

**Application/Registration**

Return completed form to:  
WB Capital Mutual Funds  
P.O. Box 182445  
Columbus, OH 43218-2445  
www.WBCapitalFunds.com  
For assistance, call 1-800-438-6375



Shares of the WB Capital Funds:

Are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other government agency.  
Are not deposits or obligations of, or guaranteed by, WB Capital Management Inc., or any of its affiliates.  
Are subject to investment risks, including possible loss of the principal amount invested.

**1. Account Registration** Do not use this form for a retirement account. Contact 1-800-438-6375 to obtain the appropriate forms

**A. Type of Registration (check one)**

- Individual
- Joint Tenants with Rights of Survivorship
- Community Property
- Tenants in Common
- Partnership\*
- Nonprofit\*
- Corporation\*
- Trust\*
- Charitable Organization\*
- Custodian for Minor
- Other (Specify)\* \_\_\_\_\_

\*Attach a copy of the appropriate bylaws, corporate resolutions, a list of authorized traders or trust documents establishing authority to open this account. In addition, provide a copy of the IRS Issuance Letter for your Employer Identification or Tax Identification Number. If any such agreements or resolutions are not in existence, please contact the WB Capital Mutual Funds at 1-800-438-6375 for further assistance.

**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, you are required to provide your name, residential address, date of birth, and tax identification number. We may require other information that will allow us to identify you.

**B. Account Name**

Individual (Legal Name: First/Middle/Last)

Grid for Date of Birth and Social Security Number

Joint Owner-if any (Legal Name: First/Middle/Last)

Grid for Date of Birth and Social Security Number

Name of Custodian (only one) as custodian for

Grid for Date of Birth and Social Security Number

Name of Minor (only one)

Minor's State of Residence

Grid for Date of Birth and Social Security Number

Name of Trust/Corporation/Partnership/Other Entity

Grid for Date of Birth and Social Security Number

Grid for Date of Trust and Tax ID Number

Name of Trustee(s)

**C. Other Account Information**

Street Address: Residential/Business, Number and Street Apt#/Suite City State Zip

Mailing Address (if different from above)

Daytime Telephone Number Evening Telephone Number Email Address

Citizenship  U.S. Citizen  Non-resident Alien (Attach IRS Form W-8. Dividends are subject to tax withholding.)  Resident Alien

Note: For non-resident aliens, in addition to submitting an IRS Form W-8, the following is required: a taxpayer identification number, passport number and country of issuance, alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard and a copy of the document. Please indicate form of identification.

Alternate Identification Number: Issuing Body Country of Origin

Alien ID Card  Passport  Other

Are you or an immediate family member affiliated with or working for a member firm of a stock exchange or the National Association of Securities

Dealers, Inc.?  No  Yes Name of Institution

**2. Fund Selection** If you wish to invest in more than one Fund, be sure to indicate the amount you wish to invest in each Fund. Please make check payable to the WB Capital Mutual Funds. Refer to the prospectus for acceptable forms of payment and minimum initial investment amounts. You may invest only in a Fund for which you have a current prospectus.

Liquid Assets, T Shares ..... \$ \_\_\_\_\_

WB Capital Limited Term Bond ..... \$ \_\_\_\_\_

WB Capital Bond ..... \$ \_\_\_\_\_

WB Capital Municipal Bond ..... \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**3. Account Options**

**A. Telephone Redemption and Exchange** (If left blank, you will automatically receive telephone privileges.)

I elect the telephone privileges as described in the prospectus.  Yes  No

**B. Banking Services**

For your convenience, you may authorize the WB Capital Mutual Funds to transfer money between your bank account and your WB Capital account.

I have attached a voided check or deposit slip for my  checking  savings\*  money market\* account.

Bank Name \_\_\_\_\_ Branch Office \_\_\_\_\_ Bank Telephone Number \_\_\_\_\_

Account Number \_\_\_\_\_ Bank Routing Number or  
ABA Number (if unknown, call your bank) \_\_\_\_\_

Name(s) on Bank account (must be the same as The WB Capital Funds account) \_\_\_\_\_  
Bank Address  
(do not use P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Owner and Co-Owner (if applicable) of Bank Account \_\_\_\_\_  
\*Debits to this account count toward the maximum number of withdrawals allowed by regulations for this type of account. Please check with your bank to ensure that they accept "ACH Transactions" for the account you are using.

**C. Distribution Selection** (Your dividends and capital gains will automatically be reinvested into your account unless you indicate otherwise.)  
(If you choose the Cash Payment Option and do not specify, a check will be sent to your address of record.)

Distribution Options	Reinvest	Cash	Cash Payment Method
Dividends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ACH (Bank of record, noted in section 3B)
Capital Gains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Check (Sent to address of record listed in section 1C)

**D. Checkwriting** Please be sure to fill out a signature card. (Due to anti-money laundering rules, all check purchases are subject to a 10-day escrow hold. Also note the minimum is \$250 when writing a check from your money market fund.) Call 1-800-438-6375 to obtain a signature card

Yes. I want to be able to write checks from my WB Capital Mutual Funds Money Market Account.

**E. Automatic Investment Plan** I would like the plan to begin the month of \_\_\_\_\_ 20\_\_\_\_. Please have the amount(s) indicated below withdrawn from my bank account and invested in the Fund(s) listed below. (Minimum \$100 per transaction.)

Fund _____	<input type="checkbox"/> Each month on the 5th	Fund _____	<input type="checkbox"/> Each month on the 5th
Amount \$ _____	<input type="checkbox"/> Each month on the 20th	Amount \$ _____	<input type="checkbox"/> Each month on the 20th

**F. Automatic Withdrawal Plan** This is available to shareholders with an account value of \$10,000 or more (minimum payment \$100). I would like the plan to begin the month of \_\_\_\_\_ 20\_\_\_\_. Please have the amount(s) indicated below  deposited to my bank account (indicated in section 3B).  
 mailed to me by check at the address indicated in Section 1C. (Automatic withdrawal will be on the 5th of the month.)

Fund _____	<input type="checkbox"/> Monthly	Fund _____	<input type="checkbox"/> Monthly
Amount \$ _____	<input type="checkbox"/> Quarterly	Amount \$ _____	<input type="checkbox"/> Quarterly
	<input type="checkbox"/> Semi-Annually		<input type="checkbox"/> Semi-Annually
	<input type="checkbox"/> Annually		<input type="checkbox"/> Annually

**G. Automatic Exchange Program** You may make regular, automatic withdrawals from a WB Capital Money Market Fund to another WB Capital Fund. A minimum beginning balance of \$10,000 is required in the WB Capital Money Market Fund. I would like the plan to begin the month of \_\_\_\_\_ 20\_\_\_\_. Please select how often you would like to have the amount(s) shown below withdrawn from your WB Capital Money Market Fund and invested into the selected Fund(s).

Each month on the 5th  Each month on the 20th

From: Fund Name \_\_\_\_\_ Acct. Number (or New) \_\_\_\_\_ Amount \$ \_\_\_\_\_  
To: Fund Name \_\_\_\_\_ Acct. Number (or New) \_\_\_\_\_ Amount \$ \_\_\_\_\_

BY MAKING THE ABOVE SELECTION, I AUTHORIZE THE WB CAPITAL MUTUAL FUNDS' TRANSFER AGENT AND CITI FUND SERVICES, TO REDEEM FROM THE AFOREMENTIONED MONEY MARKET FUND AND PURCHASE SHARES OF THE WB CAPITAL FUNDS CHOSEN ON THE ABOVE STATED DATE(S). I understand that the funds being purchased have a fluctuating value, which upon redemption may be worth more or less than their original cost. I will be responsible for assuring the monies are available in the WB Capital money market fund for these transactions. I also understand that I must maintain a minimum balance of \$1,000 in the selected money market fund. Please allow 15 business days after receipt of the request to add, change, or discontinue the Auto Exchange feature.

**H. Duplicate Statements & Confirmations**

Please send duplicate  statements and/or  confirmations to:

\_\_\_\_\_  
Name Company  
\_\_\_\_\_  
Address City State Zip

**PLEASE SEE BACK PAGE FOR SIGNATURE.**

**4. Your Signature** *(All registered shareholders must sign.)*

- I have received and read the current prospectus(es) an privacy notice for the Fund(s) selected, and this Account Registration Form, and agree to be bound by their terms.
- I certify under penalties of perjury that:
  1. The taxpayer identification number shown on this application is correct (or I am waiting for a number to be issued to me); and
  2. I am NOT subject to backup withholding because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all ] interest and dividends. (CROSS OUT the word "NOT" above if you have received IRS notification.); and
  3. I am a U.S. Person (including a U.S. Resident alien).

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

To: Foreside Distribution Services, L.P., Distributor, and Citi, Transfer Agent.

I (We) have full right, power, authority, and legal capacity; and am (are) of legal age in my (our state of residence to purchase shares of the fund(s)). I (We) affirm that I (We) have received and read the current prospectus(es) of the fund(s) selected and agree to be bound by its (their) terms.

Any changes to Sections 1 and 3B must be made in writing to Citi Fund Services, accompanied by a signature guarantee from an eligible guarantor institutions outline in the fund's prospectuses.

Any changes to Sections 2, 3A, 3C, 3D, 3F, or 3G must be made in writing to Citi Fund Services but do not require a signature guarantee. Please allow 15 business days after receipt of the request to add, change or discontinue the Auto Withdrawal feature.

The meaning of words in the Agreement: The words "I", "me" and "my" refer to the person(s) who signed this Agreement. The words "you" and "your" refer to the Distributor and Transfer Agent.

- a. Representations.** I understand that you provide no investment, tax or legal advice, and I have relied on my independent judgement with respect to the suitability or potential value of any security or order.
- b. Force Majeure.** You shall not be liable for loss or delay caused directly or indirectly by war, natural disaster, government restrictions, exchanges, or market rulings or other conditions beyond the control of the Distributor and Transfer Agent.
- c. Recording Conversations.** I understand and agree that, for our mutual protection, telephone conversations may be recorded without further notice.
- d. Applicable Laws and Regulations.** All transactions shall be subject to rules, regulations, customs and usages of the exchange, market or clearing house where executed, all applicable federal and state laws and regulations, and the policies and procedures as determined by the WB Capital Funds (the "Fund") set forth in the funds' then current prospectuses.
- e. Governing Laws.** The agreement shall be governed by the laws of the State of Ohio as applicable.
- f. Reliance on Representations.** I understand that the Distributor and Transfer Agent shall rely on the information which I have set forth in this Agreement. I agree that all changes to this information shall be promptly provided to the Distributor and Transfer Agent in writing. The Distributor and Transfer Agent are entitled to rely on this information until I change it by subsequent written notice.
- g. Delivery and receipt.** Any orders for transactions in the Funds under this Agreement will NOT be effective until received by the Distributor and the Transfer Agent at their offices in Columbus, Ohio. The distributor and the Transfer Agent shall not be responsible for any losses or lost profit opportunity I may experience due to any delays in the execution of purchase and redemption orders as a result of delayed receipt of such orders.
- h. Instructions.** Neither the Distributor, Transfer Agent nor the fund will be liable for any loss, damages, expense or cost arising out of any telephone redemption effected in accordance with the Fund's telephone redemption procedures, upon instructions reasonable believed to be genuine. The Fund and its agents will employ procedures designed to provide reasonable assurance that instructions by telephone are genuine. These procedures include recording all phone conversations, sending confirmations

to shareholders within 72 hours of the telephone transaction, verification of account name and account number or tax identification number and sending redemption proceeds only to the address of record or to a previously authorized bank account.

- i. Arbitration. This paragraph contains what is sometimes referred to as a predispute arbitration clause. In this regard, I am aware of the following:**
  - (i) Arbitration is final and binding on the parties**
  - (ii) The parties are waiving their right to seek remedies in court, including the right to jury trial.**
  - (iii) Pre-arbitration discovery is generally more limited than and different from court proceedings.**
  - (iv) The arbitrators' award is not required to include factual findings or legal reasoning and any party's right to appeal or to seek modification of rulings by the arbitrators is strictly limited.**
  - (v) The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.**
  - (vi) All agreements shall include a statement that "no person shall bring a putative class action; or who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative certified class action until: (i) the class certification is denied, or (ii) the class is decertified, or (iii) the person against whom the arbitration agreement would be enforced is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein." It is agreed that any controversy between me and all or any of the Funds and its service providers, arising out of this Agreement or my business with you, shall be settled by arbitration conducted in accordance with the rules of the National Association of Securities Dealers, Inc. or the American Arbitration Association, as I may elect. Failure to notify you of such election in writing within five (5) business days after receipt from you of a request for arbitration shall be deemed to be authorization to make such election on my behalf. Judgement upon the award of the arbitrators may be entered by any court having jurisdiction.**

**j. Indemnification.** As additional consideration for the services of the Distributor, Transfer Agent and the Fund, with regard to this Account, I agree to indemnify and hold the Distributor, Transfer Agent and the Fund, its officers, directors, employees and agents harmless from and against any and all losses, liabilities, demands, claims, actions, expenses and attorney's fees arising out of or in connection with this Agreement, which are not caused by their negligence or willful misconduct of the Distributor, Transfer Agent or the fund. The provisions of this Section shall survive termination of the Agreement; the provisions of this Section shall be binding on my successors and assigns.

**k.** I understand that, if disbursements out of this account are to anyone other than the applicant or the applicant's joint tenant, a signature guarantee will be required.

**l.** With respect to Section 3, I understand that if the 5th or 20th should fall on a non-business day, the transaction will be effective on the next business day.

**m.** I understand that mutual fund shares are not deposits of any bank, are not insured by the FDIC, are not obligations of any bank or the U.S. Government and are not endorsed or guaranteed in any way by any bank.

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

<b>BANK, BROKER-DEALER USE ONLY</b>	
Broker/Dealer Name	Broker/Dealer #
Branch Name	Branch #
Rep. Name:	Rep. #