

NEW ACCOUNT APPLICATION



Use this form to establish a regular account at Firsthand. **Legal entities should use the legal entity account application.** 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. 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 trusts and estates, 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.

1 - Account Registration (Please print in CAPITAL LETTERS. Choose option A, B, or C.)

A. INDIVIDUAL OR JOINT ACCOUNT

Owner Information

Joint Owner Information (if applicable)

First Middle Last

First Middle Last

Date of Birth Social Security Number / Taxpayer ID #

Date of Birth Social Security Number / Taxpayer ID #

Owner is: a U.S. Citizen a Resident Alien

Joint Owner is: a U.S. Citizen a Resident Alien

B. UNIFORM GIFT/TRANSFER TO MINORS ACT (UGMA/UTMA)

Minor Information (a gift or transfer to a minor is irrevocable)

Custodian Information

First Middle Last

First Middle Last

Date of Birth Social Security Number / Taxpayer ID #

Date of Birth Social Security Number / Taxpayer ID #

Minor is: a U.S. Citizen a Resident Alien

Custodian is: a U.S. Citizen a Resident Alien

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

Firsthand Funds are distributed by ALPS Distributors, Inc.

☐ C. TRUSTS, ESTATES, RETIREMENT PLANS, AND OTHER ORGANIZATIONS

Additional information is required for trusts, estates, and other organizations. If you are completing Section 1C, please also complete **Section 8**.

<i>Name of Trust, Estate, Retirement Plan, or Other Organization</i>	<i>Name of Trustee(s), Custodian, Authorized Signer(s), or Type of Organization</i>
<i>Tax Identification Number</i>	<i>Date of Trust</i>

Attach, as appropriate, trust documents, 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 one of the above entities, please attach the following:

- Trust:** Copies of the first and last page of the Trust Instrument, the signature page, the page(s) of the Trust and/or Trust amendments identifying the named trustee(s) or personal representative(s).
- Estate:** Current copy of the document appointing fiduciary(ies).

2 - Address (Please print in CAPITAL letters)

<i>Residential Street Address (APO and FPO addresses are acceptable)</i>	<i>Daytime Telephone #</i>	<i>Evening Telephone #</i>
<i>Mailing Address (if mailing address is a post office box, a street address is also required by the USA Patriot Act)</i>	<i>E-mail Address</i>	
<i>City</i>	<i>State</i>	<i>Zip</i>

3 - 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		\$ _____

4 - 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.

5 - 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).

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	
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		\$ _____		
Please select the day(s) on which you would like your investment to be made:			Please select the month(s) in which you would like your investment to be made:	
<input type="checkbox"/> The 1st day of each indicated month			<input type="checkbox"/> January <input type="checkbox"/> April <input type="checkbox"/> July <input type="checkbox"/> October	
<input type="checkbox"/> The 15th day of each indicated month			<input type="checkbox"/> February <input type="checkbox"/> May <input type="checkbox"/> August <input type="checkbox"/> November	
<input type="checkbox"/> Both the 1st and the 15th of each indicated month			<input type="checkbox"/> March <input type="checkbox"/> June <input type="checkbox"/> September <input type="checkbox"/> December	
<input type="checkbox"/> Other: _____				

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.

Name of financial institution

Account Number

City State Zip

Name(s) on account

■: _____ ■:
Financial institution's ABA routing number Name(s) on ac- count.
(Usually found between the symbols on your check or by calling your
financial institution.)

All bank owner's signatures (if different from signatures in Section 7)

This account is a: Checking Account Savings Account

8 - Additional Information (required if you completed section 1C)

If you completed Section 1C, please complete this section. In the space provided please provide the name, Social Security/ Taxpayer ID Number, and date of birth for: individual trustees of the Trust, or persons authorized to effect transactions in the estate, retirement plan, or other organization. Please attach another sheet if additional space is required.

Name

_____/_____/_____
Date of Birth

Residential Street Address (APO and FPO addresses are OK)

_____-_____-_____
SSN or Tax ID #

Individual is associated with

(check one for each entry):

- Individual/Sole Proprietor.
 Trust/Estate
 Retirement Plan

City State Zip

Exemptions:

Exempt payee code (if any) _____

Name

_____/_____/_____
Date of Birth

Residential Street Address (APO and FPO addresses are OK)

_____-_____-_____
SSN or Tax ID #

Individual is associated with

(check one for each entry):

- Individual/Sole Proprietor.
 Trust/Estate
 Retirement Plan

City State Zip

Exemptions:

Exempt payee code (if any) _____

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 here (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.
- If I am signing on behalf of a Trust, Estate, or other organization, I am properly authorized to do so, and I acknowledge that, at the discretion of the Trust or Transfer Agent, I 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.

Under penalty of perjury, I declare that all the information provided is true and correct.

Signature of Owner, Trustee, or Custodian

Date

Signature of Owner, Trustee, or Custodian

Date

Remember to attach a voided check or savings deposit slip to activate options selected in sections 4, 6, and 7.
Return your completed and signed form to: **Firsthand Funds**, P.O. Box 534444, Pittsburgh, PA 15253-4444