

3 FUND SELECTION/ INVESTMENT OPTION

• **Make your check Payable to: WHG Funds**

- The Funds do not accept cash, travelers checks, money orders, starter, counter, or third party checks.

<input type="checkbox"/> WHG Income Opportunity Fund (2690) (\$100,000 minimum)	\$
<input type="checkbox"/> WHG SMidCap Fund (2691) (\$5,000 minimum)	\$
<input type="checkbox"/> WHG LargeCap Value Fund (2689) (\$100,000 minimum)	\$
<input type="checkbox"/> WHG Balanced Fund (2688) (\$5,000 minimum)	\$
<input type="checkbox"/> WHG SmallCap Value Fund (2687) (\$5,000 minimum)	\$
TOTAL	\$

Please call 1-877-FUND-WHG prior to sending a wire.

Wiring Instructions:

UMB Bank, N.A.

ABA #101000695

DDA Acct. #9871063178

Reference:

Fund Name

Account Number

Account Name

4 DIVIDEND & CAPITAL GAINS INSTRUCTIONS

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

- Send all dividends and capital gains by direct deposit to the bank account indicated on the enclosed voided check.**
- Send all dividends and capital gains by check to the address in section 2.**

5 TELEPHONE AUTHORIZATION

I (We) hereby authorize and direct the agent to accept and act upon telephone instructions for exchanges and/or redemptions involving the account with corresponding registration unless the following is (are) checked:

- I (We) do not authorize telephone exchanges.**
- I (We) do not authorize telephone redemptions.**

6 BANK INFORMATION

For Wire Redemptions:

Your bank account information must be on file in order to exercise telephone investment privileges. The account holder's name(s) corresponding to the account number below must match exactly at least one name in Section 1.

A blank voided check must be enclosed.

NAME OF BANK

REGISTRATION ON ACCOUNT

ABA ROUTING NUMBER

Checking Savings

ACCOUNT NUMBER

ACCOUNT TYPE

7 APPLICANT'S SIGNATURE

- (a) I have read the current prospectus and this application and agree to all terms. In addition, I authorize the instructions in this application. I also agree that any shares purchased now or later are and will be subject to the terms of the prospectus as in effect from time to time.
- (b) By execution of this application, the investor represents and warrants that (i) he has the full right, power, and authority to make the investment applied for and (ii) he is a natural person of legal age in his state of residence. The person or persons, if any, signing on behalf of the investor represent and warrant that they are duly authorized to sign this application and purchase or redeem shares of the fund on behalf of the investor. Each person named in the registration must sign below.
- (c) If I am a U.S. citizen, resident alien, or a representative of a U.S. entity, I certify, under penalty of perjury, that:
 - i. The social security number or employer identification number shown on this form is my correct Taxpayer Identification Number,
 - ii. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding OR
 - b. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividend OR,
 - c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Strike out this item (b) if you have been notified that you are subject to backup withholding.)
 - iii. I am a U.S. person, resident alien, or a representative of a U.S. entity.
- (d) If I am a nonresident alien, I understand that I am required to complete the appropriate Form W-8 to certify my foreign status. I understand that, if I am a nonresident alien, I am not under penalty or perjury for certifying to the above information.

(e) By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:

- (1) the investor is not involved in any money laundering or terrorist financing schemes and the source of this investment is not derived from any unlawful activity; and**
- (2) the information provided by the investor in this application is true and correct and any documents provided herewith are genuine.**

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

DATE

SIGNATURE: JOINT OWNER, EXACTLY AS IT APPEARS IN SECTION 1

DATE

Return the following to the address below:

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

Send to:

WHG Funds
P.O. Box 219009
Kansas City, MO 64121-9009

For overnight packages:

WHG Funds
c/o DST Systems
430 West 7th Street
Kansas City, MO 64105

8 DEALER/SERVICE ORGANIZATION USE ONLY

FIRM NAME

FIRM NUMBER

REP NAME

REP NUMBER

BRANCH ADDRESS

BRANCH PHONE NUMBER

BRANCH NUMBER

AUTHORIZED SIGNATURE OF DEALER