

The Olstein Financial Alert Fund

Automatic Investment Plan Application

Instructions: Forward completed Application

- (1) by mail to: Olstein Financial Alert Fund, c/o Firstar Trust Company, Mutual Fund Services, P.O. Box 701, Milwaukee, WI 53201-0701 or;
- (2) by overnight mail to: Olstein Financial Alert Fund, c/o Firstar Trust Company, Mutual Fund Services, 615 E. Michigan St., 3rd Floor, Milwaukee, WI 53202-5207

Important phone number for the Olstein Financial Alert Fund: For Fund information, prices and literature, 1-800-799-2113

Instructions

Instructions and Conditions

- Your signed Automatic Investment Plan Application must be received at least 15 business days prior to your initial transaction
- Your Olstein Financial Alert Fund account must be established at the minimum initial investment level (\$1,000.00) before this Automatic Investment Plan goes into effect. To establish a new account with automatic investment plan features, you must also complete a Purchase Application
- If the automatic purchase cannot be made due to insufficient funds or stop payment, a \$20 fee will be assessed.
- The Plan will be terminated upon redemption of all shares
- An unsigned voided check (for checking accounts) or a savings account deposit slip is required with your application

1. Investor Information

FUND NAME	FUND ACCOUNT NUMBER
NAME(S) ON ACCOUNT	
ADDRESS	
CITY/STATE/ZIP	
()	()
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER

2. Investment Instructions

Please start my Automatic Investment Plan as described in the Prospectus beginning:

Month _____ Year _____ I hereby instruct Firstar Trust Company, Transfer Agent for the Olstein Financial Alert Fund, to automatically transfer \$ _____ (minimum \$100.00 directly from my checking, NOW or account named below on the _____ of each month or the first business day thereafter into the _____ fund

NAME OF FUND

3. Bank Account Information:

(Attach a voided check or savings deposit slip)

NAME(S) ON BANK ACCOUNT	
BANK NAME	BANK ACCOUNT NUMBER
BANK ADDRESS	BANK ROUTING/ABA#
SIGNATURE OF BANK ACCOUNT OWNER	SIGNATURE OF JOINT OWNER

4. Certification and Signatures

I have read and understand the conditions of the Automatic Investment Plan Account. I authorize you to honor all debit entries via the ACH Network initiated through Firstar Bank on behalf of Firstar Trust Company. All such debits are subject to sufficient collected funds in my account to pay the debit when presented. I also understand that this plan may be terminated or modified at any time by The Olstein Financial Alert Fund

SIGNATURE OF OWNERS)	DATE
	DATE