

Volumetric Fund, Inc.



A No-Load Mutual Fund

87 Violet Drive
Pearl River, New York 10965
www.volumetric.com
800-541-FUND or 845-623-7637

New Account Application

I (We) hereby enclose a check/money order of \$ \_\_\_\_\_ payable to Volumetric Fund for the purchase of the shares of Volumetric Fund, Inc. at the price in effect at the time this application is received. Please register me as a shareholder and issue my shares as indicated below.

Account Type

Account Type: • Regular Account (Non-Retirement) • Retirement Account (IRA and Business Retirement Account)

Individual or Joint Account:

Name Social Security Number Date of Birth
Name of Joint Owner (if applicable) Social Security # of Joint Owner Date of Birth

Custodian Account/UTMA (Uniform Transfers to Minors Act):

Name of Custodian Social Security Number (optional) Date of Birth
Name of Minor Social Security Number of Minor Date of Birth

Business, Trust or Other Organization:

Organization Name Tax ID Number
Name of Officer, Partner, Trustee, etc. and Title

Address and Telephone

Address
City/State/Zip
Telephone: Home Business E-mail (optional)

Distribution Options

Income dividends and capital gains distributions (if any) will be automatically reinvested in additional shares (Option A), unless otherwise checked below:

Option A : • Reinvest all income dividends and capital gains. Option B : • Pay all income dividends and capital gains in cash.

Automatic Investment Option

This option allows you to automatically invest in Volumetric Fund directly from your bank account on a monthly, bimonthly, or quarterly basis. Volumetric Fund will make automatic share purchases based on your enclosed check. If you would prefer purchases made from another account, please notify Volumetric Fund to send you the required form. If you wish to start the automatic investment option, circle your selection:

Amount to Invest (\$100 minimum per transaction) \$ \_\_\_\_\_ Start Date (Allow 3 weeks for processing): \_\_\_\_\_
Frequency: Monthly / Bi-Monthly (every other month) / Quarterly Day of the Month: 5th / 20th

Information Request

(Circle items): Traditional or Roth IRA College Investment Plan Beneficiary Account Business Retirement Accounts

I (We) am (are) of legal age and have received and read the Prospectus and agree to its terms. I (We) certify, under penalty of perjury, that I (we) am (are) not subject to backup withholding and that my (our) correct taxpayer identification number is as indicated on this application. If electing the Automatic Investment Plan, I certify I am authorized and request Volumetric Fund to debit my bank account as indicated above until written notice is given. Volumetric will not be responsible for any liability in acting upon an Automatic Investment Plan instruction.

Signature Date
Signature of Joint Owner Date