

All applicants must complete sections 1-3 and 8. Any requested supplemental documents or information must also be provided. Failure to complete these sections may result in rejection of your application. Information provided will be subject to verification as required by the USA PATRIOT Act. For optional services complete sections 4-6.



## CNI CHARTER CLASS N

### 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.

#### Notice to all shareholders

In compliance with applicable state laws, your property may be transferred to the appropriate state if no activity occurs in your account within the time period specified by state law.

## 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 9). 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.

Attach a separate list for additional investors, trustees, authorized traders, and general partners of a partnership, including full name, Social Security number, home street address, and date of birth.

## 2 REGISTRATION (Please print)

#### INDIVIDUAL OR JOINT ACCOUNT

INVESTOR'S NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

JOINT INVESTOR'S NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
(RIGHT OF SURVIVORSHIP PRESUMED UNLESS TENANCY IN COMMON IS INDICATED)

#### GIFT'S/TRANSFERS TO MINORS

CUSTODIAN'S NAME (ONLY ONE PERMITTED) \_\_\_\_\_

CUSTODIAN'S BIRTH DATE \_\_\_\_\_ CUSTODIAN'S SOCIAL SECURITY NUMBER \_\_\_\_\_

AS CUSTODIAN FOR \_\_\_\_\_ UNDER THE \_\_\_\_\_ UNIFORM GIFTS/TRANSFERS TO MINORS ACT  
MINOR'S NAME STATE

MINOR'S BIRTH DATE \_\_\_\_\_ MINOR'S SOCIAL SECURITY NUMBER \_\_\_\_\_

#### CORPORATION/OTHER (Certified articles of incorporation, a government-issued business license or other document that reflects the existence of the entity must be attached. Enclose a corporate resolution or secretary's certificate listing the person(s) authorized to conduct transactions in the account.)

NAME OF CORPORATION (IF A PUBLICLY-TRADED CORPORATION, ALSO PROVIDE SYMBOL) \_\_\_\_\_

TAXPAYER IDENTIFICATION NUMBER \_\_\_\_\_

AUTHORIZED TRADER'S NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

#### PARTNERSHIP (A copy of the Partnership Agreement must be attached or a certificate from a government authority stating the identity and existence of the partnership)

NAME OF PARTNERSHIP \_\_\_\_\_

PARTNER'S NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

#### TRUSTS (Including corporate pension plans) (Please include the first and signature pages of the Trust Instrument)

TRUSTEE(S) NAME(S) OR AUTHORIZED TRADER \_\_\_\_\_ AS TRUSTEE(S) FOR \_\_\_\_\_ NAME OF TRUST \_\_\_\_\_

TRUSTEE'S BIRTH DATE \_\_\_\_\_ TRUSTEE'S SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF TRUST INSTRUMENT \_\_\_\_\_ TAXPAYER IDENTIFICATION NUMBER \_\_\_\_\_

Documents provided in connection with your application will be used solely to verify your identity. The Fund will have no obligation to enforce or observe the terms of any such document.

## 3 MAILING/RESIDENCY ADDRESS

IF JOINT ACCOUNT WITH MORE THAN ONE REQUIRED ADDRESS, ATTACH A SEPARATE SHEET LISTING REQUIRED ADDRESS.

CITIZENSHIP:  U.S.  RESIDENT ALIEN (MUST HAVE U.S. TAX IDENTIFICATION NUMBER AND DOMESTIC ADDRESS)

NON-RESIDENT ALIEN (INCLUDE A COPY OF AN UNEXPIRED GOVERNMENT-ISSUED PHOTO ID)  
COUNTRY OF CITIZENSHIP: \_\_\_\_\_

ADDRESS: NUMBER AND STREET (REQUIRED) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL \_\_\_\_\_ TELEPHONE (DAY) \_\_\_\_\_ TELEPHONE (EVENING) \_\_\_\_\_

## 4 DUPLICATE STATEMENT ADDRESS (Optional)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## 5 SHAREHOLDER PRIVILEGES (Subject to terms set forth in the Prospectus)

#### Systematic Investment Plan (Please complete Section 7)

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.

## Account Application

### Systematic Withdrawal Plan

Monthly amount of \$ \_\_\_\_\_ Date for payment \_\_\_\_\_

- Check to address of record
- ACH (Please complete Section 7)
- Federal Funds Wire (Please complete Section 7)

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 7. The account name(s) in Section 7 must match exactly at least one name in Section 2. 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.

## 6 INCOME AND CAPITAL GAIN DISTRIBUTION PAYMENT OPTIONS (Check one)

### 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.**

If none of the boxes are checked, investors are assigned the Full Reinvestment option.

- Full Reinvestment: Reinvest all income and capital gain distributions when paid.
- Capital Gain Reinvestment: Reinvest capital gain distributions when paid; pay income in cash.
- Income Reinvestment: Reinvest income when paid; pay capital gain distributions in cash.
- Cash: Pay all income and capital gain distributions in cash.

## 7 BANK ACCOUNT INFORMATION (Complete only if you have elected certain shareholder privileges in Section 5)

NAME OF BANK	ABA NUMBER	
REGISTRATION ON ACCOUNT	<input type="checkbox"/> SAVINGS	
ACCOUNT NUMBER	<input type="checkbox"/> CHECKING (ATTACH A VOIDED CHECK)	
ADDRESS		
CITY	STATE	ZIP CODE

## 8 SIGNATURE AND TAX CERTIFICATIONS

I am (We are) of legal age in the state of my (our) residence and wish to purchase shares of the Fund as described in the current Fund Prospectus (a copy of which I (we) have received). By executing this Account Application, the undersigned represent(s) and warrant(s) that I (we) have full right, power and authority to make this investment and the undersigned is (are) duly authorized to sign this Account Application and to purchase or redeem shares of the Fund on behalf of the investor. Under the penalties of perjury, I (we) certify:

- That I am a (we are) U.S. person(s) (including U.S. resident aliens) **and**
  - That the number(s) shown on this form is (are) my (our) correct social security/taxpayer identification number(s).
- or**
  - That I (we) have not provided a social security/taxpayer identification number(s) because I (we) have not been issued a number, but I (we) have applied for one or will do so in the near future. I (We) understand that if I (we) do not provide my (our) number to the Fund within 60 days, the Fund will be required to begin backup withholding.

**and**

- That I (we) have not been notified by the Internal Revenue Service ("IRS") that I am (we are) subject to backup withholding.

**or**

- That I (we) have been notified by the IRS that I am (we are) subject to backup withholding.
- That I am (we are) not a U.S. citizen or resident and I am (we are) an exempt foreign person as defined by the IRS. Indicate country of residence for tax purposes:

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

**By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent that:**

- (1) The investor is 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 the investor in this application is true and correct and any documents provided herewith are genuine.**

SIGNATURE OF INVESTOR/CUSTODIAN/TRUSTEE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF INVESTOR/CUSTODIAN/TRUSTEE \_\_\_\_\_ DATE \_\_\_\_\_

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SIGNATURE OF INVESTOR/CUSTODIAN/TRUSTEE \_\_\_\_\_ DATE \_\_\_\_\_

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

## 9 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:

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

Or for Overnight Delivery to:

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

- (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:

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**