



American Freedom U.S. Government Money Market Fund

The Fund is neither insured nor guaranteed by the FDIC, the U.S. Government, the Federal Reserve Board or any other governmental agency or insurer.

Please note: No redemptions can be made on this account until this form is physically received by American Freedom Funds. An account may be opened by calling 1-800-298-3442 and by faxing this application to 1-303-825-2575. New accounts must be established by telephone or fax by 4:30 p.m. Eastern Time in order to settle fund purchases that business day. Both telephone and faxed account openings MUST be followed by physical receipt of this application. For assistance, please call 1-800-298-3442. Mail to: American Freedom Funds, P.O. Box 44035, Denver, CO 80201-4035.

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, identification number, and other information that will allow us to identify you. Such documents will be used solely to attempt to establish your identity. Information you provide in this account application may be shared with third parties for the purpose of validating your identity and may be shared for other purposes in accordance with the Trust's privacy policy.

Applications without such information may not be accepted. American Freedom Funds reserves the right to place limits on the transactions in your account until your identity is verified.

1. ACCOUNT REGISTRATION

Registration form fields: Name of Institution or Individual, Telephone Number, Date of Birth, Street Address, Taxpayer Identification or Social Security Number, City, To the Attention of, State, Zip Code, Fax Number

2. PURCHASE OF SHARES AND DIVIDEND OPTIONS

Please enter the amount you are investing. Subsequent investments can be made in any amount. Purchases and redemptions are made by Federal Reserve wire only. DO NOT SEND CASH. Please see the current prospectus for all fees and expenses.

Account No. Requested (if other than Taxpayer Identification Number)

Please list the amount you wish to invest

American Freedom U.S. Government Money Market Fund \$ (Minimum \$500,000)

- All dividends will be automatically reinvested unless otherwise indicated. Pay all Dividends in Cash

3. INITIAL

- This account has been pre-established by telephone. Please note account# All purchases must be made by Federal Reserve wire.

Wiring instructions: Funds for purchase orders must be sent by Federal Reserve wire transfer and must be received the same business day that the order is placed. In order to assure proper crediting, it is recommended that the funds be wired as early as possible. Funds should be wired to: State Street Bank & Trust Co., ABA# 011000028; Financial Investors Trust DDA# 22404081; Fund#AF - American Freedom U.S. Government Money Market Fund; FCT (For Credit To): {Insert Shareholder Account Name & Number}

4. TELEPHONE PRIVILEGES

You will automatically receive telephone exchange, purchase, redemption and inquiry privileges, exercisable by any Authorized Person as defined under Section 6 of this Application, with respect to your account as disclosed in the prospectus. If you do not want these privileges, please check the box below.

I/We DO NOT want telephone exchange, purchase, redemption and inquiry privileges.

I/We hereby authorize State Street Bank & Trust Co. to honor any telephone or telegraph inquiries, instructions and requests to have amounts withdrawn from my/our account and wired, mailed or electronically transmitted to my/our bank account designated below. I/We hereby agree that neither American Freedom Funds, State Street Bank & Trust Co., nor ALPS Fund Services, Inc. will be liable for any loss, liability, cost or expense for acting upon telephone instructions that are reasonably believed genuine in accordance with the procedures described in the prospectus. Accordingly, I/we, as a result of this policy, may bear the risk of fraudulent telephone transactions.

5. BANK INFORMATION

Bank information form fields: Name of Bank, Street, City, State, Zip Code, Name(s) in which your bank account is registered, Your bank account number, Your bank ABA#

6. AUTHORIZED PERSONS

I/We hereby certify that the following person(s) ("Authorized Person(s)") is/are authorized to direct the American Freedom Funds to take actions on my/our behalf. Changes can be made only with signature guarantees. Please include certified copies of articles of incorporation, business licenses, partnership agreements or trust instruments, as applicable, as well as a corporate resolution or other documentation that indicates who is authorized to act on behalf of the account. Applications without such information will not be accepted. Please include a corporate resolution or other documentation that indicates who is authorized to act on behalf of the account. Also, please fill in section 6A below with information about the authorized person(s). For additional authorized persons please attach an accompanying sheet including name, address, social security number, and date of birth for each. A Personal Identification Number (PIN) will be provided via mail by American Freedom Funds.

Authorized Person(s)

Print Name _____ Signature _____

(Attach an additional sheet if necessary.)

6A. Required Identity Information

Authorized Individual:

First Name _____ Middle Initial _____ Last Name _____ Social Security Number _____ Date of Birth _____
Address of Residence (no P.O. Boxes) _____ City _____ State _____ Zip _____

Please check this box if you are exempt from providing customer identification information and the basis for such exemption. In addition, please provide documentation confirming that you satisfy the exemption.

7. SIGNATURES

I/We hereby certify that the undersigned is duly organized and existing and has the power to take the action called for by this Account Application. I/We hereby certify that each of the persons listed below have been duly elected or appointed and are now legally holding the office opposite his name or her name. I/We hereby certify and agree that the above certifications, authorizations and agreements in this document will continue until American Freedom Funds receives actual written notice of any changes thereof. This order is subject to acceptance by American Freedom Funds. I/We acknowledge that I/we have received, read and understand the current prospectus. I/We agree that American Freedom Funds, State Street Bank & Trust Co., ALPS Fund Services, Inc., ALPS Distributors, Inc., or any of their subsidiaries, affiliates, officers, directors, or employees will not be liable for any loss, claim, expense or cost and I/we agree to indemnify the same from any losses and damages, for acting upon instructions or inquiries, including telephone redemptions and exchanges, believed to be genuine in accordance with the procedures described in the current prospectus. I/We understand that shares of the Fund are not bank deposits and are not backed by or guaranteed by any bank, and are not insured by the FDIC, the U.S. Government, the Federal Reserve Board or any other governmental agency or insurer. This authorization shall continue until the Fund receives notice of modification signed by all appropriate parties. This account is subject to the terms of the prospectus, as amended from time to time. All terms shall be binding upon representatives and assignees of the account owners. I/We acknowledge that I/we understand past performance is not indicative of future returns. I/We confirm that the purchase of shares of American Freedom Funds are in compliance with applicable state and/or local statutes and/or internal investment policy guidelines.

Tax Certification - The undersigned hereby certify under penalties of perjury that (1) all information provided herein is true and correct (2) the number shown on the Application is the Applicant's correct tax identification number and (3) Applicant is not subject to back-up withholding, either because: Applicant has not been notified by the Internal Revenue Service (IRS) that it is subject to back-up withholding due to its underreporting of interest or dividends; or the IRS has notified Applicant that it is no longer subject to back-up withholding, and (4) I am a U.S. person (including a U.S. resident alien). Please note: If the IRS has notified Applicant that it is subject to back-up withholding because of underreporting, it has not terminated that notice, please strike out part (3) above before signing. .

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

We are a tax-exempt organization

Signature _____ Name & Title (please print) _____ Date _____
Signature _____ Name & Title (please print) _____ Date _____

8. DUPLICATE CONFIRMATIONS AND STATEMENTS

INVESTMENT PROFESSIONAL USE ONLY

To the Attention of _____
Name of Organization _____
Street Address _____
City _____ State _____ Zip Code _____

We hereby submit this Application for the purchase of shares in accordance with the terms of our selling agreement with ALPS Distributors, Inc.

Dealer Number _____ Branch Number _____
Representative Number _____
Representative's Last Name _____
Firm Name _____
Branch Address _____
(street address not P.O. Box)
City _____ State _____ Zip Code _____
Representative's Telephone Number _____

Mail this completed application to:
American Freedom Funds
P.O. Box 44035
Denver, CO 80201-4035

ALPS Distributors, Inc., distributor for American Freedom Funds, 1625 Broadway, Suite 2200, Denver, CO 80202, 303-623-2577

American Freedom Funds is a series of Financial Investors Trust.