

NEW ACCOUNT APPLICATION - LEGAL ENTITIES



Use this form to establish a regular account at Firsthand for a legal entity, such as a corporation or partnership. Do not use this form to establish any type of Firsthand retirement account for which BNY Mellon Investment Servicing will be your trustee or custodian; use the regular account application. Please print or type in black ink.

P.O. Box 534444
Pittsburgh, PA 15253-4444

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 corporations, partnerships, or other legal entities, identifying documentation is also required. Your account may be restricted and/or closed if we cannot verify this information. We will not be responsible for any losses or damages (including but not limited to lost opportunities) resulting from any failure to provide this information, or from any restriction placed upon, or closing of, your account. By opening an account you signify you agree to these procedures and accept responsibility for any losses or damages resulting from their implementation.

1A - Name/Type/Address of Entity

CORPORATION, PARTNERSHIP, OR OTHER LEGAL ENTITY ACCOUNT

Name of Person Opening Account

Title of Person Opening Account

Name of Entity

Type of Entity

Address of Entity

City/ State/ ZIP Code

Attach, as appropriate, corporate resolutions, partnership/organizational certificates, or court documents establishing authority of each individual signing this form. These documents will be used solely to establish the identity of the customer. As evidence of existence of the entity, please attach copies of the Certified Articles of Incorporation, government-issued business license, copies of the Partnership Agreement, or any other official documents necessary to identify the entity.

To help the government fight financial crime, Federal regulation requires certain financial institutions, including ours, to obtain, verify, and record information about the beneficial owners of **legal entity** customers. The following information must be completed by legal entities, including a corporation, a limited liability company, or other entity that is created by filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the U.S. or a foreign country. **Legal entity** does not include sole proprietorships or unincorporated associations. Please see Instructions on page 6 for a list of legal entities required to use this form.

Must be preceded or accompanied by a prospectus. Please read the prospectus carefully before you invest.

Firsthand Funds are distributed by ALPS Distributors, Inc.

1B - Beneficial Owner Information

The following information is required for **EACH** individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of the legal entity customer (*e.g.*, each natural person who owns 25% or more of the shares of a corporation). If no individual meets this definition, please write "N/A".

For U.S. Persons:
Social Security Number.
For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar ID number

Name	Date of Birth	Address	
			<input type="checkbox"/> U.S. <input type="checkbox"/> Non-U.S.
			<input type="checkbox"/> U.S. <input type="checkbox"/> Non-U.S.
			<input type="checkbox"/> U.S. <input type="checkbox"/> Non-U.S.
			<input type="checkbox"/> U.S. <input type="checkbox"/> Non-U.S.

1C - Individual With Significant Responsibility

The following information is required for one individual with significant responsibility for managing the legal entity. If appropriate, an individual listed under section 1B above may also be listed in section 1C.

- An executive officer or senior manager (*e.g.*, a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer); **OR**
- Any other individual who regularly performs similar functions

For U.S. Persons:
Social Security Number.
For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar ID number

Name	Date of Birth	Address	
			<input type="checkbox"/> U.S. <input type="checkbox"/> Non-U.S.

2 - Investment Amount

Fill in the amount of your investment in each fund. The minimum initial investment for regular accounts is \$2,000 for each fund. Shareholders who sign up for an automatic investment plan with Firsthand Alternative Energy Fund and agree to make monthly automatic investments in an amount equal to at least \$50 may establish a regular account with Firsthand Alternative Energy Fund with a \$500 initial investment.

Fund No.	Fund Name	Amount
40	Firsthand Alternative Energy Fund	\$ _____
41	Firsthand Technology Opportunities Fund	\$ _____
Total Investment Amount		\$ _____

3 - Distribution Options

All distributions (dividends and capital gains) will be reinvested unless you indicate otherwise.

Pay distributions by electronic funds transfer (please complete **Section 7**)

Please attach a voided check or savings deposit slip to activate this option.

4 - Cost Basis Election

Firsthand Funds are responsible for tracking and reporting to the IRS your realized gains and losses on covered shares. In general, these are shares acquired on or after Jan. 1, 2012. The Funds' default tax lot identification method is FIFO (first-in, first-out), which means the first Fund shares you acquire are the first Fund shares sold. If you wish, you may choose another method from the options below. For more information about selecting a cost basis method, please see the Cost Basis link at www.firsthandfunds.com/costbasis. Note: IRS Regulations do not permit you to change your tax lot identification method on a settled trade.

I choose the Fund's default method of FIFO

I choose a method other than FIFO:

- LIFO – Last in, First Out (Shares most recently acquired are sold first.)
- Specific Identification (The specific shares you choose are sold first.)
- Average Cost (Cost Basis is the average cost of all shares.)

Note: If you do not select an option, your account will use the Fund's default method of FIFO (first-in, first-out).

5 - Exemptions

Exemptions:

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

6 - Account Options

You may select one or more of the following account options. If you would like to benefit from the convenience of these options, please also complete Section 7. **Please attach a voided check or savings deposit slip to activate Options 6A or 6C.**

A. AUTOMATIC INVESTMENT OPTION. This option offers the convenience of automatic investments made on a regular basis. Shareholders who sign up for an automatic investment plan with Firsthand Alternative Energy Fund and agree to make monthly automatic investments of at least \$50 may establish an account with the Fund with a \$500 initial investment. Complete this section only if you wish to participate in the automatic investment plan.

Fund No.	Fund Name	Automatic Investment Amount	Please make my automatic investment(s):	
40	Firsthand Alternative Energy Fund	\$ _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
41	Firsthand Technology Opportunities Fund	\$ _____	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Total		\$ _____		

<p>Please select the day(s) on which you would like your investment to be made:</p> <p><input type="checkbox"/> The 1st day of each indicated month</p> <p><input type="checkbox"/> The 15th day of each indicated month</p> <p><input type="checkbox"/> Both the 1st and the 15th of each indicated month</p> <p><input type="checkbox"/> Other: _____</p>	<p>Please select the month(s) in which you would like your investment to be made:</p> <p><input type="checkbox"/> January <input type="checkbox"/> April <input type="checkbox"/> July <input type="checkbox"/> October</p> <p><input type="checkbox"/> February <input type="checkbox"/> May <input type="checkbox"/> August <input type="checkbox"/> November</p> <p><input type="checkbox"/> March <input type="checkbox"/> June <input type="checkbox"/> September <input type="checkbox"/> December</p>
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B. REDEMPTION OPTION. Shares may be redeemed by telephone/Internet (see the prospectus for limitations in this option) unless you indicate otherwise:

I (we) do NOT want the telephone/Internet redemption privilege

C. ELECTRONIC FUNDS TRANSFER OPTION (ACH). This option offers the convenience of making purchases or redemptions via electronic transfers between your bank account and Firsthand Funds. Electronic transfers occur only when you initiate them (\$50 minimum) and are made through the Automated Clearing House (ACH) network. If you choose this option, please ensure that you do not decline the telephone/Internet redemption option in section B above.

Enable ACH account transfers

7 - Bank Information for Account Options

Please **ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP** for the account you wish to use for banking instructions. For wire redemptions, the indicated bank below should be a commercial bank.

_____			_____	
<i>Name of financial institution</i>			<i>Account Number</i>	
_____			_____	
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Name(s) on account</i>	
_____			_____	
<i>Financial institution's ABA routing number</i>			<i>Name(s) on account.</i>	
<i>(Usually found between the symbols on your check or by calling your financial institution.)</i>			<i>All bank owner's signatures</i>	

This account is a: Checking Account Savings Account

9 - Household Delivery of Documents

We will automatically deliver to your address only one copy of any prospectus or shareholder report mailed by Firsthand Funds, even if more than one person at your address is a Firsthand Funds shareholder, unless you elect otherwise below. By “householding,” we can reduce the volume of mail you receive from us. Please note, however, that regardless of whether you consent to householding or not, you may continue to receive multiple mailings if you or others in your household invest in Firsthand Funds through a broker or other financial institution.

I **DO NOT** wish to participate in householding. Please send me my own prospectuses and shareholder reports.

10 - Certifications and Signatures

By signing this form, I certify that:

- The number shown on this form is my correct taxpayer identification number. For clarification on any of these certification issues, please contact us for assistance. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
- 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 Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. person (including a U.S. resident alien).
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is/are correct.
- I have received and read the current prospectus of the fund(s) in which I am investing. I have reviewed and understood the privacy policy of the fund(s). I have the authority and legal capacity to purchase mutual fund shares, and am of legal age in my state of residence.
- I authorize Firsthand Funds, Firsthand Alternative Energy Fund, Firsthand Technology Opportunities Fund, and their affiliates and agents to act on any instructions believed to be genuine for any service authorized on this form and hereby release Firsthand Capital Management, Inc., Firsthand Funds, BNY Mellon Investment Servicing, and their respective officers, employees, agents, and affiliates from any and all liability in the performance of the acts instructed herein, provided that such entities have exercised due care to determine that the instructions are genuine.
- I am authorized to sign on behalf of the legal entity applying for this account. I acknowledge that, at the discretion of the Transfer Agent, corporate investors and other associations may be required to furnish an appropriate certification authorizing redemptions to ensure proper authorization.
- I have read and understand the information on page 1 of this application under the header “Important Information About Procedures for Opening a New Account.”
- I understand that, if no activity occurs in my account within the time period specified by applicable state law, the assets in my account may be considered abandoned and transferred (also known as “escheated”) to the appropriate state regulators. I understand that the escheatment time period varies by state.

I _____ (*name of natural person opening account*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature

Date

Legal Entity Identifier (Optional)

Remember to attach a voided check or savings deposit slip to activate options selected in sections 3, 6, and 7.

Return your completed and signed form to: **Firsthand Funds**, P.O. Box 534444, Pittsburgh, PA 15253-4444