my best interests to consult a tax professional or legal advisor and I have consulted with such advisor to the extent I deemed necessary or advisable. I hereby consent to the beneficiary(ies)designated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian or Sponsor.

Signature of Spouse	Date (MM/DD/YYYY)
Signature of Spouse	Date (MM/DD/YYYY)

10. Telephone/Online Authorization & Redemption Options

You may make subsequent investments or exchange shares of one Baron Fund® for another Baron Fund® by telephone/online and redeem shares by telephone, unless you decline the option below. The maximum amount that may be redeemed by telephone is \$100,000 per Fund per day. Please see the prospectus(es) for more information.

If you DO NOT want telephone/online privileges, check the box below:

□ I do not want telephone/online privileges. (I understand that to make any transactions in my account, I will need to contact Baron by mail.)

Baron Capital® employs reasonable procedures to confirm that instructions communicated by telephone/online are genuine and is not liable for losses due to unauthorized or fraudulent instructions. Please see the prospectus(es) for more information on the telephone/online exchange and telephone redemption privileges.

Please Note: If you check the above box, you will not have the option to make online purchases.

REDEMPTION OPTIONS

You may also select one or more of the following methods of receiving your proceeds:

- ☐ We will mail a check to the address to which your account is registered.
- ☐ We will transmit the proceeds by Electronic Funds Transfer to a pre-authorized bank account (usually a two banking day process).*
- ☐ We will wire the proceeds to a pre-authorized bank account for a \$10.00 fee (usually a next banking day process).* Your bank may assess an additional charge.

*YOU MUST ENCLOSE YOUR VOIDED BANK CHECK OR SAVINGS DEPOSIT SLIP AND FILL OUT SECTION 11 TO ESTABLISH TELEPHONE/ONLINE OPTIONS TO YOUR BANK ACCOUNT.

11. Bank Instructions

Please complete the following information if you would like assets transferred electronically between your bank checking/savings account and the Funds.

	☐ Checking	☐ Savings	
Bank Name	City		State
ABA Routing Number	*	Account Number*	

Name(s) on Account

12. Electronic Delivery and Online Account Access

Remember to log onto our website at www.BaronCapitalGroup.com. You can sign up to receive quarterly reports, Fund prospectuses, special announcements, and proxies via electronic delivery. You can also access your accountinformation and make transactions online.

^{*}Please attach a voided check or savings account deposit slip - Required

13. Mailing and Wiring Instructions

Please mail the completed application form with your check to: Regular Mail:

BARON CAPITAL® P.O. BOX 219946 KANSAS CITY, MO 64121-9946

Overnight delivery:

BARON CAPITAL® 430 W. 7TH STREET KANSAS CITY, MO 64105-1514

Wire instructions:

UMB Bank, N.A.
ABA NO. 1010-0069-5
FBO BARON FUNDS, ACCOUNT NO. 98-7037-101-4
OWNER'S NAME
OWNER'S ACCOUNT NO.
SPECIFY FUND NAME

IF YOU HAVE ANY QUESTIONS REGARDING YOUR ACCOUNT, PLEASE CALL 1-800-442-3814, MONDAY - FRIDAY, 9:00AM - 5:00PM ET.

14. Signature and Authorization - Required

The Owner has indicated a Traditional IRA Rollover or Direct Rollover above, Owner certifies that the contribution does not include any employee contributions to any qualified plan (other than accumulated deductible employee contributions) 403(b) arrangement; that any assets rolled over by Owner are the same assets received by the Owner in the distribution being rolled over; if the distribution is from another Traditional IRA, that Owner has not made another rollover within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to this Account; and that no portion of the amount rolled over is a required minimum distribution under the required distribution rules.

If Owner has indicated a Conversion, Transfer or Rollover of an existing Traditional IRA to a Roth IRA, Owner acknowledges that the amount converted will be treated as taxable income (except for any prior non-deductible contributions) for federal income-tax purposes, and certifies that no portion of the amount converted, transferred or rolled over is a required minimum distribution under applicable rules. If Owner has elected to convert an existing Traditional IRA with Bank as custodian to a Roth IRA and has elected no withholding, Owner understands that Owner may be required to pay estimated tax and that insufficient payments of estimated tax may result in penalties.

If Owner has indicated a rollover from another Roth IRA, Owner certifies that the information given in Item 8 is correct and acknowledges that adverse tax consequences or penalties could result from giving incorrect information.

Owner certifies that any rollover contribution to the Roth IRA was completed within 60 days after the amount was withdrawn from the other IRA.

Owner has received and read the applicable sections of the disclosure statement relating to this Account (including the Custodian's fee schedule), the Custodial Account document and the instructions pertaining to this adoption agreement. Owner acknowledges receipt of the Universal Individual Retirement Account document and the Universal IRA Disclosure Statement at least 7 days before the date below and acknowledges that Owner has no further right of revocation.

Owner acknowledges that it is his/her sole responsibility to report all contributions to or withdrawals from the Account correctly on his or her tax returns, and to keep necessary records of all the Owner's IRAs (including any that may be held by another custodian or trustee) for tax purposes. All forms must be acceptable to the Custodian and dated and signed by the Owner.

Custodian Acceptance. UMB Bank, N.A. will accept appointment as Custodian of the Owner's Account. However, this Agreement is not binding upon the Custodian until the Owner has received a statement confirming the initial transaction for the Account. Receipt by the Owner of a confirmation of the purchase of the fund shares indicated above will serve

as notification of UMB Bank, N.A. acceptance of appointment as Custodian of the Owner's Account. The account is established for the exclusive benefit of the individual or his/her beneficiaries.

UMB BANK, N.A., CUSTODIAN

Signature of Custodian

If the Depositor is a minor under the laws of the Depositor's state of residence, a parent or guardian must sign this Agreement. Until the Depositor reaches the age of majority, the parent or guardian will exercise the powers and duties of the Depositor. (If guardian, provide a copy of letters of appointment.)

Under penalties of perjury, I certify that:

- 1. The SSN/U.S. tax ID number shown on this form is my correct taxpayer identification number;
- 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- ☐ Check here if you are subject to backup withholding.
- 3. Please check one:

☐ I am a United States Citizen or Resident Alien (SSN or Tax ID provided)

□ I am a non-resident alien with a U.S. SSN or Tax ID. (A form W-8 will be mailed to you. Please complete it and return it to us along with a copy of your passport or government issued ID card.)

If not a U.S. citizen, please indicate the country in which you permanently reside:

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED ABOVE.

By signing this application, I also certify that:

- I have received and read the prospectus(es) for the Fund(s) and I agree to the terms. I have the authority and legal capacity to purchase mutual fund shares, am of legal age and believe each investment to be suitable for me.
- I understand that the Funds are not a bank, and Fund shares are not backed or guaranteed by any bank nor insured by the FDIC.
- I ratify any instructions, including telephone instructions, given on this account. I understand that the Funds or DST will employ reasonable procedures to verify my identity and to confirm the genuineness of my instructions. I agree that neither the Fund(s) nor DST will be liable for any loss, cost or expense for following the Funds' anti-money laundering procedures and/or following reasonable procedures designed to prevent unauthorized transactions.
- I am not involved in any money laundering schemes, and the source of this investment is not derived from any unlawful criminal activities. The information provided on this form and the documents submitted are true and correct.

Owner Name (Please Print)		
Owner Signature	Date (MM/DD/YYYY)	

APPLICATIONS THAT ARE UNSIGNED OR INCOMPLETE WILL BE RETURNED WITHOUT THE ACCOUNT BEING ESTABLISHED.



Automatic Investment Plan Enrollment Form

Fill out this form only if you are establishing an Automatic Investment Plan with Baron Capital®. For information and to request forms, call: 1-800-442-3814 Monday – Friday, 9:00AM – 5:00PM ET, or visit www.BaronCapitalGroup.com. Please mail completed form to: Baron Capital®, P.O. Box 219946, Kansas City, MO 64121-9946. Overnight Address: Baron Capital®, 430 W. 7th Street, Kansas City, MO 64105-1514.

The undersigned authorizes Baron Capital® to start an Automatic Investment Plan for the account indicated below:

For any account starting with less than \$2000, a \$50 **monthly** minimum is required until the account reaches \$2000 (Retail Share Class only).

21	EΡ	1.	ın	snares	OT:

Baron Asset Fund	
Retail Share Class (585) BARAX	¢.
Institutional Share Class (1585) BARIX	\$
Baron Discovery Fund	
☐ Retail Share Class (572) BDFFX☐ Institutional Share Class (1572) BDFIX	\$
	3
Baron Durable Advantage Fund	
Retail Share Class (5005) BDAFX	ċ
Institutional Share Class (5015) BDAIX	\$
Baron Emerging Markets Fund	
Retail Share Class (575) BEXFX	
☐ Institutional Share Class (1575) BEXIX	\$
Baron Fifth Avenue Growth Fund	
Retail Share Class (579) BFTHX	8
Institutional Sharè Cláss (1579) BFTIX	\$
Baron FinTech Fund	
■ Retail Share Class (5008) BFINX	
■ Institutional Share Class (5018) BFIIX	\$
Baron Focused Growth Fund	
Retail Share Class (578) BFGFX	
☐ Institutional Share Class (1578) BFGIX	\$
Baron Global Advantage Fund	
☐ Retail Share Class (573) BGAFX	
☐ Institutional Share Class (1573) BGAIX	\$
Baron Growth Fund	¥
☐ Retail Share Class (587) BGRFX	
	\$
	\$
Baron Health Care Fund	
Retail Share Class (BHCFX)	
☐ Institutional Share Class (BHCHX)	\$
Baron International Growth Fund	
☐ Retail Share Class (577) BIGFX	
Institutional Share Class (1577) BINIX	\$
Baron India Fund	
Retail Share Class (5009) BINRX	
☐ Institutional Share Class (5019) BINDX	\$
Baron Opportunity Fund	*
☐ Retail Share Class (580) BIOPX	
☐ Institutional Share Class (1580) BIOIX	\$
Baron Partners Fund	¥
☐ Retail Share Class (586) BPTRX	
☐ Institutional Share Class (1586) BPTIX	\$
Baron Real Estate Fund	7
Retail Share Class (576) BREFX	¢.
☐ Institutional Share Class (1576) BREIX	\$
Baron Real Estate Income Fund	
Retail Share Class (5006) BRIFX	
☐ Institutional Share Class (5016) BRIIX	\$
Baron Small Cap Fund	
☐ Retail Share Class (583) BSCFX	
■ Institutional Share Class (1583) BSFIX	\$
Baron Technology Fund	
☐ Retail Share Class (5035) BTEEX	
☐ Institutional Share Class (5036) BTEUX	\$
Baron WealthBuilder Fund	¥ ———
☐ Institutional Share Class (5014) BWBIX	
☐ TA Share Class (5024) BWBTX	\$
IA Share Class (3024) BWBTX	Ş
TOTAL	\$
TOTAL	\$
D - '- '- '- '- '- '- '- '- '- '- '- '- '	
Begin my investments on:	
	Date (MM/DD/YYYY)
STEP 2. Indicate the number of times/day	is ner month for each investment
(1) day(2) day(3) day	y (4) day
STEP 3. Indicate the month(s) of the year	for your investment.
month (1) month (2) month	h (3) month (4)
month (1) month (2) month (or) □ monthly (required if initial investment)	2000)
inontity (required if initial investing	ieni is unuer \$2000)

*If the day is a weekend or holiday or if the day is the 29th, 30th, or 31st and that day is not in a selected month (e.g., there is no February 30), money will be invested on the next business day. The date of investment or the amount may be changed at any time by writing to Baron Capital® at P.O. Box 219946, Kansas City, MO 64121-9946, or by calling 1-800-442-3814, or by accessing your account online at www.BaronCapitalGroup.com.

Bank, Savings & Loan or Credit Union:	Covings.		
☐ Checking	Savings		
Name of Institution	ABA No.		
Street			
City	State	Zip	
Account Number			

PLEASE ATTACH A COPY OF A VOIDED CHECK

	Joe or Joan Invest 1234 Street Your City, State 00		Any USA Ban	ik.		1493
NAY TO THE	500-500-5665			42.645175	Diano	
						DOLLARS
		_		AUTH	ORDERON SIGN	oue successive
OEQ5						
		023456789				

If you are adding or changing banking instructions to an existing account, a signature guarantee is required (see below). You can obtain a signature guarantee from most securities firms or banks, but not from a notary public.

Bank or Dealer Firm	Date (MM/DD/YYYY)	
Signature of Authorized Officer of Guarantor	Title	_
guarantee stamp		

Upon receipt of this enrollment form, United Missouri Bank of Kansas City, N.A. and DST Systems, Inc. ("DST") are authorized to credit the Baron Capital® account named above and to debit the bank account as indicated above. The undersigned understands that this service is governed by the provisions of the Baron Capital® prospectus and the rules of the Automated Clearing House ("ACH"), as amended from time to time, and is established solely for the convenience of the account owner. The undersigned further understands that this service may be terminated or modified at any time without notice by Baron Capital®, DST or United Missouri Bank of Kansas City, N.A. The account owner releases Baron Capital®, their affiliates, their agents and representatives from all liability and agrees to indemnify the same from any and all losses, damages or costs for acting in good faith in accordance with the privilege selected herein. In no event shall the Funds or their agents or representatives be liable for consequential damages. All terms shall be binding upon the heirs, representatives and assigns of the account owners.

This authorization shall continue until terminated by any account owner by written or telephonic notification to DST. Termination will be effective as soon as DST has had reasonable time to act upon it following receipt. Cancellation of an Automatic Investment Plan must be received at least six business days prior to the next scheduled purchase date. We may not be able to stop your systematic purchase if your request is not received at least six business days prior to your next scheduled purchase.

Individual Owner	Date (MM/DD/YYYY)	
Joint Owner (if any)	Date (MM/DD/YYYY)	

Distributed by: Baron Capital, Inc. 767 Fifth Avenue, New York, NY 10153 1-800-99-BARON, www.BaronCapitalGroup.com

This enrollment form is in addition to the Regular Account Application. It is not available for entities.

quarterly

NOTE: IRA contributions will be made for the current tax year unless

■ semi-annually

every other month

otherwise indicated.

■ annually

Plese complete and return the following form if you wish to transfer, rollover or convert funds.

