

Account Application

Do not use this application to establish an Individual Retirement Account.

Please print clearly all items except signature.

To avoid having your application returned, please be sure to complete steps 1, 2 & 7.

Return completed form with payment to the Fund:

P.O. Box 46707, Cincinnati, Ohio 45246-0707 **Overnight:** 225 Pictoria Drive, Suite 450, Cincinnati, Ohio 45246

For assistance with other forms, please call us at 1-888-859-5856.



Step 1: Account Registration

1A. Check One

Individual Joint Account (cannot be a minor)

Joint owners have rights of survivorship, unless state laws regarding community property apply.

Owner's Legal Name

Owner's Social Security ID Number

Owner's Date of Birth

Joint Owner's Name (if applicable)

Joint Owner's Social Security ID Number

Joint Owner's Date of Birth

Trust, Corporation, Partnership or other Entity

Please attach a copy of the appropriate bylaws, articles of incorporation, resolutions or trust documents establishing authority to open this account and the existence of the entity.

Name of Trust, Corporation, Partnership or other Entity

Taxpayer Identification Number

Trust Date

Name of Trustee(s) or Authorized Individual(s)

Date of Birth for Trustee(s) or Authorized Individual(s)

Social Security ID Number of Trustee(s) or Authorized Individual(s)

Gift/Transfer to a Minor (UGMA/UTMA)

_____ as a custodian for
Custodian's Name (only one permitted)

_____ under the _____ UGMA/UTMA.
Minor's Name (only one permitted) State

Minor's Social Security Number

Minor's Date of Birth

Custodian's Social Security Number

Custodian's Date of Birth

1B. Mailing Address and Telephone Number

Number and Street or P.O. Box

City

State

Zip

()

()

Telephone Number

Fax Number

E-mail Address

1C. Legal Address (Physical Address)

Only needed if different from mailing address, No P.O. Boxes

Number and Street

City

State

Zip

Step 2: Initial Investment

Indicate the amount and enclose a check for the amount of your investment. Amount

CM Advisers Fund (\$2,500 min.)

\$ _____

CM Advisers Fixed Income Fund (\$2,500 min.)

\$ _____

The Fund does not accept cash, drafts, "starter checks", travelers checks, credit card checks, third party checks, post-dated checks, and non-U.S. Financial Institution checks, cashier's checks under \$10,000 or money orders.

Step 3: Redemption and Distribution Options

You can sell shares of your Fund having a value of \$50,000 or less by phone and have the money sent to you unless you decline this option.

Decline

Your dividends and capital gains will be automatically reinvested into your account unless you indicate otherwise below.

	<u>Distribution Method</u>		<u>Payment Method</u>	
	Reinvest	Withdrawal*	ACH**	Check
Capital Gains	<input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>	or <input type="checkbox"/>
Dividends	<input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>	or <input type="checkbox"/>

*must choose a payment method

** Automated Clearing House
Sent to bank account listed in Step 6

Step 4: Duplicate Statements and Confirmations

Please send duplicate statements and confirmations to an address other than that listed in Section 1B (optional):

Name

Company Name

Street Address or P.O. Box

City

State

Zip

Step 5: Account Service Options

5A. Purchase Options

Automatic Investment Plan* Yes No

Permits you to automatically invest in your Fund account through your bank account (you must complete Step 6.) Please indicate the amount and interval (monthly on the 15th or the last day of each month.) Minimum requirement of \$100 for each monthly investment.

Please make my automatic investment on:

- the last business day of each month
 the 15th day of each month

Amount \$ _____

* This plan involves continuous investment, regardless of share price levels, and does not assure a profit or protect against a loss in declining markets.

5B. Redemption Option

By Electronic Transfer (to your bank account) Yes Decline

If yes, you must complete bank information in Step 6 and select method of transfer.

- ACH (Automated Clearing House) or WIRE
((\$100 minimum) (\$1,000 minimum))

Step 6: Electronic Funds Transfer Instructions

ATTACH
YOUR
VOIDED
CHECK
HERE

We cannot
establish these
services
without it.

By attaching a voided check or deposit slip below and signing Step 7, I authorize credits/debits to/from this bank account in conjunction with the account options selected. I understand for the selected options involving wire transactions, my bank may charge me wire fees. I agree that the Fund and its agents may make additional attempts to debit/credit my account if the initial attempt fails and that I will be liable for any associated costs. All account options selected shall become part of the terms, representations and conditions of this application.

Signature(s) of depositor (if different from signature in Step 7)

Signature of designated Co-Bank Account Owner

This is a: checking account savings account

Bank Name _____

Bank Address _____

Routing # _____

Account # _____

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, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Please remember that any documents or information we gather in the verification process will be maintained in a confidential manner.

Step 7: Signatures and Certifications

By signing below, I certify that:

- I have received and read the current prospectus of the Fund in the CM Advisers Family of Funds (the "Fund Company") in which I am investing. I certify that I have the authority and legal capacity to make this purchase in this account, and that I am of legal age in my state of residence.
- I authorize the Fund Company and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which transfers are made. I authorize the registered representative assigned to my account to have access to my account and to act on my behalf with respect to my account. I agree that neither the Fund Company nor any of its agents will be liable for any loss, cost or expense for acting on such instructions.
- The Fund Company can redeem shares from my account(s) to reimburse for any loss due to non-payment or other indebtedness.

Under penalty of perjury, I certify that:

- I am a U.S. person (including a U.S. resident alien) or other U.S. person (as defined on IRS Form W-9).
- The Taxpayer Identification Number shown on this application is correct.
- I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends.

Cross out item 3 if you have been notified by the IRS that you are currently subject to backup withholding.

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

Each Account Owner Must Sign Here

Signature of Owner, Trustee, Custodian or Authorized Individual Date

Signature of Joint Owner, Co-Trustee or Authorized Individual Date

Fund Shares are not deposits or obligations of, or guaranteed or endorsed by, any financial institution and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board or any other agency.

Step 8: Investment Broker/Dealer

Important: To be completed by broker/dealer representative. (Broker/Dealer must have approved agreement with the Funds' distributor).

Broker/Dealer Firm Name Dealer # Branch Name

Representative's Name Rep # Branch # Rep Telephone Number

Rep Office Street Address Rep Office City/State/Zip

Authorized Signature (Registered Representative)

Please return application and check made payable to:

CM Advisers Family of Funds
P.O. Box 46707
Cincinnati, Ohio 45246-0707

Thank you for your investment. You will receive a confirmation showing your Fund account number, dollar amount, shares purchased and price paid per share. For assistance call 1-888-859-5856.