



Account Application Account Number _____

IMPORTANT INFORMATION FOR OPENING YOUR ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires 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, social security number and other information or documents that will allow us to identify you. This information will be subject to verification.

By signing and submitting this application, you give the CNI Charter Funds (the "Fund") and its agents permission to collect information about you from third parties, including information available in public and private databases such as consumer reports from credit reporting agencies, which will be used to help verify your identity.

If you do not provide the information, we may not be able to open your account. If we open your account but are unable to verify your identity, we reserve the right to take such other steps as we deem reasonable, including closing your account and redeeming your investment at the net asset value next calculated after the Fund decides to close your account. Please see the Fund's Statement of Additional Information for further information.

1. INITIAL INVESTMENT (\$1,000 Minimum)

| Check One | Fund Number | Fund Name |
|-----------|-------------|-----------|
|-----------|-------------|-----------|

- 101 CNI Charter Limited Maturity Fixed Income Fund, Class N
- 102 CNI Charter Full Maturity Fixed Income Fund, Class N
- 103 CNI Charter Diversified Equity Fund, Class N
- 105 CNI Charter Socially Responsible Equity Fund, Class N

Check enclosed for \$ _____

I have telephoned the Transfer Agent to make wire arrangements (see instructions in Section 10). My initial investment wire is \$ _____

The Funds do not accept cash, cash equivalents (such as traveler's checks, cashier's checks, money orders, bank drafts), starter checks, credit card convenience checks, or certain third party checks.

2. REGISTRATION (Please print)

Name

Birth Date

Social Security Number

Address: Number and Street (Required)

City

State

Zip Code

Mailing Address (if different)

City

State

Zip Code

E-mail

Telephone (Day)

Telephone (Evening)

3. IRA TYPE AND DESCRIPTION

To establish a traditional IRA, complete Section I. To establish a Roth IRA, complete Section II. No application will be processed if it attempts to establish more than one IRA. **Please read the Fund’s Universal IRA Disclosure Statement for information to help determine the appropriate type of IRA for your account.**

I. TRADITIONAL IRA

Type of IRA (Check one box only; Regular IRAs, Qualified Plan Rollovers and SEP-IRAs must be established as separate accounts)
 Regular IRA Qualified Plan Rollover SEP-IRA

II. ROTH IRA

You may establish either a regular Roth IRA or a Roth Conversion IRA. If you wish to transfer assets from a traditional IRA to a Roth Conversion IRA, you must establish a separate conversion IRA, to which only conversion contributions may be made.

Type of Roth IRA (Check one box only)
 Regular Roth IRA Roth Conversion IRA

4. SOURCE OF CONTRIBUTIONS (Check one box)

- Annual Contribution - You are making a contribution for the current or prior tax year. **Please complete Section 4.**
- Transfer – You are transferring assets directly from your Traditional or Roth IRA at another institution. **Do not complete Section 8; you must complete an IRA Asset Transfer Authorization Form.** If you are transferring an IRA to an existing CNI Charter Funds IRA, you need not complete a new IRA Account Application.
- Rollover – You are contributing assets distributed to you from a qualified retirement plan or from another IRA or you are contributing assets directly from a qualified retirement plan. **Please complete Section 4.**

5. INVESTMENT SELECTION (Do not use for IRA transfers)

Minimum initial contribution is \$1,000. If the tax year is not specified, the investment will be made for the year in which this application is received.

Tax Year _____ Contribution: \$ _____

Tax Year _____ Contribution: \$ _____

Rollover or Qualified Plan Rollover: \$ _____

Annual Custodial Fee of \$25: \$ _____ (If not enclosed, this amount will be deducted from the account).

Total of your check (Payable to “CNI Charter Funds”) or Wire: \$ _____

6. BENEFICIARY DESIGNATION (Attach additional sheets if necessary)

Primary Beneficiary(ies) (Percentages must total 100%)

1. _____
 Name _____

 Address _____

 Percentage _____ Birth Date _____

 Social Security Number _____ Relationship _____

Secondary Beneficiary (ies) (Percentages must total 100%)

1. _____
 Name _____

 Address _____

 Percentage _____ Birth Date _____

 Social Security Number _____ Relationship _____

2. _____
 Name

 Address

 Percentage Birth Date

 Social Security Number Relationship

2. _____
 Name

 Address

 Percentage Birth Date

 Social Security Number Relationship

7. DUPLICATE STATEMENT ADDRESS (Optional)

 Name

 Address City State Zip Code

8. SHAREHOLDER PRIVILEGES (Subject to terms set forth in the Prospectus)

Systematic Investment Plan (Please complete Section 8)

Investment amount of \$ _____ (You may change this amount at any time by writing to the Transfer Agent at the address provided at the bottom of this application).

- Investment Frequency: Once a month
 15th or 30th of the month
 Twice a month on the 15th and 30th

If the date(s) you choose fall(s) on a weekend or holiday, your systematic investment will occur on the following business day. If no date is chosen, your bank account will be debited on the 15th day of the month. **Please note that this privilege will be effective seven business days after the Fund receives this application.** This service is governed by the terms set forth in the Fund prospectus which may be amended from time to time, and the rules of the Automated Clearing House ("ACH"). The Systematic Investment Plan has been established solely for the investor's convenience and may be terminated or modified by the Fund at any time without notice. To stop the Systematic Investment Plan, please contact the Transfer Agent at 800-445-1341.

Systematic Withdrawal Plan

Monthly amount of \$ _____ Date for payment _____

- Check to address of record
 ACH (Please complete Section 8)
 Federal Funds Wire (Please complete Section 8)

If you have elected the Systematic Withdrawal Plan redemptions can be made by check in the amount specified and will be mailed to the investor's address of record, once a month on a date you specify. If the date you choose occurs on a weekend or holiday, the payment will be made on the immediately preceding business day.

Telephone Authorization

Unless telephone exchanges and/or redemptions are declined below, I (we) hereby authorize and direct the Transfer Agent to accept and act upon telephone instructions for exchanges and/or redemptions involving an account with corresponding registration. I (we) also agree that neither the Fund nor the Transfer Agent will be liable for any loss, cost or expense for acting upon any telephone instructions if it follows reasonable procedures in order to verify that telephone requests are genuine.

- I (We) do not authorize telephone exchanges.
 I (We) do not authorize telephone redemptions.

If you have selected Telephone Authorization privileges and would like to have your redemption proceeds sent via ACH or by Federal Funds Wire, you must complete Section 8. The account name(s) in Section 8 must match exactly at least the name in Section 1. A blank, voided check or deposit slip is necessary to provide account and bank routing information and must accompany this application. Check the following box if you decline wire redemption privileges.

I (We) do not authorize redemptions by Federal Funds Wire.

Signature Guarantee

Certain changes to your account will require a signature guarantee (for example, adding or changing bank account information, written redemptions over \$100,000, redemptions or distributions to a different account, address, or individual, or any redemption within 30 days of an address change). Contact the Transfer Agent for the signature guarantee policy. **The Transfer Agent reserves the right to require a signature guarantee on all redemptions.**

9. BANK ACCOUNT INFORMATION (Complete only if you have elected certain shareholder privileges in Section 7)

| | |
|-------------------------|----------------|
| Name of Bank | ABA Number |
| Registration on Account | Account Number |
| Address | City |
| | State |
| | Zip Code |

Savings
 Checking (attach a voided check)

10. ACCEPTANCE AND SIGNATURE (You must sign to establish an IRA)

The depositor acknowledges having read and agrees to be bound by terms, as may be amended from time to time, of the Fund’s Traditional or Roth IRA Disclosure Statement and the relevant Fund Prospectus. Under penalties of perjury, the depositor certifies that the Social Security Number on this form is true, correct and complete and that the depositor is a U.S. person (including a U.S. resident alien). The depositor understands that the Custodian will deduct from this account or collect separately an Annual Custodial Fee of \$25 for each account.

By my signature below, I certify that:

- (1) **I am not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and**
- (2) **The information provided by me in this application is true and correct and any documents provided herewith are genuine.**

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

If your legal name has changed in the past 12 months, please provide former name: _____

11. INITIAL INVESTMENT AND MAILING INSTRUCTIONS

- (1) If making your initial investment by check, complete this Account Application form and mail it with your check, payable to “CNI Charter Funds” to:
- (2) If making your initial investment by bank wire, call the Transfer Agent at 800-445-1341 to make arrangement with a telephone service representative to submit your completed application via mail, overnight delivery or facsimile. You may then contact your bank to initiate the wire using the following instructions:

CNI Charter Funds
P.O. Box 2175
Milwaukee, WI 53201

Or for Overnight Delivery to:

CNI Charter Funds
803 W. Michigan Street
Milwaukee, WI 53233

UMB Bank, N.A.
Kansas City, MO
ABA #101000695
For Credit to: CNI Charter Funds
Account Number 9871879089
Further Credit: [Mutual Fund Name]
[Shareholder name and account number]

Be sure to indicate the account number assigned to you on this Account Application.

If you have questions, please call 800-445-1341