IRA Application (ADOPTION AGREEMENT)



You may use this form to establish only one IRA account. Do not use this application to open a SIMPLE IRA. Note: If you are transferring an existing account to us, please fill out a Baron Funds® Transfer Form as well. For information and to request forms, call: 1-800-442-3814, Monday – Friday, 9:00AM – 5:00PM, ET or visit www.BaronFunds.com. See section 13 for mailing and wiring instructions.

IMPORTANT INFORMATION 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. This information will be verified to ensure the identity of all individuals opening a mutual fund account. Any documents that we request (i.e., a driver's license) will be used solely to attempt to establish your identity. Please make sure to provide all the required information. Incomplete information will delay your investment. The Funds will not process your investment until all required information has been provided and this form has been signed.

. Initial Investment			
The minimum initial investment for Retail or \$500 per fund if you use our Automatic	Investment Plan (see page 5).	Baron Small Cap Fund ☐ Retail Share Class (583) BSCFX ☐ Institutional Share Class (1583) BSFIX	\$
The minimum initial investment for Institut		Baron Technology Fund	>
per fund. Please call us for more informa		Retail Share Class (5035) BTEEX	
Plan can only be added to the account for		☐ Institutional Share Class (5036) BTEUX \$	\$
see our prospectus for details on Institution	onal Class Shares and how they	Baron WealthBuilder Fund	
differ from Retail Class Shares.		☐ Institutional Share Class (5014) BWBIX	
Baron Asset Fund		☐ TA Share Class (5034) BWBTX	\$
Retail Share Class (585) BARAX	*	TOTAL	<u></u>
☐ Institutional Share Class (1585) BARIX	\$	TOTAL	\$
Baron Discovery Fund ☐ Retail Share Class (572) BDFFX ☐ Institutional Share Class (1572) BDFIX ☐ Baron Durable Advantage Fund	\$	Note: The Funds do not accept cash, travelers checks, starter checks, third-p securities of any kind or in any amount. (S wiring instructions.)	party checks or bearer-form
Retail Share Class (5005) BDAFX	<u></u>	How would you like to fund your account	.7
Institutional Share Class (5015) BDAIX \$			
Baron Emerging Markets Fund		Check enclosed payable to Baron Funds.	
□ Retail Share Class (575) BEXFX□ Institutional Share Class (1575) BEXIX	\$	One-time initial electronic withdrawal (from the control of the	om the bank account listed in Section 11).
Baron Fifth Avenue Growth Fund ☐ Retail Share Class (579) BFTHX	-	 Wired funds payable to Baron Funds® (Please call us at 1-800-442-3814 to an account number before wiring funds). 	
☐ Institutional Share Class (1579) BFTIX	\$	· · · · · · · · · · · · · · · · · · ·	
Baron FinTech Fund	,	Transfer Form).	Clari (mase me cae baron ranes mo
☐ Retail Share Class (5008) BFINX		Custodian's Annual Fee: The custodian ch	narges an annual maintenance
☐ Institutional Share Class (5018) BFIIX	\$	fee of \$12 per IRA Plan Type. This fee will be	
Baron Focused Growth Fund		paid separately. Make check payable to BAR	
Retail Share Class (578) BFGFX		maintenance fee is waived if the assets of the	
Institutional Share Class (1578) BFGIX	\$	time the fee is assessed.	
Baron Global Advantage Fund		2. Planes Charle Ones	
Retail Share Class (573) BGAFXInstitutional Share Class (1573) BGAIX	\$	2. Please Check One:	
Baron Growth Fund	\$	The Funds are offered and sold to any per	son with a valid SSN/U.S. tax
Retail Share Class (587) BGRFX		identification number.	
☐ Institutional Share Class (1587) BGRIX	\$	□ U.S. CITIZEN □ R	ESIDENT ALIEN
Baron Health Care Fund			
☐ Retail Share Class (BHCFX)		3. Account Registration – Requir	ed
☐ Institutional Share Class (BHCHX)	\$		
Baron International Growth Fund			
Retail Share Class (577) BIGFX		Owner's name (First, M.I., Last) – Required	
■ Institutional Share Class (1577) BINIX Baron New Asia Fund	\$		
■ Retail Share Class (5009) BNAFX		Owner's SSN/U.S. Tax ID – Required Date	of Birth (MM/DD/YYYY) – Required
☐ Institutional Share Class (5019) BNAIX	\$	owner obot words have becaused but	or Direct (cir. 1/25/1111) mequires
Baron Opportunity Fund	→	2	
Retail Share Class (580) BIOPX		Street (P.O. Box not acceptable except for APO/FPO) -	- Required
☐ Institutional Share Class (1580) BIOIX	\$		
Baron Partners Fund		Other Information (Suite, Attention, etc.)	
☐ Retail Share Class (586) BPTRX		(20.00)	
☐ Institutional Share Class (1586) BPTIX	\$		
Baron Real Estate Fund		City – Required State – Required	Zip – Required
Retail Share Class (576) BREFX	*		
☐ Institutional Share Class (1576) BREIX Baron Real Estate Income Fund	\$	Daytime phone	Evening phone
		3 · · · r · · ·	ю г
□ Retail Share Class (5006) BRIFX□ Institutional Share Class (5016) BRIIX	\$		
- montational onaic Class (50 10) DINIX	Υ	Email Address	

			☐ ALL ASSETS IN MY ACCOUNT	
P.O. Box or Alternate Street			□ AMOUNT IN \$ OR%	
			STEP 2. Type of Transfer or Rollover: Choose one option only.	
Other Information (Suite, Attention etc.)			1 TRANSFER OF AN EXISTING TRADITIONAL IRA OR ROTH IRA. (You must complete a Baron Funds® IRA Transfer Form and return it to	
City	State	Zip	Baron Funds along with this form.)	
5. Combined S	Shareholder Mailings		Roth IRA, date established (MM/DD/YYYY)	
with the same ac	und expenses, we will assume t	we will mail only one	2 DIRECT ROLLOVER FROM EMPLOYER-QUALIFIED RETIFIED. PLAN.	
□ Please send mu	t to that address, unless you indi	cate otnerwise.	(You must complete a Baron Funds® IRA Transfer Form and return it to Baron Funds along with this form.)	
6. Duplicate S			3 ROLLOVER FROM EXISTING IRA ROLLED OVER WITHIN OF MY RECEIPT.	60 DAYS
	y of my account statements to:		☐ Existing Traditional IRA	
Registered Brok	·	nnar	☐ Employer-Sponsored Retirement Plan	
☐ Interested Part			□ Roth IRA (Account start date)	
- interested runt	y and Adminis	crator	4 CONVERSION CONTRIBUTION (CHECK ONE BELOW)	
Last Name	First Name	M.I.	☐ Convert from an existing Baron Funds Traditional IRA to a	ı Roth IRA.
			G	
Street Address			Fund Name Account Number	
			☐ Please check here to have withholding taxes applied	d to your
City	State	Zip	distribution from your existing IRA. Indicate withholding p below. If no percentage is entered, no withholding will be	ercentage applied.
7. Type of IRA				
	ount are you establishing? Choos	o ONE only	%	
☐ Traditional IRA	ount are you establishing: Choos	e ONL only.	☐ Convert from existing Non-Baron Funds Traditional IRA.	
	VERS ALL FORMS OF ROTH IRAS	١		
SEP IRA	VERS ALL FORMS OF ROTTINAS)	\$ or % amount to be converted	
□ SAR SEP IRA			Upon receipt of this enrollment form, United Missouri Bank of Kannan DST Systems, Inc. ("DST") are authorized to credit	ansas City, the Baron
	call 1-800-442-3814 for complet	e instructions)	Funds® account named above and to debit the bank account as indicated	
	•		above. The undersigned understands that this service is govern provisions of the Baron Funds® prospectus and the rules of the A	led by the lutomated
8. How would	you like to fund your I	KA:	Clearing House ("ACH"), as amended from time to time, and is e solely for the convenience of the account owner. The undersign	stablished
What Type of Tran	saction are you making? Check A	A or B.	understands that this service may be terminated or modified a	t any time
	Universal Individual Retireme formation about contribution l		without notice by Baron Funds [®] , DST or United Missouri Bank City, N.A. The account owner releases Baron Funds [®] , their affili agents and representatives from all liability and agrees to inde	iates, their
A NEW CONT	TRIBUTION (MADE WITH NEW	MONEY)	same from any and all losses, damages or costs for acting in go accordance with the privilege selected herein. In no event shall or their agents or representatives be liable for consequential da	od faith in the Funds mages. All
\$ Amount	For Tax Year		terms shall be binding upon the heirs, representatives and assi account owners.	gns of the
Amount	TOI TAX TEAT		This authorization shall continue until terminated by any	, account
If SEP IRA, check o	one:		owner by written or telephonic notification to DST. Termin	ation will
SELF EMPLOY	ED (EMPLOYER'S CONTRIBUTI	ONS)	be effective as soon as DST has had reasonable time to a following receipt. Cancellation of an Automatic Investm	
RECEIVE MY E	MPLOYER'S CONTRIBUTION		must be received at least six business days prior to the next s	scheduled
RECEIVE SALA	RY REDUCTIONS FROM EMPL	OYER	purchase date. We may not be able to stop your systematic if your request is not received at least six business days price	purchase or to your
☐ EMPLOYEE CO	ONTRIBUTION		next scheduled purchase.	,
B TRANSFER O	OR ROLLOVER OF EXISTING IR	A.	Individual Owner Date (MM/DD/	YYYY)
STEP 1 . Please pr rollover.	ovide the amount and choose w	hich type of transfer or	Distributed by: Baron Capital, Inc., 767 Fifth Avenue, New York, 800-99-BARON, www.BaronFunds.com	NY 10153
\$			Fill out this form only if you are establishing an Automatic In	
Amount	For Tax Year		Plan with Baron Funds®. This enrollment form is in addition	

9. Beneficiary Designation

Note: Any amount remaining in the Account that is not disposed of by a proper Designation of Beneficiary will be distributed to your estate (unless otherwise required by the laws of your state of residence). You may change Designation of Beneficiary with the Custodian. Any subsequent Designation filed with the Custodian will revoke all prior Designations, even if the subsequent designation does not dispose of your entire account.

I designate the individual(s) named below as the beneficiary(ies) of this IRA. I revoke all prior IRA Beneficiary designations, if any, made by me for these assets. I understand that I may change or add Beneficiaries at any time by written notice to the Custodian. If I am not survived by any Beneficiary, my Beneficiary shall be my estate. (If no percentage is specified, primary beneficiaries will share the account balance equally.)

1st Beneficiary's Name: First	M.I.	Last
SSN/U.S. Tax ID	Date of Birth (MM/DD/YYYY)	
Relationship	% of Shares	
2nd Beneficiary's Name: First	M.I.	Last
SSN/U.S. Tax ID	Date of Birth (MN	M/DD/YYYY)
Relationship	% of Shares	
CONTINGENT BENEFICIARY(IES)		
1st Beneficiary's Name: First	M.I.	Last
SSN/U.S. Tax ID	Date of Birth (MM/DD/YYYY)	
Relationship	% of Shares	
2nd Beneficiary's Name: First	M.I.	Last
SSN/U.S. Tax ID	Date of Birth (MM/DD/YYYY)	
Relationship	% of Shares	

SPOUSAL CONSENT

(This section should be reviewed if the owner designates a Beneficiary other than his/her spouse. It is the owner's responsibility to determine if this section applies. The accountholder may need to consult with legal counsel. Neither the Custodian nor the Sponsor are liable for any consequences resulting from a failure of the accountholder to provide proper spousal consent.)

I am the spouse of the previously named accountholder. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community property interest in this Baron Funds® IRA, I acknowledge that it would be in my best interests to consult a tax professional or legal advisor and I have consulted with such advisor to the extent I deemed necessary or advisable. I hereby consent to the beneficiary(ies) designated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian or Sponsor.

Signature of Spouse	Date (MM/DD/YYYY)
Signature of Witness for Spouse	Date (MM/DD/YYYY)

10. Telephone/Online Authorization & Redemption Options

You may make subsequent investments or exchange shares of one Baron Fund® for another Baron Fund® by telephone/online and redeem shares by telephone, unless you decline the option below. The maximum amount that may be redeemed by telephone is \$100,000 per Fund per day. Please see the prospectus(es) for more information.

If you DO NOT want telephone/online privileges, check the box below:

□ I do not want telephone/online privileges. (I understand that to make any transactions in my account, I will need to contact Baron by mail.)

Baron Funds® employs reasonable procedures to confirm that instructions communicated by telephone/online are genuine and is not liable for losses due to unauthorized or fraudulent instructions. Please see the prospectus(es) for more information on the telephone/online exchange and telephone redemption privileges.

Please Note: If you check the above box, you will not have the option to make online purchases.

REDEMPTION OPTIONS

You may also select one or more of the following methods of receiving your proceeds:

- ☐ We will mail a check to the address to which your account is registered.
- We will transmit the proceeds by Electronic Funds Transfer to a preauthorized bank account (usually a two banking day process).*
- We will wire the proceeds to a pre-authorized bank account for a \$10.00 fee (usually a next banking day process).* Your bank may assess an additional charge.

*YOU MUST ENCLOSE YOUR VOIDED BANK CHECK OR SAVINGS DEPOSIT SLIP AND FILL OUT SECTION 11 TO ESTABLISH TELEPHONE/ONLINE OPTIONS TO YOUR BANK ACCOUNT.

11. Bank Instructions

Please complete the following information if you would like assets transferred electronically between your bank checking/savings account and the Funds.

Checking	Savings	
Bank Name	City	State
ABA Routing Number*	Account Number*	

Name(s) on Account

12. Electronic Delivery and Online Account Access

Remember to log onto our website at www.BaronFunds.com. You can sign up to receive quarterly reports, Fund prospectuses, special announcements, and proxies via electronic delivery. You can also access your account information and make transactions online.

^{*}Please attach a voided check or savings account deposit slip – Required

13. Mailing and Wiring Instructions

Please mail the completed application form with your check to: Regular Mail: BARON FUNDS® P.O. BOX 219946 KANSAS CITY, MO 64121-9946

Overnight delivery: BARON FUNDS® 430 W. 7TH STREET KANSAS CITY, MO 64105-1514

Wire instructions:
UMB Bank, N.A.
ABA NO. 1010-0069-5
FBO BARON FUNDS, ACCOUNT NO. 98-7037-101-4
OWNER'S NAME
OWNER'S ACCOUNT NO.
SPECIFY FUND NAME

IF YOU HAVE ANY QUESTIONS REGARDING YOUR ACCOUNT, PLEASE CALL 1-800-442-3814, MONDAY – FRIDAY, 9:00am – 5:00pm et.

14. Signature and Authorization – Required

The Owner has indicated a Traditional IRA Rollover or Direct Rollover above, Owner certifies that the contribution does not include any employee contributions to any qualified plan (other than accumulated deductible employee contributions) 403(b) arrangement; that any assets rolled over by Owner are the same assets received by the Owner in the distribution being rolled over; if the distribution is from another Traditional IRA, that Owner has not made another rollover within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to this Account; and that no portion of the amount rolled over is a required minimum distribution under the required distribution rules.

If Owner has indicated a Conversion, Transfer or Rollover of an existing Traditional IRA to a Roth IRA, Owner acknowledges that the amount converted will be treated as taxable income (except for any prior non-deductible contributions) for federal income-tax purposes, and certifies that no portion of the amount converted, transferred or rolled over is a required minimum distribution under applicable rules. If Owner has elected to convert an existing Traditional IRA with Bank as custodian to a Roth IRA and has elected no withholding, Owner understands that Owner may be required to pay estimated tax and that insufficient payments of estimated tax may result in penalties.

If Owner has indicated a rollover from another Roth IRA, Owner certifies that the information given in Item 8 is correct and acknowledges that adverse tax consequences or penalties could result from giving incorrect information.

Owner certifies that any rollover contribution to the Roth IRA was completed within 60 days after the amount was withdrawn from the other IRA.

Owner has received and read the applicable sections of the disclosure statement relating to this Account (including the Custodian's fee schedule), the Custodial Account document and the instructions pertaining to this adoption agreement. Owner acknowledges receipt of the Universal Individual Retirement Account document and the Universal IRA Disclosure Statement at least 7 days before the date below and acknowledges that Owner has no further right of revocation.

Owner acknowledges that it is his/her sole responsibility to report all contributions to or withdrawals from the Account correctly on his or her tax returns, and to keep necessary records of all the Owner's IRAs (including any that may be held by another custodian or trustee) for tax purposes. All forms must be acceptable to the Custodian and dated and signed by the Owner.

Custodian Acceptance. UMB Bank, N.A. will accept appointment as Custodian of the Owner's Account. However, this Agreement is not binding upon the Custodian until the Owner has received a statement confirming the initial transaction for the Account. Receipt by the Owner of a confirmation of the purchase

of the fund shares indicated above will serve as notification of UMB Bank, N.A. acceptance of appointment as Custodian of the Owner's Account. The account is established for the exclusive benefit of the individual or his/her beneficiaries.

UMB BANK, N.A., CUSTODIAN

Signature of Custodian

If the Depositor is a minor under the laws of the Depositor's state of residence, a parent or guardian must sign this Agreement. Until the Depositor reaches the age of majority, the parent or guardian will exercise the powers and duties of the Depositor. (If guardian, provide a copy of letters of appointment.)

Under penalties of perjury, I certify that:

- 1. The SSN/U.S. tax ID number shown on this form is my correct taxpayer identification number:
- 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 (IRS) 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; and
- ☐ Check here if you are subject to backup withholding.
- 3. Please check one:

☐ I am a United States Citizen or Resident Alien (SSN or Tax ID provided)
☐ I am a non-resident alien with a U.S. SSN or Tax ID. (A form W-8 will be
mailed to you. Please complete it and return it to us along with a copy of
your passport or government issued ID card.)
If not a U.S. citizen, please indicate the country in which you permanently

If not a U.S. citizen, please indicate the country in which you permanently reside:

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED ABOVE.

By signing this application, I also certify that:

- I have received and read the prospectus(es) for the Fund(s) and I agree to the terms. I have the authority and legal capacity to purchase mutual fund shares, am of legal age and believe each investment to be suitable for me.
- I understand that the Funds are not a bank, and Fund shares are not backed or guaranteed by any bank nor insured by the FDIC.
- Iratify any instructions, including telephone instructions, given on this account. I understand that the Funds or DST will employ reasonable procedures to verify my identity and to confirm the genuineness of my instructions. I agree that neither the Fund(s) nor DST will be liable for any loss, cost or expense for following the Funds' anti-money laundering procedures and/or following reasonable procedures designed to prevent unauthorized transactions.
- I am not involved in any money laundering schemes, and the source of this investment is not derived from any unlawful criminal activities. The information provided on this form and the documents submitted are true and correct.

Owner Name (Please Print)	
Owner Signature	Date (MM/DD/YYYY)

APPLICATIONS THAT ARE UNSIGNED OR INCOMPLETE WILL BE RETURNED WITHOUT THE ACCOUNT BEING ESTABLISHED.

Automatic Investment Plan Enrollment Form



Fill out this form only if you are establishing an Automatic Investment Plan with Baron Funds®. For information and to request forms, call: 1-800-442-3814 Monday – Friday, 9:00AM – 5:00PM ET, or visit www.BaronFunds.com. Please mail completed form to: Baron Funds®, P.O. Box 219946, Kansas City, MO 64121-9946.

Overnight Address: Baron Funds® 430 W 7th Street Kansas City, MO 64105-1514

Overnight Address: baron runds®, 450 W. / th Street, Kansas City, MO 64105	- ID I 4 .		
The undersigned authorizes Baron Funds® to start an Automatic Investment	NOTE: IRA contributions will be r	made for the current tax year unless	
Plan for the account indicated below:	otherwise indicated.		
For any account starting with less than \$2000, a \$50 monthly minimum is	*If the day is a weekend or holiday	or if the day is the 29th, 30th, or 31st and	
required until the account reaches \$2000 (Retail Share Class only).	that day is not in a selected month	n (e.g., there is no February 30), money will	
STEP 1. In shares of:	be invested on the next business of	lay. The date of investment or the amount	
Baron Asset Fund	may be changed at any time by wi	riting to Baron Funds® at P.O. Box 219946	
Retail Share Class (585) BARAX	Kansas City, MO 64121-9946, or t	y calling 1-800-442-3814, or by accessing	
Institutional Share Class (1585) BARIX \$	your account online at www.Baron		
Baron Discovery Fund	Bank, Savings & Loan or Credit	Union:	
□ Retail Share Class (572) BDFFX □ Institutional Share Class (1572) BDFIX \$	☐ Checking ☐	Savings	
Baron Durable Advantage Fund		8-	
Retail Share Class (5005) BDAFX	Name of Institution	ABA No.	
☐ Institutional Share Class (5015) BDAIX \$			
Baron Emerging Markets Fund	Street		
Retail Share Class (575) BEXFX	City	State Zip	
☐ Institutional Share Class (1575) BEXIX \$	•		
Baron Fifth Avenue Growth Fund	Account Number		
□ Retail Share Class (579) BFTHX □ Institutional Share Class (1579) BFTIX \$	PLEASE ATTACH A C	COPY OF A VOIDED CHECK	
Baron FinTech Fund	Names on Account		
Retail Share Class (5008) BFINX	Joe or Joan Ferestor 1234 Steet	Ary USA Bank 1493	
☐ Institutional Share Class (5018) BFIIX \$	FeV TO THE	0465500 \$	
Baron Focused Growth Fund		DOLLARS	
☐ Retail Share Class (578) BFGFX			
☐ Institutional Share Class (1578) BFGIX \$	MEMO	WILHOUTSHITTER BOWLINE	
Baron Global Advantage Fund	(987654321): 023	456789# 1493	
Retail Share Class (573) BGAFX	ARA Routing Alumber		
Institutional Share Class (1573) BGAIX \$	ABA Routing Number Acco		
Retail Share Class (587) BGRFX	If you are adding or changing ba	inking instructions to an existing accoun	
□ Institutional Share Class (1587) BGRIX \$		d (see below). You can obtain a signatur	
Baron Health Care Fund	guarantee from most securities fi	rms or banks, but not from a notary publi	
Retail Share Class (BHCFX)			
☐ Institutional Share Class (BHCHX) \$	Bank or Dealer Firm	Date (MM/DD/YYYY)	
Baron International Growth Fund			
□ Retail Share Class (577) BIGFX □ Institutional Share Class (1577) BINIX \$	Signature of Authorized Officer o	f Guarantor Title	
Baron New Asia Fund Display Share Class (E000) BNIAEY	GUA	RANTEE STAMP	
□ Retail Share Class (5009) BNAFX □ Institutional Share Class (5019) BNAIX \$			
Baron Opportunity Fund			
☐ Retail Share Class (580) BIOPX			
☐ Institutional Share Class (1580) BIOIX \$			
Baron Partners Fund ` ´	Upon receipt of this enrollment for	orm, United Missouri Bank of Kansas City	
Retail Share Class (586) BPTRX	N.A. and DST Systems, Inc. ("DST") are authorized to credit the Baron Funds [®] t the bank account as indicated above. The	
☐ Institutional Share Class (1586) BPTIX \$	undersigned understands that thi	s service is governed by the provisions of	
Baron Real Estate Fund	the Baron Funds® prospectus and	s service is governed by the provisions of the rules of the Automated Clearing House	
□ Retail Share Class (576) BREFX □ Institutional Share Class (1576) BREIX \$	("ACH"), as amended from time	to time, and is established solely for the	
Institutional Share Class (1576) BREIX \$	convenience of the account owner	: The undersigned further understands that	
Retail Share Class (5006) BRIFX		r modified at any time without notice by	
☐ Institutional Share Class (5016) BRIIX \$	Baron Funds®, DST or United Miss	ouri Bank of Kansas City, N.A. The account	
Baron Small Cap Fund ` ´	from all liability and agrees to inc	r affiliates, their agents and representatives Jemnify the same from any and all losses	
☐ Retail Share Class (583) BSCFX	damages or costs for acting in go	ood faith in accordance with the privilege	
□ Institutional Share Class (1583) BSFIX \$	selected herein. In no event shall t	he Funds or their agents or representatives	
Baron Technology Fund	be liable for consequential damage	es. All terms shall be binding upon the heirs	
□ Retail Share Class (5035) BTEEX □ Institutional Share Class (5036) BTEUX \$	representatives and assigns of the		
Baron WealthBuilder Fund		until terminated by any account owner	
Institutional Chara Class (E014) PW/PIV	by written or telephonic notifica	tion to DST. Termination will be effective	
TA Share Class (5024) BWBTX \$	Cancellation of an Automatic In	ble time to act upon it following receipt. vestment Plan must be received at least	
, ,		kt scheduled purchase date. We may not	
TOTAL \$		purchase if your request is not received	
	at least six business days prior t	o your next scheduled purchase.	
Begin my investments on:			
STEP 2. Indicate the number of times/days per month for each investment:	Individual Owner	Date (MM/DD/YYYY)	
- · ·		,	
(1) day (2) day (3) day (4) day	Joint Owner (if any)	Date (MM/DD/YYYY)	
STEP 3. Indicate the month(s) of the year for your investment:	·		
month (1) month (2) month (3) month (4)		c. 767 Fifth Avenue, New York, NY 10153 I, www.BaronFunds.com	
(or) □ monthly (required if initial investment is under \$2000)		form is in addition to the	
□ every other month □ quarterly □ semi-annually □ annually			

Plese complete and return the following form if you wish to transfer, rollover or convert funds.

