

Please print clearly and complete all steps 1 through 7 and mail to:

**Pacific Capital Funds**

**P.O. BOX 182130, Columbus OH 43218-2130**

**For assistance, please call 800-258-9232**



**PACIFIC CAPITAL FUNDS**

**STEP 1 ACCOUNT REGISTRATION**

**Do not use this application to establish an Individual Retirement Account**

**1A: CHECK ONE**

- Individual
- Joint Account\* (cannot be a minor)
- Gift/Transfer to a Minor (UGMA/UTMA)
- Trust, Corporation, Partnership or other Entity\*\*

\*Joint Accounts will be Tenants with Rights of Survivorship unless otherwise specified.

\*\*Attach a copy of the appropriate bylaws, corporate resolutions, a list of authorized traders or trust documents establishing authority to open this account. In addition, provide a copy of the IRS Issuance Letter for your Employer Identification or Tax Identification Number. If any such agreements or resolutions are not in existence, please contact Pacific Capital Funds at 800-258-9232 for further assistance.

**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, you are required to provide your name, residential address, date of birth, and identification number. We may require other information that will allow us to identify you.

**1B: ACCOUNT NAME**

	M M D D Y Y Y Y	
<i>Individual (Legal Name: First/Middle/Last)</i>	_ _ _ _ _ _ _	_ _ _ _ _ _ _
	Date of Birth	Social Security Number
<i>Joint Owner — if any (Legal Name: First/Middle/Last)</i>	_ _ _ _ _ _ _	_ _ _ _ _ _ _
	Date of Birth	Social Security Number
<i>Name of Custodian (only one) as custodian for</i>	_ _ _ _ _ _ _	_ _ _ _ _ _ _
	Custodian's Date of Birth	Custodian's Social Security Number
<i>Name of Minor (only one)</i>	_ _ _ _ _ _ _	_ _ _ _ _ _ _
<i>Minor's State of Residence</i>	Date of Birth	Social Security Number
<i>Name of Trust/Corporation/Partnership/Other Entity</i>	_ _ _ _ _ _ _	_ _ _ _ _ _ _
	Date of Trust	Tax ID Number
<i>Name of Trustee(s)</i>		<i>Trust Date</i>

**1C: ADDRESS AND TELEPHONE NUMBER**

Street Address (Residential or Business — no P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**1D: SECONDARY ADDRESS**

Mailing Address (If different from above — P.O. Box and A.P.O. Box acceptable)

Daytime Telephone Number \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Citizenship**  U.S. Citizen  Non-resident Alien (Attach IRS Form W-8. Dividends are subject to tax withholding.)  Resident Alien

Note: For non-resident aliens, in addition to submitting an IRS Form W-8, the following is required: a taxpayer identification number, passport number and country of issuance, alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard and a copy of the document. Please indicate form of identification:

- Alien ID Card
- Passport
- Other

Alternate Identification Number: \_\_\_\_\_ Issuing body: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

**Are you or an immediate family member affiliated with or working for a member firm of a stock exchange or the National Association of Securities Dealers, Inc.?**

No  Yes Name of Institution \_\_\_\_\_

**STEP 2: FUND SELECTION AND INITIAL INVESTMENT AMOUNT**

**2A: INITIAL INVESTMENT & FUND SELECTION** Minimum initial investment in any Fund is \$1,000. Subsequent investments, \$50.

**Check one:**     A Shares         C Shares

<u>Fund Name</u>	<u>Amount</u>	<u>Fund Name</u>	<u>Amount</u>
New Asia Growth Fund	\$ _____	Value Fund	\$ _____
International Stock Fund	\$ _____	Diversified Fixed Income Fund	\$ _____
Small Cap Fund	\$ _____	SI US Government Securities Fund	\$ _____
Mid-Cap Fund	\$ _____	Ultra Short Government Fund	\$ _____
Growth Stock Fund	\$ _____	Tax Free Securities Fund	\$ _____
Growth & Income Fund	\$ _____	Tax Free SI Securities Fund	\$ _____

**Total Investment:** \$ \_\_\_\_\_

**\*Please make check payable to:** Pacific Capital Funds. **Mail to:** P.O.Box 182130, Columbus, OH 43218-2130

**STEP 3: SPECIAL PURCHASE AND REDEMPTION OPTIONS**

**3A: TELEPHONE EXCHANGE**         DECLINE

I elect the telephone privileges as described in the prospectus. This option will automatically be added to your account unless you decline.

**3B: RIGHTS OF ACCUMULATION** (Class A Shares only. See the prospectus for qualifications.)

A family member or I own shares of more than one fund in the Pacific Capital Funds, which may entitle me to a reduced sales charge. The shareholder account number(s) are:

Fund Name \_\_\_\_\_ Fund Name \_\_\_\_\_ Fund Name \_\_\_\_\_

Account # \_\_\_\_\_ Account # \_\_\_\_\_ Account # \_\_\_\_\_

**3C: LETTER OF INTENT** You may qualify for reduced sales charges if you plan to make additional investments within a **13-month period.\***

Class A shares only. Please see prospectus for details.

I agree to the terms of the Letter of Intent set forth in the prospectus. Although I am not obligated to do so, it is my intention to invest over a 13-month period in Class A Shares of the Pacific Capital Funds an aggregate amount at least equal to that which is checked below.\*

\$50,000                     \$100,000                     \$250,000                     \$500,000                     \$1,000,000

\*Accumulated investments must aggregate at least \$100,000 for reduced sales charges to apply to purchase of shares of the Short-Intermediate U.S. Government Securities Fund or the Tax Free Short-Intermediate Securities Fund.



**STEP 5: DUPLICATE STATEMENTS & CONFIRMATIONS.**

(Unless indicated, duplicate statements and confirmations will be sent to address below.)

Please send duplicate  statements and/or  confirmations to:

Name	Company		
Address	City	State	Zip

**STEP 6: SIGNATURE AND CERTIFICATION**

**By signing below, I certify that:**

- I/We authorize the Pacific Capital Funds and its agents to act upon these instructions for the features that have been checked.
- I/We acknowledge that in connection with an Automatic Investment or Telephone Investment, if my/our account at the Financial Institution has insufficient funds, Pacific Capital Funds and its agents may cancel the purchase transaction and are authorized to liquidate other shares or fractions thereof held in my/our Pacific Capital Fund account to make up any deficiency resulting from any decline in the net asset value of shares so purchased and any dividends paid on those shares. I/We understand that in the event of such deficiency, Pacific Capital Funds and its agents will first liquidate shares of the Pacific Capital Funds to which the purchase transaction relates, and then, in the discretion of Pacific Capital Funds and its agents, shares of any other Pacific Capital Fund in my/our Fund account and to charge the account for any related charges.
- I/We acknowledge that shares purchased either through Automatic Investment or Telephone Investment are subject to applicable sales charges.
- The undersigned warrants that he/she has full authority and is of legal age to purchase shares of the Pacific Capital Fund(s) designated above and has received and read a current Prospectus of such Fund(s) and agrees to its terms. Pacific Capital Funds, Agent and the Distributor and their Trustees, directors, employees and agents will not be liable for acting upon instructions believed to be genuine, and will not be responsible for any losses resulting from unauthorized telephone transactions if the Agent follows reasonable procedures designed to verify the identity of the caller. The Agent will request some or all of the following information: account name and number, name(s) and social security number registered to the account and personal identification; the Agent may also record calls. Shareholders should verify the accuracy of confirmation statements immediately upon receipt.

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

1. The number shown on this application is my correct taxpayer identification number (or I am waiting for a number to be issued to me);and;
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 Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an Individual Retirement Account (IRA), and payments other than interest and dividends), and;
3. I am a U.S. person (including a U.S. resident alien)

**CERTIFICATION INSTRUCTIONS — YOU MUST CROSS OUT ITEM(2) ABOVE IF YOU ARE SUBJECT TO BACKUP WITHHOLDING.**

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

**NOTE: ALL REGISTERED OWNERS OF THE ACCOUNT MUST SIGN BELOW. FOR A TRUST, ALL TRUSTEES MUST SIGN.\***

Individual (or Custodian)	Joint Registrant (if any)	Date
Corporate Officer, Partner, Trustee(s), etc.	Title	Date

**\*For a Trust, Corporation or Association, this form must be accompanied by proof of authority to sign, such as a certified copy of the corporate resolution or a certificate of incumbency under the trust instrument.**

You will receive a confirmation statement showing your fund account number, dollar amount received, shares purchased and price paid per share. For assistance please call 1-800-258-9232.

*Mutual fund shares are not deposits or obligations of, or guaranteed or endorsed by, any bank and are not federally insured by the Federal Deposit Insurance Corporation, Federal Reserve Board or any other agency.*

**STEP 7: INVESTMENT DEALER OR BROKER**

(Important — to be completed by Dealer or Broker. Please make sure you have a dealer agreement with the Pacific Capital Funds)

Dealer Name	Dealer/Branch Number	Branch Office Address	City, State and Zip
Rep Name	Rep Number	Rep Telephone Number	Authorized Signature