



## INVESTOR INFORMATION

As an investor, you are responsible for selecting a form of ownership that complies with the laws of your state of residence. Consult your financial advisor or an attorney if you need assistance.

1. **Individual** – An account that represents one adult’s self-controlled investment.
2. **Joint Accounts** are owned by 2 or more adults. Since there are several options, please select a type of joint ownership on the New Account Form. If you do not, Joint Tenants with Rights of Survivorship will apply to your account.
  - **Joint Tenants with Rights of Survivorship (JTWROS)** – Each tenant owns all shares equally. Upon the death of a tenant, the surviving tenant(s) takes ownership of the account.
  - **Tenants in Common (TEN COM)** – Each tenant owns a divisible interest that may not be equal (e.g., 40% and 60%). Upon the death of owner, the survivor maintains ownership of his/her percentage and the descendant’s shares pass to his/her heirs. On the New Account Form, please enter the percentage of ownership next to each tenant’s name.
  - **Tenants by the Entirety (TEN ENT)** – This registration applies only in certain states between spouses and each has a full interest in the account. Upon the death of one, the surviving spouse takes ownership of the account.
3. **Uniform Gift to Minor’s Act or Uniform Transfer to Minor’s Act (UGMA or UTMA)** – One adult serves as custodian to oversee an investment for one minor. The Custodian has authority, controlling the account for the child’s benefit until the child reaches the age of majority.
4. **Trust Under Agreement or Will** – An agreement that appoints a Trustee to manage property in the best interest of another or to administer a Trust according to the terms of a Will. A copy of the trust or the trust document pages that identify the name of the trust, the date of the trust, the trustee(s) name, street, and mailing address, and the signature page of the trust must be provided to establish the account.
5. **Corporation, Partnership or Other Business Entity** –
  - **Corporation** – The word “Incorporated”, “Corporation”, or the abbreviation “PC” is included in the name of the organization. A Corporate Resolution or Certificate of Incumbency originally certified within the last 60 days must be provided to establish the account. If publicly traded, you must provide CUSIP Number, Ticker Symbol, and exchange. If not publicly traded, official documentation to verify the entity’s form of organization is required.
  - **Partnership** – The word “Partnership” is included in the name of the organization. Partnership document or equivalent document confirming the existence of the entity and the individuals who have authorization to trade on behalf of the account are required to establish the account. If the entity is registered with a state corporation agency, A Good Standing Certificate with certified stamp/seal of the appropriate state agency is acceptable.
  - **Retirement Plan**- Only to be used if it is **not** a Unified Financial Securities sponsored retirement account. Please provide documents confirming the existence of the entity and the authority of all individuals who are authorized to act on behalf of this account.
  - **Other Business Entity**- Including non-profit and non-exempt organizations. Please provide documents confirming the existence of the entity and the authority of all individuals who are authorized to act on behalf of this account. Contact us to determine if additional documentation is required to open your account type.

**NOTE: Do not use this application to open any Unified Financial Securities sponsored retirement account. Please contact us to request the appropriate application.**

## FUND SELECTION AND INITIAL INVESTMENT

The Fund’s initial investment minimum is \$2,500 for the Retail Class shares and \$250,000 for the Institutional Class shares and subsequent purchase minimums are \$100. Please refer to the prospectus for additional information on the Fund minimums. Indicate your investment amount below in *Part II*. Make the check payable to the Becker Value Funds. Third party checks, starter checks, counter checks, traveler’s checks, money orders, credit card checks, and cash are not acceptable. Cashier’s checks and bank official checks may be accepted in amounts greater than \$10,000.

## QUESTIONS?

If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-800-551-3998.



**NEW ACCOUNT APPLICATION**

**IMPORTANT:** In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) 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, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-800-551-3998.

**PART I: INVESTOR INFORMATION (\*Denotes Required Information)**

*The completion of this section is REQUIRED.*

- To open any ONE of the following types of accounts – Please check the appropriate box.
- **Please do not use this application for any Unified Financial Securities, Inc. sponsored retirement account. A separate account application is available for these account types.**

Individual or Joint Account  Joint Tenants with Rights of Survivorship  Tenants in Common no Rights of Survivorship  Tenants by the Entirety (the account will be registered as Joint Tenant with Rights of Survivorship unless you advise us otherwise or type of ownership is not permitted in your state)

Owner's Name* (First, M.I., Last)	Date of Birth*	Social Security Number*
Street Address (Physical Address)* Apartment #	City*	State* Zip Code*
Mailing Address (if different from above)	City	State Zip Code
Co-Owner's Name* (First, M.I., Last)	Date of Birth*	Social Security Number*
Street Address (Physical Address)* Apartment #	City*	State* Zip Code*
Co-Owner's Name* (First, M.I., Last)	Date of Birth*	Social Security Number*
Street Address (Physical Address)* Apartment #	City*	State* Zip Code*
	Daytime Phone*	Evening Phone

*For mailing outside of U.S., provide:*

Country of Residence	Province	Foreign Routing/Postal Code
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**PART I: INVESTOR INFORMATION (\*Denotes Required Information)-CONTINUED**

**Uniform Gift to Minor's Act or Uniform Transfer to Minor's Act (UGMA or UTMA)**

\_\_\_\_\_  
Custodian's Name\* (First, M.I., Last)      Date of Birth\*      Social Security Number\*

\_\_\_\_\_  
Street Address (Physical Address)\*      Apartment #      City\*      State\*      Zip Code\*

\_\_\_\_\_  
Mailing Address (if different from above)      City      State      Zip Code

\_\_\_\_\_  
Minor's Name\* (First, M.I., Last)      Date of Birth\*      Social Security Number\*

\_\_\_\_\_  
Street Address (Physical Address)\*      Apartment #      City\*      State\*      Zip Code\*

\_\_\_\_\_  
Daytime Phone\*      Evening Phone

*For mailing outside of U.S., provide:*

\_\_\_\_\_  
Country of Residence      Province      Foreign Routing/Postal Code

**NOTE:** Please list all individuals who will have authority to open and/or transact business for this account on behalf of the legal entity in whose name this account will be registered. You must provide the following information for each person listed on the account. Each individual's full name, date of birth, personal Taxpayer Identification Number (TIN), and physical residential address (a Post Office box is not acceptable).

**Trust Under Agreement or Will**

**Required** –A copy of the trust or the trust document pages that identify: The name of the trust, the date of the trust, the trustee(s) name, street, and mailing address, and the signature page of the trust.

This application must be signed and completed for all trustees. If you require additional space, please include information on a separate sheet of paper.

\_\_\_\_\_  
Name of Trust\*      Date of Trust\*      Tax Identification Number\*

\_\_\_\_\_  
Name of Trustee\* (First, M.I., Last)      Date of Birth\*      Social Security Number\*

\_\_\_\_\_  
Street Address (Physical Address)\*      Apartment #      City\*      State\*      Zip Code\*

\_\_\_\_\_  
Mailing Address (if different from above)      City      State      Zip Code

\_\_\_\_\_  
Daytime Phone\*      Evening Phone

*For mailing outside of U.S., provide:*

\_\_\_\_\_  
Country of Residence      Province      Foreign Routing/Postal Code

**Trust Under Agreement or Will (\*Denotes Required Information)-CONTINUED**

**Co-Trustee**, if any:

Name of Trustee\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_  
Street Address (Physical Address)\* \_\_\_\_\_ Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_  
Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Daytime Phone\* \_\_\_\_\_ Evening Phone \_\_\_\_\_

*For mailing outside of U.S., provide:*

Country of Residence \_\_\_\_\_ Province \_\_\_\_\_ Foreign Routing/Postal Code \_\_\_\_\_

**Corporation, Partnership, Retirement Plan, or Other Business Entity**

**Required** – All registrations require documentation confirming the existence of the entity and proof of the individuals who have authorization to act on behalf of this account along with these individuals identifying information. Please refer to the instruction sheet on the first page of this application for all other required identifying documentation.

This application must be signed and completed for **all** corporate officers whose signatures are required under the corporate by-laws and anyone authorized to place transactions on this account. If you require additional space, please include information on a separate sheet of paper.

**Type of Entity:**

Corporation     Partnership     Retirement Plan (Non-Unified Financial Securities, Inc. sponsored retirement accounts only)  
 Other: (specify) \_\_\_\_\_

If publicly traded, Exchange Number: \_\_\_\_\_ CUSIP: \_\_\_\_\_ Ticker Symbol: \_\_\_\_\_

Name of Corporation, Partnership or Other Entity\* \_\_\_\_\_ Entity's Tax Identification Number\* \_\_\_\_\_  
Street Address (Physical Address)\* \_\_\_\_\_ Suite # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_  
Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name of First Authorized Signor\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_  
Street Address (Physical Address)\* \_\_\_\_\_ Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_  
Name of Second Authorized Signor\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_  
Street Address (Physical Address)\* \_\_\_\_\_ Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_  
Daytime Phone\* \_\_\_\_\_

**PART II: FUND SELECTION AND INITIAL INVESTMENT**

The completion of this section is *REQUIRED*.

Next to the fund name, indicate the amount of your investment. The Fund's initial investment minimum is \$2,500 for the Retail Class shares and \$250,000 for the Institutional Class shares. Refer to the prospectus for additional purchase requirements. Redemption proceeds of shares purchased by check are not available for 15 calendar days.

**A. FUND CHOICE:****TOTAL INVESTMENT AMOUNT:**

- Becker Value Equity Fund Retail Shares \$ \_\_\_\_\_
- Becker Value Equity Fund Institutional Shares \$ \_\_\_\_\_

**PART III: DIVIDEND AND CAPITAL GAINS OPTIONS**

The completion of this section is *REQUIRED*.

If you do not mark one for each of the following selections; all dividends and capital gains will be reinvested in the same fund that paid them.

<b>Dividends</b>	<b>Short-Term Capital Gains</b>	<b>Long-Term Capital Gains</b>
<input type="checkbox"/> Reinvest into the same fund they were paid	<input type="checkbox"/> Reinvest into the same fund they were paid	<input type="checkbox"/> Reinvest into the same fund they were paid
<input type="checkbox"/> Pay in CASH to my address of record	<input type="checkbox"/> Pay in CASH to my address of record	<input type="checkbox"/> Pay in CASH to my address of record
<input type="checkbox"/> Automatically deposit into my bank account (complete bank account <i>Part VII</i> )	<input type="checkbox"/> Automatically deposit into my bank account (complete bank account <i>Part VII</i> )	<input type="checkbox"/> Automatically deposit into my bank account (complete bank account <i>Part VII</i> )

**PART IV: TELEPHONE TRANSACTION PRIVILEGES**

The completion of this section is *OPTIONAL*.

Telephone instructions may be provided by any registered owner or the broker/dealer of record. Telephone requests for investments or withdrawals can be made on any day the Fund(s) are open for business. Requests must be received by the close of trading of the NYSE, normally 4 p.m. (Eastern) (Redemption proceeds of shares purchased by check are not available until payments for those shares are collectible. This may take up to fifteen (15) calendar days.) To allow for on demand telephone investments or withdrawals by transferring money directly between your mutual fund and your bank account via ACH (Automated Clearing House) please *Complete Bank Account Information Part VII*.

Your account automatically includes telephone redemption privileges. In the case of telephone redemptions, a check will be mailed to the address and owners listed on your account, unless instructed to go via ACH to the bank information provided in *Part VII*.

Please check the box below if you **DO NOT** want these privileges.

- By checking this box, you DO NOT authorize the Becker Value Funds to accept and act upon telephone instructions from any registered owner or the broker/dealer of record for the redemption of shares.

**PART V: SYSTEMATIC INVESTMENT PROGRAM**

The completion of this section is *OPTIONAL*.

**Systematic Investment Program** - This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH\* (Automated Clearing House) on a scheduled basis. Automatic investment plan must be established with a \$100 minimum. Please refer to the fund prospectus for other account restrictions. Please provide all of your bank account information **AND** attach a voided check or deposit slip where requested in *Part VII*.

I authorize the Becker Value Funds to initiate investments into my mutual fund account according to the following frequency:

- Annually    Semi-Annually    Quarterly    Twice Each Month    Monthly    Other (Check months below)
- January    February    March    April    May    June
- July    August    September    October    November    December

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

\*Redemption proceeds of fund shares purchased via ACH are not available for a period of fifteen (15) calendar days.

**PART VI: SYSTEMATIC WITHDRAWAL PROGRAM**

The completion of this section is *OPTIONAL*.

**Systematic Withdrawal Program** - This option provides an automatic withdrawal of money from your mutual fund(s). Money can be sent to your address of record or transferred to your bank account via ACH (Automated Clearing House). For transfers sent to your bank account please provide all of your bank account information **AND** attach a voided check or deposit slip where requested in *Part VII*.

**Systematic Withdrawal Program to Address of Record**    **Systematic Withdrawal Program via ACH (complete *Part VII*)**

I authorize the Becker Value Funds to initiate withdrawals from my mutual fund account according to the following frequency:

- Annually    Semi-Annually    Quarterly    Twice Each Month    Monthly    Other (Check months below)
- January    February    March    April    May    June
- July    August    September    October    November    December

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

**PART VII: BANK ACCOUNT INFORMATION**

Bank Name \_\_\_\_\_

ABA number (if known) \_\_\_\_\_

Bank Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Name(s) on Bank Account \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Name(s) on Bank Account \_\_\_\_\_

**PART VII: BANK ACCOUNT INFORMATION-CONTINUED**

Please attach one voided check or deposit ticket.  Checking  Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here.  Please do <u>not</u> use staples to attach it.	\$ _____ DOLLARS
BANK NAME BANK ADDRESS		
MEMO _____		
0: 123456789: 00 123456789 00 : 1003		

**PART VIII: DUPLICATE ACCOUNT STATEMENT**

Yes, please send a duplicate account statement to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**PART IX: SIGNATURE**

*The completion of this section is REQUIRED.*

By signing this form, I represent and warrant that: (a) I am of legal age in my state of residence and wish to purchase shares of the Fund as described in the current Prospectus; and (b) I have the full right, power and authority to invest in the Fund; and (c) I have received a current Prospectus of the Fund and agree to be bound by its terms; and (d) I understand that no certificates will be issued and that my confirmation statement will be evidence of my ownership of fund shares; and (e) I understand that my property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

**Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) 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, or (iii) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person.**

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividend, you are not required to sign the Certification, but you must provide your correct TIN. (See IRS Form W-9, which is available from the Fund, for more information).

Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are certifying that each person listed below are authorized to effect securities transactions on behalf of the Investor (alternatively, the secretary or designated officer of the organization must certify the authority of the persons signing on the space provided below).

**X** \_\_\_\_\_  
Shareholder, Custodian, Trustee, or Authorized Officer      Date

**X** \_\_\_\_\_  
Shareholder, Custodian, Trustee, or Authorized Officer      Date

**X** \_\_\_\_\_  
Shareholder, Custodian, Trustee, or Authorized Officer      Date

**X** \_\_\_\_\_  
Shareholder, Custodian, Trustee, or Authorized Officer      Date

Note: All account owners and authorized signers must sign above.

**FOR DEALER USE ONLY**

Financial Institution Name

Representative's Full Name

Address

Representative's Branch Office Telephone Number

City

State

Zip Code

Dealer Number

Branch Number

Representative Number

**X**

Representative's Signature

**X**

Supervisor's Signature

**APPLICATION CHECKLIST**

- Completed all required sections of the application (*Parts I, II, III, IX*)
- Provided account owner name, residential address, date of birth and Social Security Number or Tax Identification Number for all individuals listed on the application
- Included all identifying documents for non-individuals or entity registrations
- Enclosed check which meets the fund minimum and is made payable to Becker Value Funds
- Provided all required signatures
- Completed bank information for Systematic Investment Program or Systematic Withdrawal Program via ACH options and enclosed a preprinted voided check or savings deposit slip

**MAILING INSTRUCTIONS**

Please mail-completed application to:

**Regular Mail Delivery**

Becker Value Funds  
P.O. Box 6110  
Indianapolis, IN 46206-6110

**Overnight Delivery**

Becker Value Funds  
2960 N. Meridian Street Suite 300  
Indianapolis, IN 46208