

All applicants must complete sections 1-3 and 10. 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 4-9. If you are a Broker Dealer, please also complete section 11.

CNI CHARTER FUNDS SM



CNI CHARTER RCB SMALL CAP VALUE FUND CLASS R

New Account Application

For Assistance Call: 1-888-889-0799

PLEASE DO NOT USE THIS APPLICATION TO OPEN AN IRA ACCOUNT.

Important Information For Opening Your 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 to 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. This information is subject to verification. 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.

The Fund does not accept investments by foreign investors.

Documents provided in connection with your Application will be used solely to establish and verify your identity. The Fund will have no obligation with respect to the terms of any such documents.

2 SHAREHOLDER ADDRESS

- U.S. Citizen
- Resident Alien (must have U.S. tax identification number and domestic address).

STREET OR P.O. BOX

IF MAILING ADDRESS IS A POST OFFICE BOX (OTHER THAN AN ARMY POST OFFICE BOX OR A FLEET POST OFFICE BOX), THEN A STREET ADDRESS IS ALSO REQUIRED BY THE USA PATRIOT ACT.

CITY, STATE, ZIP

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DAYTIME TELEPHONE

EVENING TELEPHONE

E-MAIL ADDRESS

**Duplicate Statement Sent To (Optional):
Limit 10.**

NAME

STREET OR P.O. BOX

CITY, STATE, ZIP

3 FUND SELECTION/ INVESTMENT OPTION

- The Fund does not accept cash, travelers checks, money orders, starter checks, cashier's checks, bank drafts, or third party checks.
- Minimum initial investment is \$5,000.
- **Make your check Payable to: CNI Charter Funds**

RCB Small Cap Value Fund

\$ _____

Please call (888 number) prior to sending a wire to obtain account setup instructions. An account number must be included in the wire instructions.

Wiring Instructions:

UMB Bank, N.A.

Kansas City, MO

ABA #101000695

For credit to: CNI Charter Funds

Acct #9871879089

Reference: RCB Small Cap Value Fund

Your Name

Your Account Number

4 DIVIDEND & CAPITAL GAINS INSTRUCTIONS

Unless otherwise instructed, all distributions will be reinvested in additional shares.

All dividends are to be reinvested paid in cash

All capital gains are to be reinvested paid in cash

5 TELEPHONE AUTHORIZATION

Unless the following is checked, I (we) hereby authorize and direct the Transfer Agent to accept and act upon telephone instructions for redemptions involving the 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. Proceeds mailed to a shareholder will be sent only to the address listed on the account.

I do not authorize telephone redemptions.

1 SHAREHOLDER REGISTRATION

Please print or type clearly.

Please choose one type of account below:

Individual or Joint*

YOUR NAME: FIRST, MIDDLE, LAST

SOCIAL SECURITY NUMBER

DATE OF BIRTH

OCCUPATION**

EMPLOYER**

JOINT OWNER'S NAME: FIRST, MIDDLE, LAST

JOINT OWNER'S SOCIAL SECURITY NUMBER

JOINT OWNER'S DATE OF BIRTH

OCCUPATION**

EMPLOYER**

TRANSFER ON DEATH BENEFICIARY (OPTIONAL)

* Registration will be Joint Tenancy with Rights of Survivorship unless otherwise specified.

** Required by the National Association of Securities Dealers, Inc.

Custodial/Gift to Minors

CUSTODIAN'S NAME: FIRST, MIDDLE, LAST

CUSTODIAN'S SOCIAL SECURITY NUMBER

DATE OF BIRTH

MINOR'S NAME: FIRST, MIDDLE, LAST

MINOR'S SOCIAL SECURITY NUMBER

MINOR'S STATE OF RESIDENCE

MINOR'S DATE OF BIRTH

Trust*

TRUSTEE'S NAME

TRUSTEE'S SOCIAL SECURITY NUMBER

TRUSTEE'S DATE OF BIRTH

NAME OF TRUST AGREEMENT

TRUST'S TAXPAYER IDENTIFICATION NUMBER

DATE OF TRUST AGREEMENT

* Attach a separate list for additional Trustees and authorized traders including full name, social security number, date of birth and home street address. The first and last page of the Trust Agreement must be attached.

Corporation*

NAME OF CORPORATION

(IF PUBLICLY-TRADED, ALSO PROVIDE SYMBOL)

TYPE OF CORPORATION

TAXPAYER IDENTIFICATION NUMBER

* Please enclose a corporate resolution which identifies individuals authorized to conduct transactions on this account. The articles of incorporation or a government-issued business license of the corporation must be attached.

Partnership*

PARTNER: FIRST, MIDDLE, LAST NAME

NAME OF PARTNERSHIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

* Attach a separate list for authorized traders, and each individual partner of a partnership, including full name, social security number, date of birth, and home street address. A copy of partnership agreement must be attached.

Please be sure to complete the other side of this form.

6 REDUCED SALES CHARGES

Rights of Accumulation: I have previously purchased the RCB Small Cap Value Fund, Class R and I apply for Rights of Accumulation reduced sales charges based on the following RCB Fund account.

Name of Fund

RCB Account Number or Social Security Number

Letter of Intent: I intend over a thirteen month period beginning on _____ to invest an amount which, when combined with the current value of all my accounts at offering price, will equal in value at least \$50,000. Future purchase should be made at the price applicable to an investment of:

\$50,000 \$100,000 \$200,000 \$300,000 \$500,000

Other Affiliation: I am eligible to purchase at net asset value because of the following affiliation (call 1-888-889-0799 with any questions):

7 SYSTEMATIC INVESTMENT PLAN (SIP)

I hereby authorize and direct the agent to draw on my (our) bank account on a periodic basis, as indicated in section 9, for investment in my (our) account. Attached is a voided check of the bank account I (we) wish to use. (Initial investments may not be made through the Systematic Investment Plan.) Please note this service will be effective 15 days after the CNI Charter Funds receives this application. **If no date is chosen below, your bank account will be debited on the 15th of the month.**

Preferred Investment Schedule:

Monthly Quarterly Semi-Annually Annually

1st or 15th

BEGIN INVESTMENT ON (ENTER MONTH/YEAR)

DAY OF MONTH

Debit My (Our) Bank Account and Invest as Follows (\$100 Minimum):

\$ AMOUNT

8 SYSTEMATIC WITHDRAWAL PLAN (SWP)

An account balance of at least \$10,000 is required.

Preferred Withdrawal Schedule:

Monthly Quarterly Semi-Annually Annually

1st or 15th

BEGIN WITHDRAWAL ON (ENTER MONTH/YEAR)

DAY OF MONTH

Preferred Payment Method:

By Check Direct Deposit to your Bank (ACH) (Complete Section 9)

I (We) Elect to Receive a Periodic Payment of (\$100 Minimum per account):

\$ AMOUNT

9 BANK INFORMATION

For ACH, Wire Redemptions and SIP/SWP:

Your bank account information must be on file in order to exercise telephone investment privileges. The account holder's name(s) corresponding to the account number below must match exactly at least one name in Section 1.

A blank voided check must be enclosed.

NAME OF BANK

REGISTRATION ON ACCOUNT

ABA ROUTING NUMBER

Checking Savings

ACCOUNT NUMBER

ACCOUNT TYPE

10 APPLICANT'S SIGNATURE

(a) I have read the current prospectus and this application and agree to all terms. In addition, I authorize the instructions in this application. I also agree that any shares purchased now or later are and will be subject to the terms of the prospectus as in effect from time to time.

(b) By execution of this application, the investor represents and warrants that (i) he has the full right, power, and authority to make the investment applied for and (ii) he is a natural person of legal age in his state of residence. The person or persons, if any, signing on behalf of the investor represent and warrant that they are duly authorized to sign this application and purchase or redeem shares of the fund on behalf of the investor. **Each person named in the registration must sign below.**

(c) I am a U.S. citizen, resident alien, or a representative of a U.S. entity, and I certify, under penalty of perjury that:

1. The social security number or employer identification number shown on this form is my correct Taxpayer Identification Number,

2. I am not subject to backup withholding because:

i. I am exempt from backup withholding OR

ii. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends OR,

iii. The Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Strike out this item (2) if you have been notified that you are subject to backup withholding.)

3. I am a U.S. person, resident alien, or representative of a U.S. entity.

(d) **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: INDIVIDUAL, CUSTODIAN, TRUSTEE, PARTNER, OR AUTHORIZED OFFICER, EXACTLY AS IT APPEARS IN SECTION 1

SIGNATURE: JOINT OWNER, EXACTLY AS IT APPEARS IN SECTION 1

Return the following to the address below:

1. This completed application.
2. Voided bank check if applicable.
3. One check made payable to: CNI Charter Funds

Regular mail:

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

For overnight packages:

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

11 DEALER/SERVICE ORGANIZATION USE ONLY

FIRM NAME

FIRM NUMBER

REP NAME

REP NUMBER

BRANCH ADDRESS

BRANCH PHONE NUMBER

BRANCH NUMBER

AUTHORIZED SIGNATURE OF DEALER