



New Account Application

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

1. INVESTOR INFORMATION—*SELECT ONE*

☐ **Individual**

FIRST NAME	M.I.	LAST NAME
DOB (Mo / Dy / Yr)		
SOCIAL SECURITY NUMBER		

☐ **Joint Owner**

FIRST NAME	M.I.	LAST NAME
DOB (Mo / Dy / Yr)		
SOCIAL SECURITY NUMBER		

Registration will be Joint Tenancy with Rights of Survivorship (JTWROS) unless otherwise specified.

☐ **Gift to Minor**

CUSTODIAN'S FIRST NAME (ONLY ONE PERMITTED)	M.I.	LAST NAME
DOB (Mo / Dy / Yr)		
CUSTODIAN'S SOCIAL SECURITY NUMBER		
MINOR'S FIRST NAME (ONLY ONE PERMITTED)	M.I.	LAST NAME
DOB (Mo / Dy / Yr)		
MINOR'S SOCIAL SECURITY NUMBER		
MINOR'S STATE OF RESIDENCE		

☐ **Corporation/Trust*
Partnership*
Other Entity**

NAME OF TRUST/CORPORATION/PARTNERSHIP AND STATE OF ORGANIZATION	
NAME(S) OF TRUSTEE(S)	
SOCIAL SECURITY NUMBER / TAX ID NUMBER	DATE OF AGREEMENT (Mo / Dy / Yr)

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

*You must supply documentation to substantiate existence of your organization (i.e. Articles of Incorporation / Formation / Organization, Trust Agreements, Partnership Agreement, or other official documents.)

Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.

2. PERMANENT STREET ADDRESS—*(PO Box is not acceptable)*

(Residential Address or Principal Place of Business)

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

☐ **Mailing Address** (if different from Permanent):

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

☐ **Duplicate Statement**

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

NAME	
STREET	APT / SUITE
CITY	
STATE	ZIP CODE

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.

3. INVESTMENT AND DISTRIBUTION OPTIONS

- ☐ By check: Make check payable to LKCM Aquinas Funds.
\$ _____ (\$2,000.00 minimum initial investment)
- ☐ By wire: Call 800-423-6369. Indicate amount of wire:
- ☐ LKCM Aquinas Catholic Equity Fund (1937) \$_____
- ☐ Reinvest all Dividend and Capital Gain Distributions
- ☐ Reinvest all Dividend Distributions and Send Capital Gain Distributions in Cash
- ☐ Reinvest all Capital Gains and Send Dividends in Cash
- ☐ Send Dividend and Capital Gain Distributions in Cash

*If nothing is selected, distributions will be reinvested.
Cash distributions will be sent to the Address of Record given in Section 2 unless otherwise indicated.*

4. COST BASIS METHOD

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 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 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.

5. 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 or savings deposit slip to Section 7 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 \$25 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.

5. AUTOMATIC INVESTMENT PLAN (AIP) (CONTD)

☐ LKCM Aquinas Catholic Equity Fund (1937)

\$
AMOUNT PER DRAW (\$100.00 MINIMUM)

AIP START MONTH

AIP START DAY

☐ Monthly

☐ Quarterly

6. TELEPHONE AND INTERNET OPTIONS

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

- ☐ Redemption – permits the transfer of funds via:
- ☐ Check to address in section 2
 - ☐ Federal wire to your bank account indicated in Section 7 (\$15.00 charge for each wire)*
 - ☐ EFT, at no charge, to your bank account indicated in Section 7 (funds are typically credited within two days after redemption)*
- ☐ Purchase (EFT) (\$500.00 minimum) - permits the on-demand purchase of shares from your bank account.*
- ☐ E-mail Address – permits the fund to send you fund updates

**If you selected any of these options, please attach a voided check or savings deposit slip to this application as indicated in Section 7. We are unable to draft or credit your account via EFT if it is a mutual fund or pass-through account.*

**In order to implement the telephone options for your account, which allows you to call the fund and redeem or purchase over the phone, the above Redemption and/or Purchase box must be checked, along with the delivery method for the proceeds. If the Redemption box is checked, with no option indicated, any telephone redemption will be limited to the receipt of a check. If you choose to enact these options at a later date, after your account is open, a signature guaranteed letter of instruction will be required to implement these telephone options for your account.*

7. VOIDED CHECK FOR BANK INFORMATION

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions or a systematic withdrawal plan, please attach a voided check or savings deposit slip in this space. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

Changes or terminations should be made five days prior to effective date.

PLEASE ATTACH
VOIDED CHECK OR
SAVINGS DEPOSIT SLIP
HERE

8. 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

8. DEALER INFORMATION (If APPLICABLE) (CONTD)

REPRESENTATIVE'S BRANCH OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

9. SIGNATURE AND CERTIFICATION REQUIRED BY THE INTERNAL REVENUE SERVICE

I have received and understand the prospectus for the LKCM Aquinas Funds (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I acknowledge and consent to the householding (i.e. consolidation of mailings) of regulatory 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 Fund within such time period. I certify that I am of legal age and have legal capacity to make this purchase.

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 5, 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 instruction 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.

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

I authorize the Fund to perform a credit check based on the information provided, if necessary.

Under 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, and (2) I am not subject to backup withholding either 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. (3) I am a U.S. person (including a U.S. resident alien).

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

SIGNATURE OF OWNER*

DATE (Mo / Dy / Yr)

SIGNATURE OF OWNER*

DATE (Mo / Dy / Yr)

* If shares are to be registered in (1) joint names, both persons must 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 the space provided for the Joint Owner.

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?
- ☐ Enclosed additional documentation, if applicable?