



Regular mail: Highland Funds PO Box 219424 Kansas City, MO 64121-9424 Telephone: 877-665-1287	Overnight mail: Highland Funds 430 W 7th Street, Suite 219424 Kansas City, MO 64105-1407
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IRA/403(b)(7) Account Application

Important Information about procedures for opening a new account: 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. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. Your account may be restricted and/or closed if we cannot verify your information. We will not be responsible for any losses or damages resulting from any failure to provide this information, or from any restriction placed upon, or closing of, your account.

1. Type of Account

- Traditional IRA
- SEP IRA
- Roth IRA
- SIMPLE IRA
- 403(b)(7)

If opening a new account to accept inherited funds, check one of the following:
Section C (and D if applicable) must also be completed.

- Treat Retirement Account as Own (Spouse Beneficiaries listed as Sole Primary only)
- Open a Beneficiary/Inherited Retirement Account

A. Account Owner

First Name*	Middle Initial	Last Name*
or		
Entity Name (inherited accounts only)		
Social Security/Tax ID No.*	Birthdate* (mm/dd/yyyy)	Citizen of: <input type="checkbox"/> U.S. <input type="checkbox"/> Other (specify):
Street Address* (PO Box not permitted, except APO or FPO)	City*	State* Zip Code*

*Required Information

B. Custodian/Responsible Individual (Required if the Account Owner is a minor)

First Name*	Middle Initial	Last Name*
Citizen of: <input type="checkbox"/> U.S. <input type="checkbox"/> Other (specify):		
Social Security/Tax ID No.*	Birthdate* (mm/dd/yyyy)	
Street Address* (PO Box not permitted, except APO or FPO)	City*	State* Zip Code*

*Required Information

C. Original Account Owner (Required for inherited accounts)

First Name*	Middle Initial	Last Name*
Social Security/Tax ID No.*	Birthdate* (mm/dd/yyyy)	Date of Death* (mm/dd/yyyy)

*Required Information

D. Authorized Person(s) (Required for inherited accounts if the owner is an entity).

1.	_____	_____	_____	_____
First Name*	Middle Initial	Last Name*	Title (i.e. president, treasurer, trustee)	
2.	_____	_____	_____	_____
First Name*	Middle Initial	Last Name*	Title (i.e. president, treasurer, trustee)	
*Required Information				

Check here if extra pages are attached for additional Authorized Persons.

E. Employer Information (SEP IRA, SIMPLE IRA, and 403(b)(7) only)

Employer Name*			
_____		() _____	
Contact Person	Contact Telephone Number		
_____		_____	_____
Street Address* (PO Box not permitted, except APO or FPO)		City*	State* Zip Code*
*Required Information			

2. Account Address of Record/Contact Information

_____		_____	_____	_____
Mailing Address (if different from the primary owner's street address)		City	State	Zip Code
() _____		_____		
Contact Telephone Number		Email Address		

Consent for E-Delivery

If you elect E-Delivery, you will receive a notification to the email address provided above informing you when a document is available for viewing at www.highlandfunds.com

You may view, change or revoke your E-Delivery preferences and the email address we have on file for you at any time by logging into our online account access system at www.highlandfunds.com. Confidential account information will not be sent to you or requested from you via email.

Document Types for E-Delivery:

Prospectus and Shareholder Reports Quarterly Statements

3. Broker-Dealer Information (if applicable)

By designating a broker/dealer or financial adviser, I/we hereby authorize the Fund and its transfer agent to accept instructions from, and transmit information to, such designee concerning my/our account(s).

_____		_____	_____
Broker/Dealer Name		Dealer Number	Branch Number
_____		_____	_____
Street Address		City	State Zip Code
_____		_____	
Registered Representative's Name		Rep. Number	

4. Your Initial Investment

I have enclosed a check made payable to Highland Funds in the amount of \$ _____ (do not send cash)

Please purchase shares in the following Funds:

	Select Share Class				Dividends		Capital Gains	
	Class A	Class C	Class Y/Z		Cash*	Reinvest	Cash*	Reinvest
Energy MLP Fund	<input type="checkbox"/> 4717	<input type="checkbox"/> 4718	<input type="checkbox"/> 4720	\$: _____ or _____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Income Fund	<input type="checkbox"/> 4721	<input type="checkbox"/> 4723	<input type="checkbox"/> 4725	\$: _____ or _____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long/Short Equity Fund	<input type="checkbox"/> 4743	<input type="checkbox"/> 4744	<input type="checkbox"/> 4745	\$: _____ or _____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long/Short Healthcare Fund	<input type="checkbox"/> 4746	<input type="checkbox"/> 4747	<input type="checkbox"/> 4748	\$: _____ or _____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunistic Credit Fund	<input type="checkbox"/> 4789	<input type="checkbox"/> 4790	<input type="checkbox"/> 4791	\$: _____ or _____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premier Growth Equity	<input type="checkbox"/> 4761	<input type="checkbox"/> 4763	<input type="checkbox"/> 4765	\$: _____ or _____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Small Cap Equity	<input type="checkbox"/> 4771	<input type="checkbox"/> 4773	<input type="checkbox"/> 4775	\$: _____ or _____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Tax Exempt Fund	<input type="checkbox"/> 4776	<input type="checkbox"/> 4778	<input type="checkbox"/> 4779	\$: _____ or _____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Return Fund	<input type="checkbox"/> 4780	<input type="checkbox"/> 4782	<input type="checkbox"/> 4784	\$: _____ or _____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merger Arbitrage Fund	<input type="checkbox"/> 4950	<input type="checkbox"/> 4951	<input type="checkbox"/> 4952	\$: _____ or _____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Check here, and complete Section 6B, to have your cash dividends and/or capital gains electronically transmitted to your bank account.

5. Type of Contribution

Check All that Apply:

- Contribution** - This contribution applies to the tax year _____. Contributions will be considered CURRENT year if not designated. Prior year contributions must be made by April 15.
- Indirect Rollover** - This contribution is a ROLLOVER from either a Qualified Retirement Plan or another IRA which has been completed within 60 days of receipt of the funds.
- Transfer of Assets/Direct Rollover** - This contribution is a Transfer of Assets from another IRA or a Direct Rollover from a Qualified Retirement Plan. I have attached a completed "Transfer of Assets/Direct Rollover" form.
- Conversion** - This contribution is a direct conversion from my Traditional IRA or another eligible retirement plan at another financial institution or my existing Highland Traditional IRA. I realize I must pay ordinary income taxes on the amount of the conversion distribution from the Traditional IRA to the Roth IRA. I have attached a completed Conversion Form.
- Recharacterization** - This contribution is a recharacterization. I have attached a completed Recharacterization form.
- Annual Fiduciary Maintenance Fee** – Check this box if you have included \$15 to cover the annual fiduciary maintenance fee for this account type. (You may add this amount to your contribution and send only one check.)

Please note that all types of contributions may not be available for all plans. Consult the plan's disclosure statement and/or information on the IRS website for specific restrictions and special rules.

6. Account Options

A. Telephone/Online Exchange, Purchase and Redemption

Your account will automatically be coded with Telephone/Online Purchase, Telephone/Online Exchange and Telephone/Online Redemption Privileges, unless you check a box below to decline these privileges. If you do not provide banking information in Section B, Telephone/On- line Redemptions will be mailed via check to your address of record.

- Decline Telephone/Online Purchase Decline Telephone/Online Exchange Decline Telephone/Online Redemption

Please review the rules set forth in the prospectus regarding Telephone and Online transactions. Neither Highland Funds nor its transfer agent will be liable for any loss, liability, cost or expense for acting upon requests reasonably believed to be genuine. We reserve the right to modify, limit the use of, or terminate these privileges at any time.

B. Bank Account Information

- Use the bank information from my investment check.
 Use the bank information provided below.

Bank Name	Name(s) on Bank Account

		This is a: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account
Bank Routing/ABA Number	Bank Account Number	

(Note: one common name must appear on both your Highland Funds account registration and the bank account registration. If there is no common ownership, the guaranteed signature of at least one of the bank account owners is required in section 8)

You are hereby authorized to pay and charge to my account debits drawn on my account by and payable to the order of Highland Funds. This authority is to remain in effect until revoked by me in writing and, until you receive such notice, I agree you shall be fully protected in honoring any such check. I further agree that if any such check is dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever. This option, if exercised, shall become part of the account application and the terms, representations and conditions thereof.

C. Net Asset Value (NAV)

- I am eligible to purchase shares at NAV as outlined in the prospectus.

D. Rights of Accumulation (ROA)/Letter of Intent (LOI)

- Please link my account to the following accounts for ROA. I certify that all accounts are eligible to be linked for ROA purposes as outlined in the prospectus and Statement of Additional Information.

Account or Tax Identification Number to be linked	Account or Tax Identification Number to be linked	Account or Tax Identification Number to be linked
Account or Tax Identification Number to be linked	Account or Tax Identification Number to be linked	Account or Tax Identification Number to be linked
Account or Tax Identification Number to be linked	Account or Tax Identification Number to be linked	Account or Tax Identification Number to be linked

- To qualify for a reduced sales charge, I agree to the Letter of Intent, including the escrow agreement, as described in the prospectus and Statement of Additional Information. Although I am not obligated, it is my intention to invest within a 13-month period in shares of one or more of the Highland funds in an aggregate amount (among the qualifying accounts listed above) at least equal to \$_____

E. Automatic Investment Plan (Section B is required for this option) – Allows you to invest automatically each month or quarter by electronically debiting your checking or savings account. Funds are transferred via the Automated Clearing House (ACH) system, and the plan takes approximately 3 days to become effective. I designate that all contributions are for the tax year in which they are made, unless I instruct otherwise in writing.

SEP accounts: Please indicate the contribution type: Employer* Employee/Personal
 SIMPLE accounts: Please indicate the contribution type: Employer Salary Reduction*
 *Default contribution type if not specified.

- Please invest \$ _____ based on the Investment Allocation choices made in Section 4 (minimum \$25 per fund).
- Please establish my automatic investment plan as allocated below (minimum \$25 per fund):

Fund _____ \$ _____ Fund _____ \$ _____
 Fund _____ \$ _____ Fund _____ \$ _____

Frequency (if left blank, the plan will be established for all months):

All Months or Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

I would like my AIP to occur on the following date(s): _____, _____, _____,
 If you do not select a date, the 20th of the month will be selected as the investment date

F. Systematic Exchange Plan – Allows you to exchange from one fund to another automatically each month or quarter.

- Please establish my systematic exchange plan as allocated below (minimum \$25 per fund):

From: Fund _____ **To:** Fund _____ \$ _____
From: Fund _____ **To:** Fund _____ \$ _____
From: Fund _____ **To:** Fund _____ \$ _____
From: Fund _____ **To:** Fund _____ \$ _____

Frequency (if left blank, the plan will be established for all months):

All Months or Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

I would like my systematic exchange to occur on the following date(s): _____, _____, _____,
 If you do not select a date, the 20th of the month will be selected as the exchange date

G. Systematic Withdrawal Plan (SWP) – allows you to withdraw automatically a fixed amount from your Highland Funds account. Proceeds can be transferred electronically into your checking or savings account by also completing Section B, or you may have a check mailed. Funds are transferred via the Automated Clearing House (ACH) system, if selected and bank information is provided in Section C. The plan takes approximately 3 days to become effective.

- Please withdraw \$ _____ based on the Investment Allocation choices made in Section 4 (minimum \$25 per fund).
- Please calculate and distribute the Required Minimum Distribution amount based on the Investment Allocation choices made in Section 4
- Please establish my systematic withdrawal plan as allocated below (minimum \$25 per fund):

From: Fund _____ \$ _____
From: Fund _____ \$ _____

From: Fund _____ \$ _____

From: Fund _____ \$ _____

Frequency (if left blank, the plan will be established for all months):

All Months or Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

I would like my SWP to occur on the following date(s): _____, _____, _____, _____

If you do not select a date, the 20th of the month will be selected as the withdrawal date

Delivery Method/Destination:

- Please have a check mailed to my address of record.
- Please deposit the proceeds electronically into my bank account listed in Section B.
- Please have a check mailed as specified below (signature guarantee required in Section 8):

Payee Name _____

Address _____ City _____ State _____ Zip Code _____

Federal Income Tax Withholding

Distributions from IRAs and Qualified Retirement Plans that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect NOT to have withholding apply to such payments. Generally, such distributions are subject to 10% withholding (20% for 403(b)7 plans) unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent systematic distributions unless you change or revoke it by providing us with a new election. Please select one of the following:

- Do NOT withhold Federal Income Tax (Not available on accounts with an address of record outside of the United States or its possessions.)
- Withhold 10% Federal Income Tax
- Withhold _____% Federal Income Tax (must be greater than 10%)

Federal income tax WILL be withheld from any distribution subject to the IRS withholding rules if you do not complete and return the election form or if you have not previously elected out of withholding. Tax will be withheld on the gross amount of these payments even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. State tax withholding may also be applicable.

State Income Tax Withholding

Mandatory:

We will withhold state tax in accordance with the respective state’s rules if, at the time of distribution, your address of record is within a mandatory withholding state and you have federal income tax withheld, or if the state’s requirement is independent of federal withholding. Contact your tax advisor for the withholding amount, or see your state’s website for more information.

Voluntary:

If state tax withholding is voluntary in your state and you would like to withhold state taxes please fill out the section below (unless not allowed in your state).

- Withhold state tax at the rate of _____%

I hereby authorize the Fund and its transfer agent to honor instructions processed under the above-selected account options to purchase/exchange/redeem shares when directed and as specified, by transmitting the proceeds, as applicable, to me at my address of record or by debiting/crediting my preauthorized bank account. I hereby ratify any such instructions and agree to indemnify the Fund and its transfer agent from any loss, liability, cost, damage and expense for acting upon such instructions. I understand that if I submit a change of address certain privileges will be suspended for a period of 30 days, and that all checks will be issued in the name(s) of all registered owner(s).

H. Beneficiary Designation

Primary Beneficiary Designation:

Please check here if you are attaching any page(s) with additional beneficiaries. Please sign the attached page

Beneficiary Name	Birthdate (mm/dd/yyyy)	Social Security/Tax ID No.	Relationship	Allocation (%)
Beneficiary Name	Birthdate (mm/dd/yyyy)	Social Security/Tax ID No.	Relationship	Allocation (%)
Beneficiary Name	Birthdate (mm/dd/yyyy)	Social Security/Tax ID No.	Relationship	Allocation (%)
Beneficiary Name	Birthdate (mm/dd/yyyy)	Social Security/Tax ID No.	Relationship	Allocation (%)
Beneficiary Name	Birthdate (mm/dd/yyyy)	Social Security/Tax ID No.	Relationship	Allocation (%)

Secondary Beneficiary Designation:

Please check here if you are attaching any page(s) with additional beneficiaries. Please sign the attached page

Beneficiary Name	Birthdate (mm/dd/yyyy)	Social Security/Tax ID No.	Relationship	Allocation (%)
Beneficiary Name	Birthdate (mm/dd/yyyy)	Social Security/Tax ID No.	Relationship	Allocation (%)
Beneficiary Name	Birthdate (mm/dd/yyyy)	Social Security/Tax ID No.	Relationship	Allocation (%)
Beneficiary Name	Birthdate (mm/dd/yyyy)	Social Security/Tax ID No.	Relationship	Allocation (%)
Beneficiary Name	Birthdate (mm/dd/yyyy)	Social Security/Tax ID No.	Relationship	Allocation (%)

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal proportions (or in the specified proportions, if indicated). If any primary beneficiary predeceases me, his or her share is to be divided among the primary beneficiaries who survive me in the relative proportions assigned to each such surviving primary beneficiary. If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal proportions (or in the specified proportions, if indicated). I may change my beneficiaries at any time by giving written notice to the Custodian. If I do not designate a beneficiary, or if all designated beneficiaries predecease me, my estate will become the beneficiary of my IRA.

Consent of the Depositor's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than, or in addition to, the Depositor's Spouse. Disclaimer for Community and Marital Property States: The Depositor's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, Highland Funds and the Custodian specifically disclaim any warranty as to the effectiveness of the Depositor's beneficiary designation or as to the ownership of the account after the death of the Depositor's Spouse. For additional information, please consult your legal advisor.

I consent to the Beneficiary Designation.

_____	_____	_____
Signature	Date	Name of Spouse (please print)
_____	_____	
Witness	Date	

8. Your Signature

All registered account owners or legal representatives must sign this section before the Fund can open your account. The undersigned warrant(s) that the undersigned has (have) full authority and is (are) of legal age to purchase shares of the Fund and has (have) received and read a current prospectus of the Fund and agree(s) to its terms. The Fund and its transfer agent shall not be liable for acting upon instructions or inquiries believed to be genuine.

Taxpayer Identification Number Certification

As required by Federal law, I/we certify under penalties of perjury that:

1. The Social Security Number or Taxpayer Identification Number listed above is correct, and
2. I/we HAVE NOT been notified by the IRS that I/we am/are subject to backup withholding, and
 (Check this box if you ARE subject to backup withholding)
3. I/we am/are a U.S. person (including a U.S. resident alien). (If you are a foreign person, you must provide the Fund with a completed Form W-8BEN).

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

Signature Date

Signature Date

Signature Guarantee (if required):

If you are adding bank information to your account and there is no common ownership between the Highland Funds account registration and the bank registration, a registered bank account owner must have his/her signature guaranteed by an eligible guarantor institution. An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

The SVP Stamp is intended to provide a signature guarantee for those transactions considered non-financial in nature. The SVP Stamp on a document assures the signature on the document is genuine, the signer was known by or satisfactorily identified by the guarantor and the signer had the authority to sign the document. In the event the bank or financial institution does not offer the SVP Stamp, a Medallion Guarantee Stamp will be accepted.

The SVP Stamp and the Medallion Guarantee Stamp may be obtained from an eligible guarantor of the Medallion Guarantee Program, which includes commercial banks, trust companies, savings associations and credit unions, as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. Non bar-coded guarantees or stamps from a Notary Public are not acceptable. All bar-coded guarantees must be legible. For those signing in a capacity other than the account owner, a capacity must be indicated beside or beneath the signature. Prior to signing, contact the guarantor to determine what documentation needs to be provided.

Signature Date

SVP/MSG

Signature Date

SVP/MSG