

Please mail your completed application to:
Parnassus Investments
1 Market Street, Suite 1600
San Francisco, CA 94105

Individual Retirement Account Application

Thank you for choosing Parnassus Funds for your retirement account. Please complete all sections of this application unless noted as optional. If you have any questions about this form, please call us at (800) 999-3505.

We are required by law to obtain certain personal information from you, which will be used by us to verify your identity. If you do not provide the information, we will not be able to open your account. If we are unable to verify your identity, we reserve the right to close your account or take such other steps as we deem reasonable.

1

Account Registration Please Print

First Name _____ Middle Name _____ Last Name _____

Social Security Number _____ Date of Birth _____ Marital Status _____

Residential Address _____
(May not be a P.O. Box) Street City State Zip

Mailing Address _____
(If different than address above) Street City State Zip

Daytime Phone _____ Evening Phone _____ E-mail _____
(Optional)

2

Account Type Select One

Traditional IRA

SEP IRA

Roth IRA Conversion

Roth IRA

IRA-Rollover

3

Investment Selection

Please indicate in which fund(s) you would like to invest. You may enter a dollar amount if an exact dollar amount is known or a percentage if you are funding your investment from a transfer or rollover. The minimum to establish an IRA account is \$500; however, the minimum is waived if you sign up for our automatic investment plan.

I would like my contribution to apply to the 20_____ tax year.

Parnassus Fund \$ _____ or _____%

Parnassus Equity Income Fund \$ _____ or _____%

Parnassus Mid-Cap Fund \$ _____ or _____%

Parnassus Small-Cap Fund \$ _____ or _____%

Parnassus Workplace Fund \$ _____ or _____%

Parnassus Fixed-Income Fund \$ _____ or _____%

Source of Investment

Indicate below how you wish to fund your investment. Please make your check payable to Parnassus Funds. Third party checks and money orders will not be accepted.

- I have enclosed a check for a contribution for tax year 20_____.
- I am funding this account from proceeds from an existing IRA through an IRA transfer. **Important:** Please complete an IRA Transfer Form and mail it along with this IRA application to Parnassus.
- I am funding this account from a withdrawal for my existing non-IRA Parnassus account # _____
- I am funding this Roth IRA account by converting my Parnassus Traditional IRA account# _____
- I am funding this account from proceeds from a rollover. Please indicate the source below by checking the appropriate box.
- Direct Rollover from previous qualified employer plan, such as a 401(k), 403(b) or 457 plan. The distribution check from your current administrator will be payable directly to Parnassus, and you or the administrator will mail the check to the address above.
- Rollover within 60 days from previous qualified employer plan, such as a 401(k), 403(b) or 457 plan. You receive the distribution from your former Administrator made payable to you. You have 60 days to invest the distribution amount into an IRA plan. You may rollover up to 100% of the gross distribution (net check + taxes withheld amount). **Important:** Please enclose check.
- Rollover within 60 days from Traditional IRA, Roth IRA, Rollover IRA or SEP IRA. **Important:** Please enclose check.

Bank Account of Record Optional

By establishing a bank account of record, you will have the convenience and ability to have Parnassus direct deposit electronically to your bank account any redemption, dividend or capital gain distributions via ACH (Automated Clearing House). You also will have the option to have Parnassus deduct money from your bank account to purchase shares in your Parnassus account with your instructions. Please provide us with your bank information and **attach a pre-printed voided check or deposit slip with this IRA account application.**

Please check one: Checking or Savings

Bank Name _____ Telephone _____

Bank Routing Number _____ Account Number _____

Parnassus Automatic Investment Plan Optional

You can have money transferred automatically from your checking or savings account to your investment account at Parnassus. This is a convenient and easier way to make scheduled investments. There is a **\$50 minimum per fund**. Also, please be sure to complete the Bank Account of Record section.

Fund	Amount to Invest	Month to Begin	Date of Investment	Frequency of Investment
<input type="checkbox"/> Parnassus Fund	\$ _____	_____	<input type="checkbox"/> the 3rd or <input type="checkbox"/> the 18th	<input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly
<input type="checkbox"/> Parnassus Equity Income Fund	\$ _____	_____	<input type="checkbox"/> the 3rd or <input type="checkbox"/> the 18th	<input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly
<input type="checkbox"/> Parnassus Mid-Cap Fund	\$ _____	_____	<input type="checkbox"/> the 3rd or <input type="checkbox"/> the 18th	<input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly
<input type="checkbox"/> Parnassus Small-Cap Fund	\$ _____	_____	<input type="checkbox"/> the 3rd or <input type="checkbox"/> the 18th	<input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly
<input type="checkbox"/> Parnassus Workplace Fund	\$ _____	_____	<input type="checkbox"/> the 3rd or <input type="checkbox"/> the 18th	<input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly
<input type="checkbox"/> Parnassus Fixed-Income Fund	\$ _____	_____	<input type="checkbox"/> the 3rd or <input type="checkbox"/> the 18th	<input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly

This section should be completed if shares are being purchased through a dealer or if a financial advisor is to receive your account information.

Firm Name _____

Registered Rep. Name _____ Rep. No. _____ Branch No. _____

Address _____
Street City State Zip

Telephone No. _____ Fax No. _____ E-mail _____

Primary Beneficiary (ies)

1

Name _____ Social Security No. _____

Date of Birth _____ % of Account _____ Relationship _____

Address _____
Street City State Zip

2

Name _____ Social Security No. _____

Date of Birth _____ % of Account _____ Relationship _____

Address _____
Street City State Zip

Secondary Beneficiary (ies)

1

Name _____ Social Security No. _____

Date of Birth _____ % of Account _____ Relationship _____

Address _____
Street City State Zip

2

Name _____ Social Security No. _____

Date of Birth _____ % of Account _____ Relationship _____

Address _____
Street City State Zip

If you are married and reside in a community property or marital property state, you may need to obtain your spouse's consent if you have not designated your spouse as the primary beneficiary for at least half of your account. If you do not designate a beneficiary, upon your death, the proceeds of this account will be paid to your estate. See your lawyer or other tax professional for additional information and advice.

Spousal Consent

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

I am the spouse of the above-named Depositor. 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 or marital property interest in this IRA, I have been advised to see a tax professional or legal adviser. I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian or Sponsor.

Spouse's Signature

Date

Parnassus Investments charges a record-keeping fee to all IRA shareholders. As an IRA shareholder, you have the option to pay an annual record-keeping fee of \$15, or a one-time, lifetime record-keeping fee of \$60. This fee is assessed per person and covers the various IRA accounts you have at Parnassus.

The record-keeping fee may be paid now and included in your investment check. If you do not pay your fee now, you can have the fee deducted from your account. The lifetime fee will be deducted immediately, and the annual fee will be deducted near year's end.

Please indicate your fee option: \$15 annual fee or \$60 lifetime fee

Telephone/Internet Exchange—Allows you to exchange shares from one fund to another for identically registered accounts held within Parnassus.

Telephone/Internet Purchase and Redemption—Allows you to make a purchase to your account at Parnassus via an electronic draft from your bank account of record. It also allows you to make a redemption and have the proceeds sent either to your address of record or your bank account of record.

The Fund's Transfer Agent employs reasonable procedures to confirm that such instructions are genuine. For telephone instructions, the procedures will be verification of personal identification information such as account number and social security number in addition to tape recording and storing your instructions. Procedures to accept Internet instructions will require verification of your account number, social security number and password via an encrypted Internet connection. If these procedures are not employed, the Transfer Agent may be liable for unauthorized transactions. For joint accounts, one joint owner can authorize a transaction. Your account will automatically have these privileges available. You may decline these privileges by checking off the opt out box below.

I do not want telephone and Internet privileges.

I desire to establish an Individual Retirement Account (IRA) with Parnassus Investments (State Street Bank and Trust Company as custodian) as described in Section 408(a) of the Internal Revenue Code, as amended. I certify that the social security number indicated on this form is correct and that I am not subject to backup withholding according to IRA regulations. (Note: Cross out previous sentence if it is incorrect.) I acknowledge having received and read the IRA Disclosure Statement and Prospectus of The Parnassus Funds. I authorize the Fund, its transfer agent and principal underwriter to honor telephone instructions believed to be genuine to exchange shares between funds for my account. I agree that neither the Fund(s) nor any of its agents, affiliates and employees will be liable for any loss or damage for acting in good faith upon telephone instructions. I understand there is a \$15 annual or a \$60 lifetime custodial fee. I also understand that I am entitled to revoke this IRA plan within 7 days from today and receive back my entire contribution without reduction for fees, commissions or other expenses.

Signature

Date

Custodian Acceptance. State Street Bank and Trust Company will accept appointment as Custodian of the Depositor's Account. However, this Agreement is not binding upon the Custodian until the Depositor has received a statement confirming the initial transaction for the Account. Receipt by the Depositor of a confirmation of the purchase of the Fund shares indicated above will serve as notification of State Street Bank and Trust Company's acceptance of appointment as Custodian of the Depositor's Account.

STATE STREET BANK AND TRUST COMPANY, CUSTODIAN

How did you hear about the Parnassus Funds? _____