

Sections 1, 2, 3, 6, 8 and 9 must be read and completed for all applications. Sections 4, 5, and 7 are optional services.

Section 10 must be completed by SEI Private Trust Company.

Any requested supplemental documents or information must also be provided. Failure to complete these sections or provide requisite documents may result in rejection of your application.

# CNI CHARTER FUNDS



## IRA Application/Adoption Agreement

For Assistance Call: 1-888-889-0799

### CNI CHARTER RCB SMALL CAP VALUE FUND CLASS R

#### 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.

## GENERAL INFORMATION

1. Read the Fund prospectus, the IRA Custodial Agreement, and the IRA Disclosure Statement, and retain them for your files.
2. Complete The CNI Charter Funds Individual Retirement Account Application/Adoption Agreement Form.
3. If your IRA is with another Custodian, we will transfer the account directly to a CNI Charter Funds IRA with SEI Private Trust Company as Custodian. Simply complete this application checking the "Transfer" box and also complete the IRA Transfer/Direct Rollover Request Form. The CNI Charter Funds will handle the transfer of assets for you.
4. Make your check payable to the CNI Charter Funds. Send the completed IRA Application and, if applicable, the IRA Asset Transfer/Direct Rollover Request Form along with your check and mail to:

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

5. Please print or type all items except signature.

For assistance, call the CNI Charter Funds, toll-free at 1-888-889-0799.

#### 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 SHAREHOLDER REGISTRATION

NAME: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

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 CODE \_\_\_\_\_

COUNTRY OF CITIZENSHIP \_\_\_\_\_

( ) DAYTIME TELEPHONE \_\_\_\_\_ ( ) EVENING TELEPHONE \_\_\_\_\_

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

E-MAIL ADDRESS \_\_\_\_\_

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

## 2 TYPE OF IRA AND INVESTMENT ACCOUNTS

Please check only one box indicating the type of IRA you are opening.

If more than one option is required please use multiple applications.

**Note:** A "Rollover" account is one in which you have received a check from an IRA or qualified plan account at another financial institution. These funds must be rolled over into an IRA account within 60 days of receipt. A "Direct Rollover" or "Transfer" is an account where retirement funds are presently held by another institution, and by filing out this and the Asset Transfer form, we will coordinate a transfer of money directly into your CNI Charter Funds account.

#### Traditional IRA

- Contribution for tax year 200 \_\_\_\_\_ \$ \_\_\_\_\_
- Spousal contribution for tax year 200 \_\_\_\_\_ \$ \_\_\_\_\_
- Transfer Traditional IRA assets from my account at another financial institution\* \$ \_\_\_\_\_
- Rollover IRA \$ \_\_\_\_\_

Direct Rollover from a 401(k), Profit Sharing, or Employer-Sponsored Plan\* \$ \_\_\_\_\_

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

#### Roth IRA

Contribution Roth for tax year 200 \_\_\_\_\_ \$ \_\_\_\_\_

Spousal contribution Roth for tax year 200 \_\_\_\_\_ \$ \_\_\_\_\_

Transfer Roth IRA assets from another financial institution, where my account was started in (date) \_\_\_\_\_\* \$ \_\_\_\_\_

Rollover Roth IRA, which was originally started on (date) \_\_\_\_\_ \$ \_\_\_\_\_

#### Roth Conversion IRA

Transfer Conversion Roth IRA assets from another financial institution, where my account was started on (date) \_\_\_\_\_\* \$ \_\_\_\_\_

Rollover Conversion Roth IRA, which was originally started on (date) \_\_\_\_\_ \$ \_\_\_\_\_

\*Please complete the IRA Transfer/Direct Rollover Request Form.

## 3 INVESTMENT INSTRUCTIONS

- Minimum initial investment for an IRA is \$1,000
- **Make your check payable to: CNI Charter Funds**
- The Fund does not accept cash, travelers checks, money orders, cashier's checks, bank drafts, starter checks, or third party checks.

RCB Small Cap Value Fund – Class R \$ \_\_\_\_\_

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

## 4 BANK INFORMATION

For ACH and Wire Transfers

Your bank account information must be on file in order to exercise telephone investment privileges. The account name(s) must match exactly at least one name in Section 1. **A blank, voided check is necessary to provide account and bank routing information and must accompany the application.**

NAME OF BANK \_\_\_\_\_ ABA NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ ACCOUNT TYPE \_\_\_\_\_  
 CHECKING  SAVINGS

BANK ADDRESS \_\_\_\_\_

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

NAME(S) IN WHICH ACCOUNT IS REGISTERED \_\_\_\_\_

## 5 INTERESTED PARTY

In addition to the account statement sent to your registered address, you may also have a Statement mailed to an interested party (tax advisor, 401(k) Plan Administrator, Financial Planner, etc.). Limit 10.

NAME \_\_\_\_\_

FIRM NAME (IF APPLICABLE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

## 6 BENEFICIARY DESIGNATION

Designate the beneficiary or beneficiaries who will receive your IRA account in the event of your death. If you name more than one beneficiary, indicate the percentage each is to receive, otherwise your named beneficiaries (if more than one) will share equally.

If you need more space to list additional beneficiaries, please use a separate sheet to list them using the same format as below.

### Primary Beneficiary

1. NAME PERCENT

RELATIONSHIP DATE OF BIRTH SOCIAL SECURITY NUMBER

2. NAME PERCENT

RELATIONSHIP DATE OF BIRTH SOCIAL SECURITY NUMBER

### Secondary Beneficiary

1. NAME PERCENT

RELATIONSHIP DATE OF BIRTH SOCIAL SECURITY NUMBER

2. NAME PERCENT

RELATIONSHIP DATE OF BIRTH SOCIAL SECURITY NUMBER

### Spousal Consent

Only applicable if the account holder named designates a beneficiary other than their spouse and lives in a community or marital property state.

(This section should be reviewed if either the Trust or the residence of the account holder is located in a community or marital property state and the account holder is married and is designating a beneficiary other than the spouse. It is the account holder's responsibility to determine if this section applies. The account holder may need to consult with legal counsel. Neither the Custodian nor the Sponsor will be liable for any consequences resulting from a failure of the account holder to provide proper spousal consent.)

I am the spouse of the above-named account holder. 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 property interest in this IRA, I have been advised to see a tax professional or legal advisor. I hereby give the account holder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above.

I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

X SIGNATURE OF SPOUSE DATE

X SIGNATURE OF WITNESS FOR SPOUSE DATE

## 7 TELEPHONE AUTHORIZATION

I hereby authorize and direct the agent to accept and act upon telephone instructions for redemptions involving the account with corresponding registration unless the below box is checked. 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 do not authorize telephone redemptions.

## 8 WITHHOLDING ELECTION (SUBSTITUTE W-4P)

The distribution(s) you receive from your CNI Charter Funds IRA in your name are subject to Federal income tax withholding at a rate of 10% unless you elect not to have withholding apply. Withholding will only apply to the total amount of the distribution, whether taxable or not. You may elect not to have withholding apply to you. If you do not make an election by the date of your distribution, Federal income tax will be withheld from the distribution. If you elect not to have withholding apply to your distribution payments, or if you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. The withholding election above will be

applied to all distributions from this account from this date forward including any Systematic Withdrawal Plans currently in place. You may change your withholding election for future distributions by completing a new IRA Withholding Election Change Form.

- Please withhold 10% Federal income tax from my distribution.
- Please withhold \_\_\_\_\_ % (greater than 10%) Federal income tax from my distribution.
- Please do not withhold any Federal income tax from my distribution. (Must have U.S. Residence on file.)

## 9 SHAREHOLDER AGREEMENT

(a) I acknowledge that I have received the CNI Charter Funds IRA Disclosure Statement and the IRA Custodial Agreement. I have read both and I accept and agree to be bound by the terms and conditions of the IRA Custodial Agreement. I have also 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) I agree that the designation of the tax year for my deposit and my election to treat a deposit as a rollover (if applicable) are irrevocable.

(c) 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. By signing this application, I hereby authorize and appoint SEI Private Trust Company to act as Custodian of my account. I further agree that for any future modifications to be valid they must be received by SEI Private Trust Company.

(d) If I am a U.S. citizen, resident alien, or a representative of a U.S. entity, 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 a representative of a U.S. entity.

(e) 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.

X SIGNATURE DATE

## 10 CUSTODIAN ACCEPTANCE

• The Custodian hereby adopts this CNI Charter Funds Individual Retirement Custodial Account. SEI PRIVATE TRUST COMPANY:

X BY DATE TITLE

## 11 BROKER-DEALER/ FINANCIAL PLANNER USE ONLY

DEALER NAME

ADDRESS OF OFFICE SERVICING ACCOUNT

ADDRESS OF HOME OFFICE

CITY STATE ZIP CODE

REP. NUMBER, NAME & BRANCH NUMBER

AUTHORIZED SIGNATURE OF DEALER

REPRESENTATIVE'S TELEPHONE NUMBER