

# The Masters' Select Funds

## New Account Application

Please do not use this form to open an IRA. For help with this form, for an IRA application, or for more information, call 800-960-0188.

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number, and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

**PLEASE PRINT.** Remember to complete and sign section 9 on the reverse side of this application and retain a copy for your records.

### 1. INITIAL INVESTMENT

**Note:** Per Fund minimum initial investment is \$10,000. The per Fund minimum is \$2,500 for participants in the Automatic Investment Plan.

- \$..... Masters' Select Equity Fund (#305)
- \$..... Masters' Select International Fund (#306)
- \$..... Masters' Select Value Fund (#307)
- \$..... Masters' Select Smaller Companies Fund (#308)
- \$..... Masters' Select Focused Opportunities Fund (#314)
- \$..... Total Investment

**Check** Please make your check payable to "Masters' Select Funds" and mail to the address at the bottom of this form. The Funds do not accept starter, counter, official, or third-party checks, or money orders, credit cards, cash, or checks or wires from foreign financial institutions.

**Wire** Your completed application, in good order, must be received prior to receipt of your wire purchase. Wire initial or subsequent purchase to:

State Street Bank and Trust Company  
Boston, Massachusetts  
ABA #011000028  
For Masters' Select Funds  
Account #99052649  
For credit to:.....  
(account registration name)  
Shareholder Account #.....  
(account number)

### 2. ACCOUNT REGISTRATION (check one box only)

#### You must check one:

- U.S. Citizen       Resident Alien       Nonresident Alien

Alien ID or passport number..... Country of Issuance.....

#### Individual:

Owner's name (first, initial, last).....

Owner's social security or taxpayer ID number..... Date of birth (mo/day/yr).....

Driver's license or state I.D. number..... State of Issue.....

#### Joint:

Joint owner's name (first, initial, last).....

Joint owner's social security or taxpayer ID number..... Date of birth (mo/day/yr).....

Driver's license or state I.D. number..... State of Issue.....

Joint accounts will be registered with the right of survivorship, unless otherwise specified:

#### Uniform Gift/Transfer to Minor:

Custodian's name (one name only: first, initial, last).....

Custodian's social security number..... Date of birth (mo/day/yr).....

Custodian's driver's license or state I.D. number..... State of Issue.....

Minor's name (one name only: first, initial, last)..... Minor's date of birth (mo/day/yr).....

Minor's social security number..... Minor's State of Residence.....

### 2. ACCOUNT REGISTRATION (continued)

- Trust\***:  Trust     401(k)     Other.....

Name of Trust.....

Trustee's name (first, initial, last).....

Co-Trustee's name, if applicable (first, initial, last).....

Beneficiary's name (first, initial, last).....

Date of trust agreement (mo/day/yr)..... Trust's taxpayer ID number.....

State of Organization.....

#### Corporation\*, Partnership\* or Other Entity\*:

Name of corporation, partnership or other entity.....

Type of entity..... Taxpayer ID number.....

State of Organization.....

\* Attach a sheet detailing the Full Name, Date of Birth, Social Security Number and Permanent Street Address for all authorized individuals.

Also include documentation to substantiate the existence of your organization (i.e. a copy of trust or partnership agreement, corporate resolutions or other official IRS documents).

### 3. PERMANENT STREET ADDRESS

Street number (P.O. Box is not permitted).....

City, State, Zip.....

Daytime phone..... Evening phone.....

E-mail address.....

### 4. MAILING ADDRESS (if different than permanent address)

Street or P.O. Box number.....

City, State, Zip.....

### 5. DUPLICATE SHAREHOLDER STATEMENTS

Complete only if you would like the person named below to receive copies of your cumulative statements.

Name (first, initial, last).....

Street or P.O. Box number.....

City, State, Zip.....

### 6. DIVIDENDS AND CAPITAL GAIN PAYMENTS

All distributions will be reinvested in additional shares unless indicated below:

- Distribute all **dividends** by check
- Distribute all **capital gains** by check

- Continued on reverse -

**Mail completed forms and checks to:** Masters' Select Funds, c/o Boston Financial Data Services, P.O. Box 219922, Kansas City, Mo 64121-9922

**For Overnight Delivery:** Masters' Select Funds, c/o Boston Financial Data Services, 330 W. 9<sup>th</sup> Street, Kansas City, MO 64105

**7. TELEPHONE PRIVILEGES**

- Add the telephone purchase feature to my account.
- Add the telephone redemption feature to my account.
- Add the telephone exchange feature to my account.

**Note: \$25,000 maximum for telephone redemptions.**

To establish the telephone purchase, redemption and/or exchange feature, check the above box. If you want purchases drafted from your bank and/or redemption proceeds wired to your bank, you must enclose a voided check or preprinted deposit slip from your bank account. One common name must appear on your Masters' Select Fund and your bank account.

Exchanges can be made only between Masters' Select Fund accounts that have the same ownership.

Proceeds from a telephone redemption will be sent to the address of record unless a wire to the bank account of record is requested.

**8. AUTOMATIC INVESTMENT PLAN**

This service lets you automatically invest (monthly or quarterly) from your bank account to your Masters' Select account. Changes must be in writing. Automatic Investment Plans normally become active 20 business days after your application is processed and we have received your initial investment.

To establish this feature, complete the information below and staple a voided check or preprinted deposit slip from your bank account. One common name must appear on your Masters' Select Fund and your bank account. You must make an initial investment by check or wire before the Automatic Investment Plan will be activated.

**Frequency of Automatic Investment**

- Monthly on the  1<sup>st</sup>  15<sup>th</sup>  25<sup>th</sup> day, or
- Quarterly on the  1<sup>st</sup>  15<sup>th</sup>  25<sup>th</sup> day
- Beginning Month.....

**Amount of Automatic Investment (Per Fund minimum of \$250)**

- \$..... Masters' Select Equity Fund (#305)
- \$..... Masters' Select International Fund (#306)
- \$..... Masters' Select Value Fund (#307)
- \$..... Masters' Select Smaller Companies Fund (#308)
- \$..... Masters' Select Focused Opportunities Fund (#314)
- \$..... Total Investment

**STAPLE A VOIDED CHECK OR PREPRINTED DEPOSIT SLIP BELOW**

- The Masters' Select Funds are eligible for purchase by residents of the United States of America, the U.S. Virgin Islands, Puerto Rico, and Guam.
- The Masters' Select Funds do not accept any application if the account is being established for a foreign financial institution to receive deposits from, or to make payments or other disbursements on behalf of the foreign financial institution, or to handle other financial transactions related to such foreign financial institutions.

Certain requests to sell shares must include a medallion guarantee. Please refer to the prospectus for further details.

**9. SIGNATURE**

By signing this application, I represent and warrant that:

- I have received and read the prospectus for the Funds and I agree to its terms. I have the authority and legal capacity to purchase mutual fund shares, am of legal age and believe each investment to be suitable for me. I also agree that any shares purchased now or later are and will be subject to the terms of the Fund's prospectus as in effect from time to time.
- I understand that the Funds are not a bank, and Fund shares are not backed or guaranteed by any bank nor insured by the FDIC.
- I ratify any instructions, including telephone instructions, given on this account. I understand that the Funds or Boston Financial Data Services (BFDS) will employ reasonable procedures to confirm the genuineness of my instructions and that, if they do not, they may be liable for any losses. These procedures include verifying the account number, Social Security or Taxpayer Identification number, daytime phone number and name if not already provided and verification of payment proceeds. I agree that neither the Funds nor BFDS will be liable for any loss, cost or expense for acting upon any instructions believed to be genuine and in accordance with reasonable procedures designed to prevent unauthorized transactions.
- I understand that, for joint accounts, "I" refers to all account owners, and each of the account owners agrees that any account owner has authority to act on the account without notice to the other account owner(s). NFDS in its sole discretion, and for its protection, may require the written consent of all account owners prior to acting upon the instruction of any account owner.
- I authorize the Fund to perform a credit check based on the information provided, if necessary.

The Internal Revenue Service ("IRS") does not require your consent to any provision of this document other than the following certification, required to avoid backup withholding.

- I certify under penalties of perjury that
  - (1) the Social Security or Taxpayer Identification number provided on this application is my correct taxpayer identification number.
  - (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 IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
    - (c) I have been notified by the IRS that I am no longer subject to backup withholding.
      - Check here if you are subject to backup withholding
  - (3) I am a U.S. Person (including a U.S. Resident Alien).

Check here if more than one authorized signature is required to execute a transaction.

**X**.....  
Signature of owner/authorized signer

.....  
Title Date (mo/day/yr)

**X**.....  
Signature of owner/authorized signer

.....  
Title Date (mo/day/yr)

**Fee imposed on certain redemptions of shares.**

Each Fund imposes a short-term redemption fee of 2% on redemptions of shares held for less than 180 days.

**Before you mail, have you:**

- Completed all USA PATRIOT Act required information?
  - Social Security or Tax ID Number in Section 2?
  - Full name in Section 2?
  - Birth date in Section 2?
  - Permanent street address in Section 3?
- Enclosed your check made payable to Masters' Select Funds?
- Included a voided check or preprinted deposit slip, if applicable?
- Signed your application in Section 9?
- Enclosed additional documentation, if applicable?