

# Account Application

Do not use this application to establish an Individual Retirement Account.  
Please print clearly all items except signature.  
To avoid having your application returned, please be sure to complete steps 1, 2 & 7.  
Return completed form with payment to the Fund:



P.O. Box 46707, Cincinnati, Ohio 45246-0707  
**Overnight:** 225 Pictoria Drive, Suite 450, Cincinnati, Ohio 45246  
For assistance with other forms, please call us at 1-866-738-1127.

## Step 1: Account Registration

### 1A. Check One

- Individual**       **Joint Account** *(cannot be a minor)*  
Joint owners have rights of survivorship, unless state laws regarding community property apply.

Owner's Legal Name

Owner's Social Security ID Number      Owner's Date of Birth

Joint Owner's Name (if applicable)

Joint Owner's Social Security ID Number      Joint Owner's Date of Birth

### **Trust, Corporation, Partnership or other Entity**

Please attach a copy of the appropriate bylaws, articles of incorporation, resolutions or trust documents establishing authority to open this account and the existence of the entity.

Name of Trust, Corporation, Partnership or other Entity

Taxpayer Identification Number      Trust Date

Name of Trustee(s) or Authorized Individual(s)

Date of Birth for Trustee(s) or Authorized Individual(s)

Social Security ID Number of Trustee(s) or Authorized Individual(s)

### **Gift/Transfer to a Minor (UGMA/UTMA)**

\_\_\_\_\_ as a custodian for  
Custodian's Name (only one permitted)

\_\_\_\_\_ under the \_\_\_\_\_ UGMA/UTMA.  
Minor's Name (only one permitted)      State

Minor's Social Security Number      Minor's Date of Birth

Custodian's Social Security Number      Custodian's Date of Birth

### 1B. Mailing Address and Telephone Number

Number and Street or P.O. Box

City      State      Zip

(      )      (      )  
Telephone Number      Fax Number

E-mail Address

### 1C. Legal Address (Physical Address)

Only needed if different from mailing address, No P.O. Boxes

Number and Street

City      State      Zip

## Step 2: Initial Investment

Indicate the amount and enclose a check made payable to The FBPFunds for the total investment. (Minimum initial investment: \$5,000)  
Amount

FBP Value Fund      \$ \_\_\_\_\_

FBP Balanced Fund      \$ \_\_\_\_\_

The Fund does not accept cash, drafts, "starter checks," travelers checks, credit card checks, third party checks, post-dated checks, and non U.S. Financial Institution checks, cashier's checks under \$10,000 or money orders.

Please call 1-866-738-1127 for wire instructions if you wish to purchase shares by wire.

## Step 3: Dividend and Capital Gains Distributions

Your dividends and capital gains will be automatically reinvested into your account unless you indicate otherwise below.

	Distribution Method		Payment Method	
	Reinvest	Withdrawal*	ACH**	Check
Capital Gains	<input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>	or <input type="checkbox"/>
Dividends	<input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>	or <input type="checkbox"/>

\*must choose a payment method      \*\*sent to bank account listed in Step 6

## Step 4: Duplicate Statements and Confirmations

Please send duplicate statements and confirmations to an address other than that listed in Section 1B (optional):

Name

Company Name

Street Address or P.O. Box

City      State      Zip

## Step 5: Account Service Options

### 5A. Special Plan Options

#### Automatic Investment Plan\* Yes No

Permits you to automatically invest in your Fund account through your bank account (You must complete Step 6.) Please indicate the amount and interval (monthly on the 15th, the last day of each month or both.) Minimum requirement of \$100 for each monthly investment.

#### Systematic Withdrawal Plan\* Yes No

Please redeem sufficient shares from this account at the then current net asset value, in accordance with the instructions below. (subject to a minimum \$100 per distribution)

Please make my automatic investment or systematic withdrawal on:

- the last business day of each month  
 the 15th day of each month  
 both the 15th and last business day

Dollar Amount \$ \_\_\_\_\_

Withdrawal Proceeds sent by:

- Check  (ACH) Automated Clearing House

If ACH, you must complete bank information in Step 6.

\* This plan involves continuous investment, regardless of share price levels, and does not assure a profit or protect against a loss in declining markets.

### 5B. Redemption Option

By Electronic Transfer (to your bank account)  Yes  Decline

If yes, you must complete bank information in Step 6 and select method of transfer.

- (ACH) Automated Clearing House or  WIRE (\$5,000 minimum)

## Step 6: Electronic Funds Transfer Instructions

**ATTACH  
YOUR  
VOIDED  
CHECK  
OR  
DEPOSIT  
SLIP  
HERE**

We cannot establish these services without it.

By attaching a voided check or deposit slip below and signing Step 7 I authorize credits/debits to/from this bank account in conjunction with the account options selected. I understand for the selected options involving wire transactions, my bank may charge me wire fees. I agree that the Fund and its agents may make additional attempts to debit/credit my account if the initial attempt fails and that I will be liable for any associated costs. All account options selected shall become part of the terms, representations and conditions of this application.

\_\_\_\_\_  
Signature(s) of depositor (if different from signature in Step 7)

\_\_\_\_\_  
Signature of designated Co-Bank Account Owner

This is a  checking account  savings account

Account Name \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

#### 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, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Please remember that any documents or information we gather in the verification process will be maintained in a confidential manner.

## Step 7: Signature and Certifications

By signing below, I certify that:

- I have received and read the current prospectus of The FBP Funds (the "Fund Company") in which I am investing. I certify that I have the authority and legal capacity to make this purchase in this account, and that I am of legal age in my state of residence.
- I authorize the Fund Company and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which transfers are made. I authorize the registered representative assigned to my account to have access to my account and to act on my behalf with respect to my account. I agree that neither the Fund Company nor any of its agents will be liable for any loss, cost or expense for acting on such instructions, provided that they have exercised due care to determine that the instructions are genuine.
- The Fund Company can redeem shares from my account(s) to reimburse for any loss due to non-payment or other indebtedness.

Under penalty of perjury, I certify that:

- I am a U.S. person (including a U.S. resident alien).
- The Taxpayer Identification Number shown on this application is correct.
- 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.

**Cross out item 3 if you have been notified by the IRS that you are currently subject to backup withholding.**

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

### Each Account Owner Must Sign Here

\_\_\_\_\_  
Signature of Owner, Trustee, Custodian or Authorized Individual Date

\_\_\_\_\_  
Signature of Joint Owner, Co-Trustee or Authorized Individual Date

**Fund Shares are not deposits or obligations of, or guaranteed or endorsed by, any financial institution and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board or any other agency.**

## Step 8: Investment Broker/Dealer

**Important:** To be completed by broker/dealer representative. Registered Reps must complete Step 4 for duplicate statement and confirmations to be sent to your office. (Broker/Dealer must have approved agreement with the Fund distributor).

\_\_\_\_\_  
Broker/Dealer Firm Name Dealer # Branch Name

\_\_\_\_\_  
Representative's Name Rep # Branch # Rep Telephone Number

\_\_\_\_\_  
Rep Office Street Address Rep Office City/State/Zip

\_\_\_\_\_  
Authorized Signature (Registered Representative)

**Please return application and check made payable to:**

**The FBP Funds  
P.O. Box 46707  
Cincinnati, Ohio 45246-0707**

**Thank you for your investment. You will receive a confirmation showing your Fund account number, dollar amount, shares purchased and price paid per share. For assistance call 1-866-738-1127.**