

Initial minimum:
\$2,500 per Fund;
\$100,000 per Institutional Fund;
minimum additions:
\$250 per Fund;
\$1,000 per Institutional Fund



NEW ACCOUNT APPLICATION

For individual, custodial, trust and retirement plan accounts.

DO NOT USE
this form for IRAs.

Check here if this application is a follow-up to a telephone purchase or a change in account information.

INVESTOR NAME **Individual** **Joint Tenants** **Other** _____

LAST NAME FIRST NAME M.I.

SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YY)

LAST NAME FIRST NAME M.I.

SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YY)

Gift To Minor

CUSTODIAN'S NAME CUSTODIAN'S SOCIAL SECURITY NUMBER

MINOR'S NAME

MINOR'S SOCIAL SECURITY NUMBER MINOR'S DATE OF BIRTH (MM/DD/YY)

Corporation, Partnership or Other Entity*

NAME OF ENTITY TAXPAYER IDENTIFICATION NUMBER

Trust, Estate, Guardianship or Corporate Retirement Plan*

NAME/DATE

NAME OF FIDUCIARY(IES) TAXPAYER IDENTIFICATION NUMBER

***Must include documentation to substantiate existence of your organization. (i.e. Articles of Incorporation, Trust Agreements, etc.). Include a separate list for authorized signers.**

Check here if you are a government entity or affiliated with a government entity.

ADDRESS STREET ADDRESS (PO BOX NOT ACCEPTABLE)

CITY, STATE, ZIP DAYTIME PHONE NUMBER OTHER

MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)

CONFIRMATIONS **Send Duplicate Confirmations to**

NAME ADDRESS

Brokerage Firm/Advisor Associated with the Account

NAME

TELEPHONE OPTIONS **Telephone Redemption**

Redemptions by telephone must be at least \$1000.
The proceeds will be mailed to the mailing address indicated above or deposited to your bank account.

NAME ON BANK ACCOUNT

BANK NAME ACCOUNT NUMBER

BANK ADDRESS

To ensure proper debiting and crediting of your bank account, please attach a voided check or deposit slip for the account shown above.

Telephone Exchanges

Rainier Funds allow shareholders to exchange between Funds if the accounts are identically registered. No minimum applies.

**INVESTMENT
INSTRUCTIONS**

Rainier Funds:

Distribution Options

*Initial minimum:
\$2,500 per Fund;
\$100,000 per
Institutional Fund;
minimum additions:
\$250 per Fund;
\$1,000 per
Institutional Fund

	Amount*	Capital Gains and Dividends Reinvested	Capital Gains Reinvested Dividends in Cash	Dividends Reinvested Capitals Gains in Cash	Capital Gains and Dividends in Cash
<input type="checkbox"/> Large Cap Equity	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mid Cap Equity	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Small/Mid Cap Equity**	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Balanced	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Intermediate Fixed Income	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Large Cap Equity - Institutional	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mid Cap Equity - Institutional	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Small/Mid Cap Equity - Institutional**	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Balanced - Institutional	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High Yield - Institutional	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Closed to new investors

Deposit of Cash Distribution

Check here to arrange for deposit of cash distribution payments to your checking or savings account. If no distribution option is checked, dividends and other gains will be reinvested.

ACCOUNT
NUMBER

ACCOUNT
REGISTRATION

SIGNATURE OF
REGISTERED OWNER(S)

Attach a voided check or deposit slip with your application.

**COST BASIS
METHOD ELECTION**

For shares acquired on or after January 1, 2012, the Cost Basis Method you elect applies to all existing and future accounts you may establish. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). **Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation.** If you do not elect a Cost Basis Method, your account will default to **Average Cost**.

Primary Method (Select only one)

- Average Cost - averages the purchase price of acquired shares
- First In, First Out - oldest shares are redeemed first
- Last In, First Out - newest shares are redeemed first
- Low Cost - least expensive shares are redeemed first
- High Cost - most expensive shares are redeemed first
- Loss/Gain Utilization - depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares
- Specific Lot Identification - you must specify the share lots to be sold at the time of a redemption (This method requires you elect a Secondary Method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable.)

Secondary Method - applies only if Specific Lot Identification was elected as the Primary Method (Select only one)

- First In, First Out
- Last In, First Out
- Low Cost
- High Cost
- Loss/Gain Utilization

Note: If a Secondary Method is not elected, First In, First Out will be used.

DEALER
INFORMATION

DEALER NAME _____ DEALER NUMBER _____ REP NAME _____ REP NUMBER _____

SIGNATURES AND
CERTIFICATION

I have received and understand the prospectus for the Rainier Funds (the "Funds"). I understand the Funds' investment objectives and policies and agree to be bound by the terms of the prospectus. I acknowledge and consent to householding (i.e. consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxies and other similar documents. I may contact the Funds to revoke my consent. I agree to notify the Funds of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Funds and their transfer agent shall not be liable if I fail to notify the Funds within such time period. I certify that I am of legal age and have legal capacity to make this purchase.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees or agents of these entities will not be responsible for banking system delays beyond their control. By completing the Telephone Options Section, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. The Funds will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House.

Your mutual fund account may be transferred to your state of residency if no activity occurs within your account during the inactivity period specified in your States abandoned property laws.

Under the penalty of perjury, I certify that (1) the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, (2) I am a U.S. person (including a U.S. resident alien) and (3) I am not subject to backup withholding either because 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 the IRS has notified me that I am no longer subject to backup withholding.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE**

DATE

SIGNATURE**

DATE

**If shares are to be registered under: (1) joint names, both persons should sign; (2) a custodian for a minor, the custodian should sign; (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on space provided below.

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 forward this application and your payment to:
Regular and Overnight Mail: Rainier Funds
615 East Michigan St., Floor 3, Milwaukee, WI 53202-5207***

For information about wiring funds or faxing applications, or for general questions, please call 1-800-248-6314.