

NEW ACCOUNT APPLICATION – A SHARE CLASS

For Assistance Call: 1-888-465-5722

**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 identify we reserve the right to close your account or take such other steps as we deem reasonable.

Section 1 and 2 must be completed and the information provided will be verified as required by the USA PATRIOT Act. Failure to complete these sections may result in rejection of your application.

Notice for Non-U.S. persons:

The Funds generally do not accept investments from foreign investors (e.g. foreign financial institutions; non-U.S. persons). The Funds have instructed the transfer agent accordingly. If the Funds accept such investments, the Funds are expected to conduct enhanced due diligence on such foreign investors as may be required under Section 312 of the USA PATRIOT Act and applicable Treasury or SEC rules, regulations and guidance (if any).

1 ACCOUNT REGISTRATION

Please print or type clearly.

Please choose only one type below:

Individual (may not be a minor) or **Joint*** (may not be a minor)

OWNER'S SOCIAL SECURITY NUMBER

OWNER'S NAME (FIRST, MIDDLE, LAST) DATE OF BIRTH

JOINT OWNER'S SOCIAL SECURITY NUMBER

JOINT OWNER'S NAME (FIRST, MIDDLE, LAST) DATE OF BIRTH

**Joint tenants with rights of survivorship, unless otherwise noted.*

Uniform Gift/Transfers to Minor's Account (UGMA, UTMA)

MINOR'S SOCIAL SECURITY NUMBER MINOR'S STATE OF RESIDENCE

MINOR'S NAME (FIRST, MIDDLE, LAST) DATE OF BIRTH

CUSTODIAN'S SOCIAL SECURITY NUMBER

CUSTODIAN'S NAME (FIRST, MIDDLE, LAST) DATE OF BIRTH

Trust*

TRUST'S TAX IDENTIFICATION NUMBER

NAME OF TRUST DATE OF TRUST

TRUSTEE'S NAME

TRUSTEE'S SOCIAL SECURITY NUMBER/TIN TRUSTEE'S DATE OF BIRTH

**Attach a separate list for additional Trustees and authorized traders including full name, social security number, date of birth and physical address. Please also include the first and last pages of the Trust Agreement.*

Corporation*

TAXPAYER IDENTIFICATION NUMBER

NAME OF CORPORATION

PROVIDE SYMBOL IF A PUBLICLY TRADED CORPORATION

TYPE OF CORPORATION

For all Corporations:

**Attach a separate list for authorized traders. A copy of Articles of Incorporation must be attached.*

For Non-Public Corporations:

**List of authorized traders must include full name, social security number, date of birth and physical address (P.O. Box is not acceptable).*

Partnership*

PARTNER'S TAXPAYER IDENTIFICATION NUMBER

NAME OF PARTNERSHIP

**Attach a separate list for authorized traders, and each individual partner of a partnership, including full name, social security number, date of birth and a physical address (P.O. Box is not acceptable). A copy of partnership agreement must be attached.*

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

2 MAILING ADDRESS

(Applications will only be accepted if they contain a U.S. street address)

STREET (IF PO BOX, PLEASE INDICATE THE RESIDENTIAL/STREET ADDRESS BELOW)

CITY STATE ZIP

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DAYTIME TELEPHONE EVENING TELEPHONE

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E-MAIL ADDRESS FAX NUMBER

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Residential/Street Address:

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Additional Address:

Send copies of confirmations and statements for this account to (optional):

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Exempt Entities

Certain entities (publicly traded companies, ERISA plans, banks or government agencies) are exempt from the new identification requirements. If you are completing the application for an exempt entity, please state below the exact nature of the exemption, and certify your statement by signature in Section 10.

Yes, the investing entity is exempt for the following reason(s):

3 INVESTMENT INSTRUCTIONS/ FUND SELECTION

(See the Fund's Prospectus for investment minimums)

- Purchase by check for \$ _____ payable to SmartGrowth Funds
- Purchase by wire. Call 1-888-465-5722 for instructions
- Rights of Accumulation Purchase. Account owner, spouse and minor children that live in the household can aggregate accounts to reduce sales charges. The account number(s) on those accounts are:

- Letter of Intent Purchase. I (we) plan to invest over a 13-month period at least: \$100,000 \$250,000 \$500,000 \$1,000,000
- New agreement. See attached form
- Existing agreement on file

- SMARTGROWTH LIPPER® OPTIMAL CONSERVATIVE INDEX \$ _____
- SMARTGROWTH LIPPER® OPTIMAL MODERATE INDEX \$ _____
- SMARTGROWTH LIPPER® OPTIMAL GROWTH INDEX \$ _____
- TOTAL \$ _____

4 DIVIDEND AND CAPITAL GAINS INSTRUCTIONS

All dividends will be reinvested unless one of the following is checked:

- Send all dividends and capital gains to the address in Section 2
- Send all dividends and capital gains to the bank listed in Section 7

5 TELEPHONE TRANSACTIONS

As a SmartGrowth Fund shareholder, you have the ability to conduct purchase, exchange and redemption transactions by telephone.

You will automatically be granted telephone exchange and redemption privileges unless you decline them by checking below. **If you decline, you will be required to submit a Medallion signature guaranteed letter of instruction signed by all registered account owners to add telephone transaction privileges in the future.**

- I (we) decline telephone exchange and redemption privileges. All requests to exchange or redeem shares from this account must be submitted in writing.

6 AUTOMATIC INVESTMENT OR WITHDRAWAL PROGRAM

This option allows you to execute automatic monthly or quarterly transactions with your SmartGrowth Funds. To establish a new account with this program you must initially invest at least \$1,000.00. Subsequent investments must be at least \$100.00. An account balance of \$25,000 is required to initiate the Automatic Withdrawal Program and withdrawals must be a minimum of \$100.00 per transaction.

To take advantage of the automated plans you must also include the bank information in Section 7. If more than one automatic purchase is desired, please attach on a separate page.

Choose one: Investment Withdrawal

Amount (\$100 minimum) \$ _____

Begin Transaction (month, year) _____

*Choose one: Monthly or Quarterly Semi-Annual Annual

*Choose one: 5th 10th 20th 25th

**If no time frame or date is specified, investments will be made monthly on the 20th. Your first automatic investment will occur no sooner than 15 days after receipt of this application.*

Debit My (Our) Bank Account and invest as follows:

- SMARTGROWTH LIPPER® OPTIMAL CONSERVATIVE INDEX \$ _____
- SMARTGROWTH LIPPER® OPTIMAL MODERATE INDEX \$ _____
- SMARTGROWTH LIPPER® OPTIMAL GROWTH INDEX \$ _____

7 BANK INFORMATION

(Voided Check Required)

You must complete this section if you would like the ability to add to your account electronically or have redemption proceeds sent to your bank electronically. Please attach a voided, unsigned check or deposit slip for this bank account.

BANK NAME _____ BANK PHONE NUMBER _____

BANK ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME(S) ON BANK ACCOUNT _____

BANK ACCOUNT NUMBER _____ ABA ROUTING NUMBER _____

This is a Checking Account or Savings Account

If information on voided check differs from information on this application, the information from the voided check will be used.

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8 BROKER/DEALER INFORMATION

(If Applicable)

BROKER /DEALER NAME

BROKER/DEALER ADDRESS

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BROKER/DEALER TELEPHONE NUMBER

REP NAME

REP ADDRESS

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REP TELEPHONE NUMBER

9 DOCUMENTATION OPTIONS

The SmartGrowth Funds are taking advantage of the "Householding" Rule, which permits the delivery of one copy of an annual/semi-annual report, prospectus and/or proxy statement on behalf of two or more shareholders at a shared address. Unless you indicate otherwise by checking the box below, your signature on this application indicates your consent to Householding and the Funds will deliver one copy of the above referenced documents to your address for as long as you remain in the Fund(s). You may revoke your consent at any time by calling the Fund. Upon receiving such notification, the Funds will begin mailing individual copies of the above referenced documents to your attention within 30 days.

I do *not* wish to participate in Householding.

10 ACKNOWLEDGEMENT AND SIGNATURE

By signing below:

- I certify that I have received and read the current Prospectus of the Fund(s) in which I am investing and understand its terms are incorporated in this application by reference. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- I authorize the SmartGrowth Funds and its agents to act upon instructions (by phone, in writing or by other means) believed to be genuine and in accordance with the procedures described in the Prospectus for this account. I agree that neither the SmartGrowth Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions.
- I certify that I am not a Foreign Financial Institution as defined in the USA PATRIOT Act.

By completing Section 7 and signing below:

I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that the SmartGrowth Funds shall be fully protected in honoring any such transaction. I also agree that the SmartGrowth Funds may take additional attempts to credit/debit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.

Under penalty of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this application is correct.
2. 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; or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. Person (including a U.S. resident alien).

Note: Cross out item 2 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.

(All owners/trustees/partners must sign. For UGMA/UTMA, custodian should sign.)

SIGNATURE: INDIVIDUAL, CUSTODIAN, TRUSTEE, PARTNER, OR AUTHORIZED OFFICER, EXACTLY AS IT APPEARS IN SECTION 1

DATE

SIGNATURE OF JOINT OWNER

DATE

Return the following to the address below:

1. This completed application
2. Voided blank check or deposit slip, if applicable
3. One check made payable to: SmartGrowth Funds

Send to:
SmartGrowth Funds
P.O. Box 2085
Milwaukee, WI 53201-2085

For overnight packages:
SmartGrowth Funds
c/o UMB Fund Services
803 West Michigan Street
Milwaukee, WI 53233