

STAARSM Investment Trust Account Application

(For IRAs, Roth IRAs, 403(b), SEPs or 401(k), special forms must be used. Call Investor Services at 888-717-8227.)

Account Registration (Please type or print legibly)

Type of Account (check one):

- Individual
 Joint Tenant with Right of Survivorship Tenants by the Entirety Tenants in Common -- LA, TN or TX unless otherwise specified.

If organization, check one: Corporation Partnership Endowment Foundation Non-Profit

List the name of the entity on the Shareholder line and name(s) of persons authorized to act on this account on Co-Shareholder line.

If more than one individual is listed, all must sign and act unless otherwise indicated. Submit separate page if needed.

Trust Account -- List name(s) of trustee(s) of the trust on the Name of Shareholder line and the name and date of the trust on the Co-shareholder line. If more than one trustee is listed, all must sign and act unless otherwise indicated.

Uniform Transfers to Minors Act (UTMA) or Uniform Gifts to Minors Act (UGMA) -- List name of adult custodian on shareholder line and name of child on co-shareholder line. Enter child's Social Security Number below. If more than one custodian is listed, all must sign and act unless otherwise indicated.

Retirement Plan -- List name(s) of trustee(s) on the shareholder line and the name of the plan on the co-shareholder line. If more than one trustee is listed, all must sign and act unless otherwise indicated.

Retirement Plan Type: _____

Other _____

Soc. Sec./Tax I.D. Number _____ - _____ - _____ Sex _____ Citizenship _____ Birth Date _____

Driver License State & Number _____ (If mailing in, must attach photocopy of license for Patriot Act compliance)

Shareholder Name (As it is to appear on account. If organization, put organization's name, then list authorized individual signatures.)

Co-Shareholder Name, if any (As it is to appear on account)

Address

City _____ State _____ Zip _____

Day Phone (____) _____ Evening Phone: (____) _____ Best time to reach you if needed: _____

FAX: (____) _____ Cell phone: (____) _____ E-mail _____

Fund Choices

Indicate your investment allocation choices to the right, either in dollar amounts or in percentages. If you use percentages, you must use whole percentages and the total must equal 100%. Remember that the minimum initial deposit into any single fund must be \$500 and the minimum total for all funds must be \$2,500. (Multiple accounts from same investor family count toward minimum. Minimums may be waived for certain investors, including tax-deferred retirement plans. IRAs are \$100 per Fund and \$1,000 total for all Funds) If no allocation is specified, your deposit will be allocated equally among all six funds.

Fund Name	Dollar Amount	or	Percentage
General Bond Fund (GBF)	\$ _____		_____ %
Short-Term Bond Fund (STBF)	\$ _____		_____ %
Larger Company Stock Fund (LCSF)	\$ _____		_____ %
Smaller Company Stock Fund (SCSF)	\$ _____		_____ %
International Fund (INTF)	\$ _____		_____ %
AltCat (Alternative Categories) Fund (ACF)	\$ _____		_____ %
 Total Check Enclosed	 \$ _____		 _____ %

(Payable to "STAAR Investment Trust", 8000 Town Centre Drive, Suite 400, Broadview Heights, OH 44147)

(Continued on back. Be sure to sign the application.)

Distribution Options (Check appropriate box or boxes)

All distributions will be reinvested into the fund that pays them unless otherwise indicated below:

- Reinvest all dividends and capital gains into the Fund that pays them.
- Pay all distributions as indicated below. Pay only dividends as indicated below and reinvest capital gains.

Pay in cash to name and address of record. Pay in cash to the following payee: _____

Automatic Withdrawals. *I/we have at least \$5,000 in each Fund checked below. Please distribute the amounts as indicated below at the beginning of the month: (Minimum of \$100 per month per Fund) Checks will be issued to the name and address of record unless specified otherwise below. Changes after the initial application may require a signature guarantee.*

GBF \$ _____ STBF \$ _____ LCSF \$ _____ SCSF \$ _____ INTF \$ _____ ACF \$ _____

Please make distributions Monthly Quarterly beginning (month) _____. I prefer my distributions be made on the ____ 5th or ____ 20th of the month. (If these dates fall on a weekend or holiday, distributions will be made on the next business day.)

Please direct my distribution as follows (will be sent to name and address of record unless specified otherwise):

Telephone Exchange/Redemption

This privilege automatically applies if neither box is checked. I elect the telephone exchange/redemption privilege outlined in the prospectus.. (Note that calls may be recorded for verification and record-keeping purposes. Redemptions over \$40,000 require written instructions with a signature guarantee.)

- YES NO You will be assigned a P.I.N. (Personal I.D. Number) after this application is processed.

Broker-Dealer Information (to be filled out by registered representative, if any) We authorize STAAR Financial Advisors, Inc. to act as our agent for this account We guarantee the signatures below. IMPORTANT: Please fill out ALL information, including money source. For multiple sources, indicate amounts from each.

Branch Office Address: _____ Dealer Name: _____

Registered Rep Name & Rep #: _____ Authorized Signature of Dealer: (Reps do not sign)

Registered Rep Phone #: _____ X _____

- Source of deposit(s):
- Existing Mutual Fund(s), annuity or brokerage, including those in qualified plan individual accounts.
 - Qualified plan distribution – monies not held in mutual fund, annuity or brokerage individual accounts.
 - Cash/CDs

Signature(s)

My/our signature(s) below certifies that: 1) I/we have full authority and legal capacity to purchase shares of these Funds, 2) I/we have received the current prospectus(es) and agree to be bound by its terms and conditions, 3) I/we understand that exchanges between Funds is a taxable event, 4) I/we agree that STAAR Investment Trust or its Advisor will not be liable for any loss, liability or expense for acting upon my/our telephonic request and 5) Under penalty of perjury, I/we certify that a) the Social Security or taxpayer identification number shown on the front page is correct and b) the IRS has never notified me that I am subject to backup withholding or has notified me that I am no longer subject to such withholding (cross out b. if not true).

X _____ Date _____
Signature of Shareholder (Owner, Trustee, etc.)

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- If organization, check one:* **Corporation** **Partnership** **Endowment** **Foundation** **Non-Profit**
- List the name of the entity on the Shareholder line and name(s) of persons authorized to act on this account on Co-Shareholder line.
 If more than one individual is listed, all must sign and act unless otherwise indicated. Submit separate page if needed.
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5/1/08