

BLANKINSHIP VALUE FUND

A Series of Blankinship Funds, Inc

Account Application

Please provide shareholder information exactly as you wish it to appear on your account. An additional application is required for IRA or retirement accounts. For questions, call the Fund at (800) 240-9631.

Shareholder's Name Birth Date Taxpayer ID Number

Joint Shareholder's Name Birth Date Taxpayer ID Number

Street Address (P.O. boxes cannot be accepted.)

City State Zip

Daytime Phone Evening Phone Citizenship (U.S. or name of other)

Please select type of account:

Individual

Joint Tenants

Tenants in common

Custodial

Trust

Corporation

Partnership

IRA/Retirement

Other _____

Amount of investment _____ (The minimum initial investment is \$2,000. Please attach your check payable to Blankinship Funds, Inc., or call the Fund at (800) 240-9631 if you prefer to transfer by wire.)

All dividends and capital gains will be *automatically reinvested* unless you instruct otherwise. Check here if you prefer to receive checks dividends and capital gains by checks mailed to your address above.

To help the U.S. Government fight the funding of terrorism and money laundering activities, Federal law requires us to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we need 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. **Please enter one of the following:**

Driver's License Number/State/Expiration _____ Passport Number _____
Other Documentation (describe) _____

I have received, read and agree to the terms of the current Prospectus of the Blankinship Value Fund. I have the authority and the legal capacity to purchase shares of the Fund, and I am of legal age in my state. I authorize the Fund, its affiliates and agents to act on any instructions believed to be genuine for any service authorized on this account application, and in accordance with procedures described in the Prospectus. I agree that they will not be liable for any resulting loss or expense.

Certification: Under penalties of perjury, I certify that the taxpayer identification number entered on this account application is correct and that I have not been notified by the IRS that I am subject to backup withholding, or that the IRS has notified me that I am no longer subject to backup withholding.
(If you are currently subject to backup withholding, check here:)

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

Please sign here:

Shareholder's Signature _____ Date _____

Joint Shareholder's Signature _____ Date _____

Please mail your completed application and check payable to: Blankinship Funds, Inc.
1210 S. Huntress Court
McLean, VA 22102

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