



IRA APPLICATION

For Traditional, Roth, SEP, and SIMPLE IRAs

INSTRUCTIONS

For additional information, please call toll-free 800-423-6369 or visit us on the web at www.aquinasfunds.com.

Mail to:
LKCM Aquinas Funds
c/o US Bancorp Fund
Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail to:
LKCM Aquinas Funds
c/o US Bancorp Fund
Services, LLC
615 E. Michigan St. FL 3
Milwaukee, WI 53202-5207

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 for 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 _____ BIRTHDATE (Mo / Dy / Yr) _____

2. PERMANENT STREET ADDRESS

(Residential Address or Principal Place of Business – No PO 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 – year of conversion _____ in which Traditional IRA was converted 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 10)

4. TELEPHONE OPTIONS

Your signed application must be received at least 15 business days prior to initial transaction.

- Exchange** (\$500 minimum) – permits the exchange of shares between identically registered accounts
- Purchase (EFT)** (\$500.00 minimum) - permits the purchase of shares from your bank account.
Please attach a voided check to Section 8.

5. INVESTMENT AMOUNT

- By check: Make check payable to the LKCM Aquinas Funds. \$ _____ (\$2,000.00 minimum initial investment)
- By wire: Call 800-423-6369. Indicate amount of wire:
 - LKCM Aquinas Small Cap Fund (1936) \$ _____
 - LKCM Aquinas Growth Fund (1938) \$ _____
 - LKCM Aquinas Value Fund (1937) \$ _____

6. BENEFICIARY INFORMATION

(If you need more space, please enclose a separate sheet of paper.)

Primary

NAME _____ RELATIONSHIP _____
CITY / STATE / ZIP _____
SOCIAL SECURITY NUMBER _____ DOB _____ %

NAME _____ RELATIONSHIP _____
CITY / STATE / ZIP _____
SOCIAL SECURITY NUMBER _____ DOB _____ %

NAME _____ RELATIONSHIP _____
CITY / STATE / ZIP _____
SOCIAL SECURITY NUMBER _____ DOB _____ %

Secondary (If Applicable)

NAME _____ RELATIONSHIP _____
CITY / STATE / ZIP _____
SOCIAL SECURITY NUMBER _____ DOB _____ %

NAME _____ RELATIONSHIP _____
CITY / STATE / ZIP _____
SOCIAL SECURITY NUMBER _____ DOB _____ %

NAME _____ RELATIONSHIP _____
CITY / STATE / ZIP _____
SOCIAL SECURITY NUMBER _____ DOB _____ %

7. AUTOMATIC INVESTMENT PLAN (AIP)

Your signed application must be received at least 15 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account at the frequency you select. Please attach a voided check to Section 8 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Please keep in mind that:

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
 - Participation in the plan will be terminated upon redemption of all shares.
 - Automatic Investments will be reported as current year contributions.
- LKCM Aquinas Small Cap Fund (1936)
 LKCM Aquinas Growth Fund (1938)
 LKCM Aquinas Value Fund (1937)

\$ _____
AMOUNT PER DRAW

AIP START MONTH

AIP START DAY

Monthly Quarterly

8. VOIDED CHECK

Your signed application must be received at least 15 business days prior to initial transaction.

Please attach a voided check or savings deposit slip to this application if you chose the Automatic Investment Plan or Telephone Purchase. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

ATTACH
VOIDED CHECK OR
SAVINGS DEPOSIT SLIP
HERE

9. SIGNATURE

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt LKCM Aquinas Funds Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for the LKCM Aquinas Funds (the "Fund"). I understand the Fund's objectives and policies and agree to be bound to the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e. consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund 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 Fund and its transfer agent shall not be liable if I fail to notify The LKCM Aquinas Funds within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

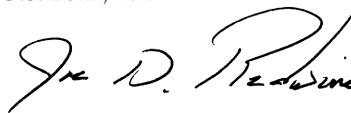
I authorize the Fund to perform a credit check in the event that one is needed to verify or establish identity.

The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "LKCM Aquinas Funds") will not be responsible for banking system delays beyond their control. By completing sections 4 or 7, 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 LKCM Aquinas Funds will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (Mo / Dy / Yr)

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



10. SIMPLE IRA PLANS ONLY

EMPLOYER (COMPANY) NAME

EMPLOYER STREET ADDRESS

EMPLOYER CITY / STATE / ZIP CODE

EMPLOYER CONTACT (NAME)

EMPLOYER CONTACT BUSINESS PHONE NUMBER

11. DEALER INFORMATION (IF APPLICABLE)

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

DEALER NAME

DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE'S LAST NAME

FIRST NAME

MI

REPRESENTATIVE'S BRANCH OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

FINAL REMINDERS

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 LKCM Aquinas Funds?
- Included a voided check, if applicable?
- Signed your application in Section 9?