

ACCOUNT SERVICES FORM



P.O. Box 9836

Providence, RI 02940-8036

Please complete all applicable sections. Sections 1, 2, and 11 must be completed. Sections 3 through 10 only need to be completed as they are applicable to the changes that you wish to make to your account(s). Requested changes will not be made unless all registered owners have signed in section 11. If changes are made to bank information/wire instructions (section 8), a signature guarantee will be required in section 11. If you add the ACH privilege to your account (section 10), a signature guarantee will be required in section 11.

1 - Service Selection (required)

Please check the service(s) you would like to change or add to your account:

- | | |
|--|---|
| <input type="checkbox"/> Address or telephone number (section 3) | <input type="checkbox"/> Distribution options (section 7) |
| <input type="checkbox"/> E-mail address (section 4) | <input type="checkbox"/> Bank information/wire instructions (section 8) |
| <input type="checkbox"/> Financial advisor/duplicate statement (section 5) | <input type="checkbox"/> Automatic investment plan (section 9) |
| <input type="checkbox"/> Telephone exchange/redemption privilege (section 6) | <input type="checkbox"/> Electronic funds transfer (ACH) privilege (section 10) |

2 - Applicable Account(s) (required)

Fund No.	Fund Name	Account Number
40	Firsthand Alternative Energy Fund (ALTEX)	_____
41	Firsthand Technology Opportunities Fund (TEFQX)	_____

3 - Change of Address or Telephone Number (please print in CAPITAL letters and complete both sections)

OLD information

Name on account

Address line 1

Address line 2

City State ZIP

Daytime telephone number

Evening telephone number

NEW Information

Name on account

Address line 1

Address line 2

City State ZIP

Daytime telephone number

Evening telephone number

NOTE: If you wish to redeem shares within 30 days of making a name or address change, a signature guarantee will be required.

4 - Change of e-Mail Address

OLD e-mail address

NEW e-mail address

5 - Add/Delete Financial Adviser/Duplicate Statement

Please **ADD** duplicate statements to:

Name on account

Address line 1

Address line 2

City State ZIP

Daytime telephone number

Evening telephone number

Please **CANCEL** duplicate statements to:

Name on account

Address line 1

Address line 2

City State ZIP

Daytime telephone number

Evening telephone number

6 - Change Telephone Exchange/Redemption Privilege

All accounts set up by Firsthand Funds automatically have telephone exchange/redemption privileges unless you specifically elected not to accept the privilege on your new account application; see the prospectus for limitations in this option. If you wish to change your original election, please check the applicable box below.

- I/We **DO** want the telephone exchange/redemption privilege
 I/We **DO NOT** want the telephone exchange/redemption privilege

7 - Change in Distribution Options

DIVIDENDS

- Reinvest all dividends into the Fund(s) from which they are paid.
 Pay all dividends by check to the account holder

CAPITAL GAINS

- Reinvest all capital gains into the Fund(s) from which they are paid.
 Pay all capital gains by check to the account holder.

8 - Add/Change Bank Information/Wire Instructions

IMPORTANT: If you are making changes to your bank information/wire instructions on an account that includes a person who is not a registered shareholder of that account, you **MUST** provide a signature guarantee in section 11 of this form. Without a signature guarantee, no changes to bank information/wire instructions on that account will be made. A signature guarantee is required to **ADD** bank information/wire instructions to any account. In order to send redemption proceeds by wire, we must have wire instructions in writing. If you would like the option of having redemption proceeds wired to you, but you did not provide wire instructions on your original account application, or would like to change the wire instructions that you currently have on file with us, please provide the new wire instruction below. Note: the indicated bank should be a commercial bank. **Please attach a voided check or preprinted deposit slip for the account.** Please include all information requested below. If this is a brokerage account, you may want to call your brokerage firm to confirm your wire instructions.

I/We authorize the use of automated cash transfers (wires) to:

Name of financial institution

City State ZIP

⎓ _____ **⎓**
Financial institution's ABA routing number

This account is a: Checking Account Savings Account

Account number

Name(s) on account

Address line 2

Brokerage Account

9 - Add/Change/Delete Automatic Investment Plan

Changes to your Automatic Investment Plan must be received at the address on the front of this form no later than 5 business days prior to the next scheduled investment in order to be effective for that investment. Select the type of change you are making below:

- Please **CANCEL** my existing automatic investment plan instructions. (Skip the rest of section 9.)
- Please **CHANGE** my existing automatic investment plan according to the instructions noted below. (Complete only the information below that you wish to change from your existing instructions.)
- Please **ADD** automatic investment to my account(s) according to the instructions noted below. (Complete all information below.)

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

Please make my automatic investment(s):

- Monthly Quarterly
 Semi-Annually Annually

Please select the month(s) in which you would like your investment to be made:

- January April July October
 February May August November
 March June September December

Please select the day(s) on which you would like your investment to be made:

- The 1st day of each indicated month
- The 15th day of each indicated month
- Both the 1st and the 15th of each indicated month
- Other: _____

I/We authorize the use of automated cash transfers (wires) to:

_____			_____	
Name of financial institution			Account number	
_____	_____	_____	_____	
City	State	ZIP	Name(s) on account	
_____			_____	
Financial institution's ABA routing number			Address line 2	

This account is a: Checking Account Savings Account Brokerage Account

Signature(s)

Joint signatures are required when bank account is in joint names.

 Signature of Depositor
 EXACTLY as it appears on Financial Institution records

 Signature of Depositor
 EXACTLY as it appears on Financial Institution records

PLEASE ATTACH A VOIDED CHECK OR PREPRINTED DEPOSIT SLIP for the account if you are adding automatic investment or changing the account from which your automatic investments are made.

10 - Add Automated Clearing House Network Privilege

By completing this section, you are requesting to add the Automated Clearing House (ACH) option to your Firsthand Funds account. This option allows you to make purchases or redemptions via electronic transfers between your bank account and Firsthand Funds. Note: IRA accounts are not eligible for ACH redemptions.

Enable electronic funds transfers

Transfers occur only when you initiate them (\$50 minimum) and are made through the Automated Clearing House (ACH) network. Please provide information for the bank account you would like associated with ACH:

_____ Name of financial institution			_____ Account number
_____ City	_____ State	_____ ZIP	_____ Name(s) on account
■ ■ _____ ■ ■ Financial institution's ABA routing number		_____ Address line 2	

This account is a: Checking Account Savings Account Brokerage Account

Signature(s)

Joint signatures are required when bank account is in joint names.

_____ Signature of Depositor EXACTLY as it appears on Financial Institution records	_____ Signature of Depositor EXACTLY as it appears on Financial Institution records
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You must obtain a signature guarantee (see section 11) to add the ACH or bank wiring privileges to your account.
A notary public cannot provide a signature guarantee.

Please attach a voided check with your name and address or a preprinted deposit slip for the account if you are adding the ACH or bank wiring privileges to your account.

11 - Signature(s) (required)

- I authorize Firsthand Funds, Firsthand Technology Opportunities Fund, Firsthand Alternative Energy 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.
- If I am signing on behalf of a Trust, Corporation, or Other Entity, I am properly authorized to do so, and I acknowledge that, at the discretion of the Trust or Transfer Agent, corporate investors and other associations may be required to furnish an appropriate certification authorizing redemptions to ensure proper authorization.

Signature of Owner, Custodian, Trustee, or Corporate Officer

Date

If Trustee or Corporate Officer, Please Print Name and Title

Signature of Joint Owner, Corporate Officer, Etc.

Date

If Trustee or Corporate Officer, Please Print Name and Title

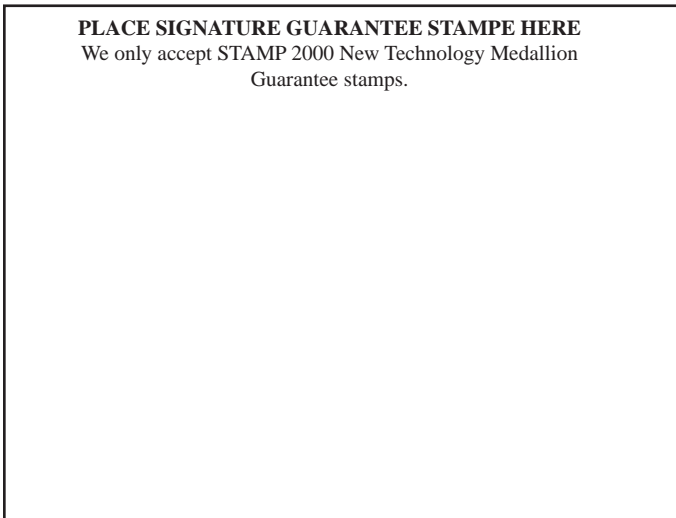
SIGNATURE GUARANTEE (if applicable)

If you made changes in section 8 and/or completed section 10 of this form, you must obtain a signature guarantee. A signature by a notary public will NOT be accepted.

Signature guaranteed by:

Name of Bank or Dealer Firm

Signature of Officer and Title



Return your completed and signed form to:

Firsthand Funds
P.O. Box 9836
Providence, RI 02940-8036

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

Firsthand Funds are distributed by ALPS Distributors, Inc.