



Automatic Investment Plan Application

Instructions: Forward completed Application

- (1) by mail to LKCM AQUINAS Funds, c/o US Bancorp Fund Services, LLC, P.O. Box 701, Milwaukee, WI 53201-0701 or;
- (2) by overnight mail to: LKCM Aquinas Funds, c/o US Bancorp Fund Services, LLC, 615 E. Michigan St., 3rd Floor, Milwaukee, WI 53202-5207

For additional information, please call toll-free **1-800-423-6369** or visit us on the web at www.aquinasfunds.com.

Instructions

Instructions and Conditions

- Your signed Automatic Investment Plan Application must be received at least 15 business days prior to your initial transaction.
- If the automatic purchase cannot be made due to insufficient funds or stop payment, a \$25 fee will be assessed.
- The Plan will terminate upon redemption or exchange of all shares.
- An unsigned voided check (for a checking account) or a savings account deposit slip is required with your application.

A. Investor Information

FUND NAME	FUND ACCOUNT NUMBER
NAMES ON ACCOUNT	
ADDRESS	
CITY / STATE / ZIP	
()	_()_
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER

B. Investment Instructions

Please start my Automatic Investment Plan as described in the prospectus beginning on _____ (please give month, day, and year). I hereby instruct US Bancorp Fund Services, LLC, Transfer Agent for the LKCM Aquinas Funds, to automatically transfer \$_____ (minimum \$100.00) directly from my checking or savings account named below on the same day of each month (according to the date given above) or on the first business day thereafter for the fund(s) named in Section A.

C. Attach Voided Check or Savings Deposit Slip Here

Please attach a voided check or a preprinted savings deposit slip to this application. We are unable to debit 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
PRE-PRINTED SAVINGS
DEPOSIT SLIP HERE**

D. Certification and Signatures

I read and understand the conditions of the Automatic Investment Plan. I authorize you to honor all debit entries via the ACH Network initiated through US Bank, NA, on behalf of US Bancorp Fund Services, LLC. All such debits are subject to sufficient collected Funds in my account to pay the debit when presented. I also understand that this plan may be terminated or modified at any time by Hennessy Funds.

SIGNATURE OF OWNER	DATE
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