

AMIDEX FUNDS, INC. REGULAR ACCOUNT APPLICATION

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account with AMIDEX Funds, Inc. you must include your name, address, date of birth and other information that will allow us to verify your identity. If you do not provide us with this information we will not be able to open the account. If we are unable to verify your identity, AMIDEX Funds, Inc. reserves the right to close your account.

This application will open any type of account except an IRA and 403b(7). Please call 1-888-876-3566 to get the Application Forms needed to open IRA accounts and other pension accounts.

1. Register Your Account (Choose A, B, C, or D) Every person to be registered on the account must provide all of the information requested. If there are more than two owners provide the information, in the same format, on a separate sheet and attach to the application. Failure to provide the necessary information may delay in establishing the account.

A **Individual** or **Joint Tenants**

Owner's Name _____ Date of Birth ___/___/___ Social Security Number ___-___-___

and (if any)

Joint Owner Name _____ Date of Birth ___/___/___ Social Security Number ___-___-___
(Registered as joint tenants with rights of survivorship unless you indicate otherwise)

B **Gift to a Minor** (Designate only one custodian and one minor per account)

Custodian's Name _____ Date of Birth ___/___/___ Social Security Number ___-___-___

Minor's Name _____ Date of Birth ___/___/___ Social Security Number ___-___-___

Minor's Address _____ City _____ State _____ Zip _____ - _____

C **Trust** Name of Existing Trust _____ Date of Trust Agreement ___/___/___

Grantor's Social Security Number ___-___-___ Or Employer Identification Number of Trust _____

Check if trust is tax exempt Beneficiaries of Trust _____

You must include with this form a copy of the pages in your trust agreement that shows the name of the trust, the trust date and a listing of all trustees and their signatures

D **Corporation** **Partnership** **LLC** **Other**

Entity Name _____ Taxpayer Identification Number ___-___-___

Check if entity is tax exempt Social Security Number ___-___-___
(If sole Proprietor)

You must include with this form a copy of the documentation required for your entity type. Corporation: Articles of Incorporation or state issued charter or Certificate of Good Standing; Partnership: Partnership Agreement; LLC: Articles of Association, Certificate of Organization of similar document; Other: Document filed to form the organization.

Every person to be registered on the account must provide all of the information required in item 1. (Name, home address, date of birth, social security number and telephone number. Include on a separate sheet of paper and attach to application).

2. Account Mailing Address

Address _____ Apartment/Suite _____

City _____ State _____ Zip _____ - _____ Telephone (____) _____ - _____

U.S. Citizen? Yes No E-mail address _____

3. Your Investment

Please make checks payable to: (\$500 minimum for regular account, \$250 minimum for subsequent investment)

The AMIDEX35 Israel Mutual Fund

The AMIDEX Cancer Innovations & Healthcare Mutual Fund

Check enclosed \$ _____ Wired from Bank \$ _____ Date _____ Wire Number _____

4. Dividend and Capital Gains Payment Options (If no choice is made, dividends and capital gains will be reinvested.)

Income Dividends reinvested paid in cash

Capital Gains Distributions reinvested paid in cash

5. Telephone/Mail Redemptions

You may redeem shares from your account simply by calling Matrix Capital Group, Inc. Please check the box below to establish the Telephone Mail Redemption Service.

I want Telephone/Mail Redemption Services.

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6. Wire Redemptions

I/We authorize Matrix Capital Group, Inc. to honor the request believed to be authentic for wire redemptions proceeds to bank/broker indicated.

Bank Name Bank Account Number

Bank Address Bank Telephone Number

Name(s) in which bank account is Registered

A signature guarantee will be required if your bank registration does not match your AMIDEX account registrations. (Please review the rules for signature guarantees in the Prospectus)

7. Automatic Investment Plan. A voided check must be attached.

Bank Name Bank Address

Bank Transit/ABA No. My Account No. (nine digits)

Select Monthly deposit (minimum \$100) Quarterly deposit (minimum \$200); and day:

1st of the month (or next business day) 15th of the month (or next business day) \$ Amount of Deposit

ACH is a convenient way to purchase shares automatically or at your discretion. AMIDEX Funds, Inc. provides a convenient way to transfer money from your bank account to your AMIDEX account. Please note savings accounts are not eligible for ACH. We will send confirmation of your AMIDEX Mutual Fund ACH services; please wait 3 weeks after receiving the notice before using the service.

8. Signatures

Please sign application, enclose your check and mail to:

AMIDEX Funds, Inc. c/o Matrix Capital Group, Inc. 630-A Fitzwatertown Rd. 2nd Floor Willow Grove, PA 19090

I/we have full authority and legal capacity to purchase fund shares. I have received a current prospectus and agree to be bound by its terms. I/we hereby ratify all instructions given on this account and agree that if the account is registered in more than one name, the fund and Matrix Capital Group will accept written or telephone instructions from any one of the owners and that neither the fund nor Matrix Capital Group will be liable for any loss, cost or expense for acting upon such instructions (by telephone or writing) believed by it to be genuine and in accordance with the procedures described in the Prospectus.

If I am a U.S. citizen, a U.S. resident alien, or a representative of a U.S. entity, I certify under penalty of perjury that: (1) The social security number or employer identification number I have given on this form is correct; (2) 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 Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. Please cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return; and (3) I am a U.S. person (If I am a nonresident alien, I am required to complete the appropriate Form W-8 to certify my foreign status. I understand that I am not under penalty of perjury certifying the above information. The Internal Revenue Service does not require you to consent to any provision of this document other than the certification required to avoid backup withholding.

All those listed in Section 1, except minors, must sign below. Attached additional sheet if necessary.

Name Signature Date / /

Name Signature Date / /

Name Signature Date / /

FOR BROKER USE ONLY

Broker/Dealer or Investment Advisor Authorization

The underlined Dealer/Advisor agrees to all applicable provisions on this application, and guarantees the genuineness of the signature on the Application. If the shareholder(s) do not sign the Application, the dealer warrants that this Agreement is complete in accordance with the shareholder's instructions and agrees to indemnify the Fund, Advisor, Distributor and The Matrix Capital Group, Inc. for any loss or liability from acting upon such instructions.

Firm's Name Firm's Address

Firm's Number Branch Number Representative Name Rep Number

Repr Phone () - - Rep Email Representative signature

For more information, please call 888-876 3566