

First American Money Market Funds IRA Application

For Traditional, Roth, SEP, and SIMPLE IRAs

(To Be Used in Connection with an existing or Simultaneous investment in the Rainier Funds)

Mail To: Rainier Funds
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: Rainier Funds
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL 3
Milwaukee, WI 53202-5207

For additional information please call toll-free **800-248-6314** or visit us on the web at **www.rainierfunds.com**.

In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: **full name, date of birth, Social Security number, and permanent street address**. 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 as an age-appropriate distribution at the current day's net asset value.

1. Investor Information

FIRST NAME _____ M.I. _____ LAST NAME _____
SOCIAL SECURITY NUMBER _____ BIRTH DATE (Mo / Dy / Yr) _____
DRIVER'S LICENSE OR STATE I.D. NUMBER _____ STATE OF ISSUE _____

2. Permanent Street Address

(Residential Address or Principal Place of Business –
No P.O. Box addresses or foreign addresses)

STREET _____ APT/SUITE _____
CITY _____ STATE _____ ZIP CODE _____
DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

Mailing Address (No foreign addresses)
If completed, this address will be used as the Address of Record for all statements, checks, and required mailings

STREET _____ APT/SUITE _____
CITY _____ STATE _____ ZIP CODE _____

3. Type of IRA

If no tax year is indicated, we will assume it is for the current tax year.

Refer to disclosure statement for eligibility requirements and contribution limits.

Choose ONE of the following account types:

- Traditional IRA Account**
- For tax year _____
 - IRA to IRA Transfer (please complete IRA Transfer Form)
 - Rollover (shareholder had receipt of funds)
- IRA Rollover Account**
- Rollover IRA to Rollover IRA
 - Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator.
Please check the type of qualified plan:
 Corporate Pension PSP 401(k) 403(b) Other _____
- ROTH IRA Account**
- For tax year _____
 - Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
 - Traditional IRA to Roth IRA
 - Rollover from Roth IRA (shareholder had receipt of funds)
- SEP (Simplified Employee Pension Plan)** – Each employee must complete an *IRA Application*.
- Contribution
 - Transfer from another SEP IRA Account
 - Rollover (shareholder had receipt of funds)
- SIMPLE IRA** (Be sure to complete Section 9)

8. Signature

CUSTOMER AGREEMENT: Under penalties of perjury, I certify: (1) that the number shown on this application is the correct taxpayer identification number; (2) that the taxpayer is not subject to backup withholding because (i) it is exempt from backup withholding; (ii) it has not been notified by the Internal Revenue Service that it is subject to backup withholding as a result of failure to report all interest and dividends; or (iii) the Internal Revenue Service has notified that it is no longer subject to backup withholding (If the taxpayer has been notified by the Internal Revenue Service that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return, cross out item (2).); and (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Failure to provide a correct taxpayer identification number with this application will result in backup withholding.

By signing below, I certify and agree that the information provided in this application is complete and correct. I have received and reviewed the current prospectus of the Class A or Class I shares of the Prime Obligation Fund, a series of First American Funds, Inc., in which I am investing and agree to the terms and conditions contained therein. I have read and understood the terms set forth in this application, including the Customer Agreement. I understand that certain account options and features available to investors, such as Automatic Investment Plan and Systematic Withdrawal Plan options may not be available to me unless I provide the First American Funds, Inc., with additional information. I understand that these investment products are not FDIC insured, are not deposits of, obligations of, or guaranteed by any bank, and involve investment risks, including possible loss of the principal invested. I agree that Quasar Distributors, LLC, First American Funds, Inc., or any affiliate or their officers, directors or employees will not be liable for any loss, expense or cost for acting upon any instructions or inquiries believed genuine.

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (Mo / Dy / Yr)

Appointment as Custodian accepted:
U.S. BANK, NA



9. SIMPLE IRA

Employer Information

EMPLOYER (COMPANY) NAME

EMPLOYER STREET ADDRESS

EMPLOYER CITY / STATE / ZIP CODE

EMPLOYER CONTACT NAME

EMPLOYER CONTACT BUSINESS PHONE NUMBER

10. Dealer Information

Please be sure to complete representative's first name and middle initial.

DEALER NAME

REPRESENTATIVE'S LAST NAME FIRST NAME MI

DEALER HEAD OFFICE INFORMATION:

REPRESENTATIVE'S BRANCH OFFICE INFORMATION:

ADDRESS

ADDRESS

CITY / STATE / ZIP

CITY / STATE / ZIP

TELEPHONE NUMBER

TELEPHONE NUMBER

Before you mail, have you:

- Completed all USA PATRIOT Act required information?
 - Social Security or Tax ID Number in Section 1?
 - Birth Date in Section 1?
 - Full Name in Section 1?
 - Permanent street address in Section 2?

- Enclosed your check made payable to the Rainier Funds?
- Included a voided check, if applicable?
- Signed your application in Section 8?

First American Money Market Funds IRA Transfer Form

*[If this is for a new IRA Account,
an IRA Application must accompany this form.]*

Mail To: Rainier Funds
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

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c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL 3
Milwaukee, WI 53202-5207

For additional information please call toll-free **800-248-6314** or visit us on the web at **www.rainierfunds.com**.

! Important Shareholder Information

There may be penalties for withdrawing certain investments before their maturity (i.e., certificates of deposit or annuities). Please contact your current custodian or plan administrator prior to submitting this form to determine the applicable time frames and penalties, if any, and/or if you need a signature guarantee in Section Six to order this transfer. U.S. Bancorp Fund Services, LLC will initiate your request upon receipt of this form.

1. Investor Information

FIRST NAME _____ M.I. _____ LAST NAME _____
SOCIAL SECURITY NUMBER _____
ADDRESS _____
CITY / STATE / ZIP _____
() ()
DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

2. Instructions to Current IRA Custodian or Plan Administrator

Please include a copy
of your current
account statement

CURRENT CUSTODIAN OR PLAN ADMINISTRATOR _____
ACCOUNT NUMBER _____ CONTACT PERSON _____ CONTACT NUMBER _____
ADDRESS _____

Consider this your authorization to send my IRA or my distribution from my qualified retirement plan:

- All Assets
OR
 \$ _____ or _____ %

Please process this request:

- immediately
OR
 at maturity _____ (month / day / year)

***Please liquidate all
assets if no selections
are made.**

Send the check representing the assets payable to the "Rainier Funds" along with a copy of this form to:

Rainier Funds
FBO [Shareholder Name]
[Account Number]
c/o U.S. Bancorp Fund Services, LLC
P.O. Box 701
Milwaukee, WI 53201-0701

3. Account Information

A Rainier Funds IRA Account Application must be completed to process this transfer if a new account is being established. The Fund(s) and the allocation(s) specified on the Application will be used if they are different from those indicated below.

	New	Existing	Account # (if applicable)	Amount	Percentage
<input type="checkbox"/> FA Prime Obligation Money Market Class A	RA (45)	<input type="checkbox"/>	_____	\$ _____	OR _____ %
<input type="checkbox"/> FA Prime Obligation Money Market Class I	RA (47)	<input type="checkbox"/>	_____	\$ _____	OR _____ %

4. Age 70½/2 Information

Check one of the following:

I am under the age of 70½/2 and do not turn 70½/2 at anytime during the calendar year

OR

I am age 70½/2 or older and understand that no part of my required minimum distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties if a transfer or rollover of my required distribution occurs.

5. Conversion of Traditional IRA to Roth IRA

Check here if you are distributing assets from a Traditional IRA with the intention of establishing a Roth IRA.

6. Signature and Certification

I certify that I have established an IRA with the First American Mutual Funds, of which U.S. Bank, NA, is the Custodian. I agree to contact my present Custodian from whom I am transferring to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold the Custodian harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian or its agent cannot provide legal advice and I agree to consult with my own tax professional for advice.

I authorize U.S. Bancorp Fund Services, LLC, to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

X

SIGNATURE OF OWNER (OR GUARDIAN IF IRA OWNER IS A MINOR)

DATE (Mo / Dy / Yr)

SIGNATURE GUARANTEE* (FOR TRANSFERS FROM ANOTHER CUSTODIAN)

** A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions, and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near each signature being guaranteed. The guarantee must appear with the printed name, title, and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.*

7. Acceptance / Custodian Authorization

U.S. Bank, NA, hereby accepts its appointment as Custodian of the above IRA account and upon receipt of assets, will deposit such assets in a Rainier Funds IRA on behalf of the Depositor authorizing this transfer or direct rollover.

U.S. Bank, NA



Before you mail, have you:

Completed an IRA Account Application if the transfer or direct rollover is going to a new account?

Included documents from your current custodian or plan administrator, if required?

Signed this form in Section 6?

Consulted with your current custodian about any applicable fees or penalties and whether or not you need a signature guarantee?