



# Account Application

Do not use this application to establish an Individual Retirement Account. Please print all items clearly (except signature). To avoid having your application returned, please be sure to complete Steps 1, 2 & 8.

**Please return completed application and check made payable to:  
The FBPP Funds**

**Regular Mail:**  
The FBPP Funds  
P.O. Box 46707  
Cincinnati, Ohio 45246-0707

**Overnight:**  
The FBPP Funds  
225 Pictoria Drive, Suite 450  
Cincinnati, Ohio 45246

## 1 ACCOUNT REGISTRATION

### 1A. Check All that Apply

- 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.

- Government Entity/Plan or Program of Government Entity**

Name of Trust, Corporation, Partnership or other Entity \_\_\_\_\_

- C-Corporation not subject to IRS reporting by the Funds

Taxpayer Identification Number \_\_\_\_\_ Trust Date \_\_\_\_\_

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

Social Security ID Number of Trustee(s) or Authorized Individual(s) \_\_\_\_\_ Date of Birth for Trustee(s) or Authorized Individual(s) \_\_\_\_\_

- Gift/Transfer to a Minor (UGMA/UTMA)**

\_\_\_\_\_ as a custodian for \_\_\_\_\_ under the \_\_\_\_\_ UGMA/UTMA.  
Custodian's Name (only one permitted)                      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 \_\_\_\_\_

## 2 INITIAL INVESTMENT

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

The Funds do not accept cash, drafts, "starter" checks, traveler's checks, credit card checks, third party checks, post-dated checks, non U.S. financial institution checks, cashier's checks under \$10,000 or money orders.

	Amount
<b>FBP Equity &amp; Dividend Plus Fund</b> (\$5,000 min.)	\$ _____
<b>FBP Appreciation &amp; Income Opportunities Fund</b> (\$5,000 min.)	\$ _____

### 3 DISTRIBUTION OPTIONS

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

	Distribution Method		Payment Method	
	Reinvest	Cash*	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 7

### 4 COST BASIS SELECTION

Cost basis calculation method for all accounts established by this application:

- Average Cost (Default method, if not specified)
- First-In, First-Out (FIFO)\*
- Last-In, First-Out (LIFO)\*
- Highest-Cost, First-Out (HIFO)\*
- Specific Share Identification \*\*

\* If you have any questions, please contact our shareholder services group at 1-866-738-1127 for assistance.

\*\* If Specific Share Identification is selected and no instruction is provided as to which shares should be redeemed, First-In, First-Out (FIFO) will be used.

### 5 DUPLICATE STATEMENTS AND CONFIRMATIONS

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

Name \_\_\_\_\_ Company Name \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 6 ACCOUNT SERVICE OPTIONS

#### 6A. Special Plan Options

**Automatic Investment Plan\***  Yes  No

Permits you to automatically invest in your Fund account through your bank account (you must complete Step 7.) Please indicate the amount and interval. Minimum requirement of \$100 for each monthly investment.

**Systematic Withdrawal Plan**  Yes  No

(Minimum \$10,000 account balance to participate.)

Please redeem sufficient shares from this account at the then current net asset value, in accordance with the instructions below (subject to a minimum \$100 per distribution).

**Please make my automatic investment or systematic withdrawal on:**

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

#### Frequency

- Monthly Beginning in the month of \_\_\_\_\_
- Quarterly Dollar 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.

#### 6B. Redemption Option

**By Electronic Transfer**  Yes  Decline  
(to your bank account)

If yes, you must complete bank information in Step 7 and select method of transfer.

- (ACH) Automated Clearing House (\$100 minimum)
- WIRE (\$5,000 minimum)

### 7 ELECTRONIC FUNDS TRANSFER INSTRUCTIONS

By attaching a voided check or deposit slip below and signing Step 8 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 8) \_\_\_\_\_

Signature of designated Co-Bank Account Owner \_\_\_\_\_

This is a:  checking account  savings account

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

Bank Address \_\_\_\_\_ Routing # \_\_\_\_\_

ATTACH YOUR  
VOIDED CHECK  
OR DEPOSIT  
SLIP HERE

We cannot  
establish  
these services  
without it.

## SIGNATURES AND CERTIFICATIONS

### By signing below, I certify that:

- I have received and read the current prospectus of The FBP 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, provided that they have exercised due care to determine that the instructions are genuine.
- The Fund Company can redeem shares from my account(s) to reimburse for any loss due to non-payment or other indebtedness.
- 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. This process is governed by the escheatment laws of your state.

### Under penalty of perjury, I certify that:

1. I am a U.S. person (including a U.S. resident alien) as defined on IRS Form W-9.
2. The Social Security Number or Taxpayer Identification Number shown on this application is correct.
3. 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.**

### 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.

## INVESTMENT BROKER/DEALER

**Important:** To be completed by broker/dealer representative. Registered Reps must complete Step 5 for duplicate statement and confirmations to be sent to your office. (Broker/Dealer must have approved agreement with the Fund distributor and/or Fund Company).

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) \_\_\_\_\_

**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 with this or other forms, please call 1-866-738-1127.**