



Ave Maria Mutual Funds Investment Account Application

For assistance in completing this application or if you need additional forms, such as retirement plan account applications, visit avemariafunds.com or call **1-888-726-9331**

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, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Please remember that any documents or information we gather in the verification process will be maintained in accordance with the Shareholder Privacy Policy. Thank you for investing with us.

1 ACCOUNT TYPE

Individual and/or Joint Owner (Registration will be JTWR0S, unless otherwise specified)

First Name	M.I.	Last Name	
Social Security #		Birthdate	Mother's Maiden Name
Joint Owner's First Name	M.I.	Last Name	
Joint Owner Social Security #		Birthdate	

Gift/Transfer to Minor (UGMA/UTMA, only one custodian and one minor permitted)

Custodian's First Name	M.I.	Last Name	
Custodian's Social Security #		Birthdate	State of Residency
Minor's First Name	M.I.	Last Name	
Minor's Social Security #		Birthdate	

Trust, Profit Sharing, or Pension Plan Account (Please attach a copy of trust documents establishing authority to act with respect to this account.)

Trust Name	Date of Trust	Taxpayer ID #
Trustee(s)		
Trustee(s) Social Security #		Trustee(s) Birthdate

Corporation, Partnership, or Other Entity (Please attach a copy of resolution documents establishing authority to act with respect to this account.) **Government Agency or Instrumentality**

Name of Entity	This entity is a C-corporation not <input type="checkbox"/> subject to IRS reporting by the funds	Taxpayer ID #
Authorized Signer(s)		
Authorized Signer(s) Social Security #		Authorized Signer(s) Birthdate

2 CONTACT INFORMATION

Street Address	City	State	Zip
Phone #	E-mail Address		

Legal Address (if different from above – No P.O. Boxes permitted)

Street Address	City	State	Zip
----------------	------	-------	-----

Send Duplicate Confirmations to: Name

Street Address	City	State	Zip
----------------	------	-------	-----

3 INVESTMENT SELECTION

\$1,000 minimum investment for each Fund; \$10,000 for Money Market Account. Please indicate the amount to be invested in each Fund. **Make checks payable to Ave Maria Mutual Funds.**

- Ave Maria Catholic Values Fund** \$ _____
 - Ave Maria Growth Fund** \$ _____
 - Ave Maria Rising Dividend Fund** \$ _____
 - Ave Maria Opportunity Fund** \$ _____
 - Ave Maria World Equity Fund** \$ _____
 - Ave Maria Bond Fund** \$ _____
 - Ave Maria Money Market Account** \$ _____
- Total Investment \$ _____

4 AUTOMATIC INVESTMENT PLAN

For monthly transfers from your bank account to your mutual fund account(s), please complete this section and Bank Account Information (Section 6) below. Minimum of \$50 each month per fund.

- Ave Maria Catholic Values Fund** \$ _____
- Ave Maria Growth Fund** \$ _____
- Ave Maria Rising Dividend Fund** \$ _____
- Ave Maria Opportunity Fund** \$ _____
- Ave Maria World Equity Fund** \$ _____
- Ave Maria Bond Fund** \$ _____
- Ave Maria Money Market Account** \$ _____

Date of Transfer: 15th of each month Last business day of each month

5 DISTRIBUTION OPTIONS

All capital gains and income distributions will be automatically reinvested unless specified below.

- Reinvest** All capital gains and income distributions will be reinvested.
- Income Only** Capital gains distributions will be reinvested, but income distributions will be paid in cash. A check will be sent to the address of record.
- Cash** All capital gains and income distributions will be paid in cash. A check will be sent to the address of record.

6 COST BASIS SELECTION (Effective January 1, 2012)

Cost basis calculation method for all funds under the account number listed above:

- Average Cost** (Default method, if not specified)
- First-In, First-Out (FIFO)***
- Last-In, First Out (LIFO)***
- Highest-Cost, First-Out (HIFO)***
- Specific Share Identification****

(Non-Covered shares: shares acquired prior to 1/1/12; Covered shares: shares acquired after 1/1/12)

**All Non-Covered shares will be liquidated first. If you wish to make a separate cost basis election for each of your mutual fund holdings, or if you have any questions, please contact our shareholder services group at 1-888-726-9331 for assistance.*

*** If Specific Share Identification is selected and no instruction is provided as to which shares should be redeemed, First-In, First-Out (FIFO) will be used.*

7 BANK ACCOUNT INFORMATION

Please complete this section if you want distributions wired to your bank account or to establish an Automatic Investment Plan. Please telephone Ultimus Fund Solutions, LLC, the Funds' Transfer Agent, at 1-888-726-9331 for wire instructions. Please attach a voided check or deposit slip from your bank account.

Bank Name _____ Bank Address _____

Type of Account: Checking Savings _____ Bank Account # _____ Bank Routing # _____

As a convenience, I hereby request and authorize the above-named institution to pay and charge to my account electronic payments orders drawn on my account and payable to any Ave Maria Fund. This authority is to remain in effect until revoked by me, in writing. I further agree that if any such payment order be dishonored, whether with or without cause, and whether intentionally or inadvertently, the above bank shall be under no liability whatsoever.

8 SIGNATURES AND CERTIFICATION

Application must be signed in order to establish an account. Unless otherwise noted, each joint owner shall have full authority to act on behalf of the account. By signing below, I certify that I have received a copy of the Ave Maria Funds (the "Fund") current prospectus, that I am of legal age, and that I have the full authority and legal capacity of the organization named below, to make this investment and to use the options selected above. I appoint Ultimus Fund Solutions, LLC as my agent to enter order for shares, to receive dividends and distributions for automatic reinvestment in additional shares of the Fund for credit to my account and to surrender for redemption shares held in my account in accordance with any of the procedures elected above or for payment of service charges incurred by me. I further agree that Ultimus Fund Solutions, LLC can cease to act as such an agent upon ten days notice in writing to me at the address listed in this application. I hereby ratify any instructions given pursuant to this Application and for myself and my successors and assigns do hereby release the Fund, Schwartz Investment Counsel, Inc., Ultimus Fund Solutions, LLC, Ultimus Fund Distributors, LLC, and their respective officers, employees, and agents and affiliates from any and all liability in the performance of the acts instructed herein; provided, however, that such entities will be excluded from liability only if such entities have acted within applicable standards of reasonable care. If reasonable procedures are not followed by such entities, they will not be excluded from liability. I understand that my property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

Under the penalty of perjury, I certify that: (1) the Social Security Number or Taxpayer Identification Number shown on this form is my correct Social Security Number or Taxpayer Identification Number; (2) I am not subject to backup withholding either because I am exempt from backup withholding, 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, or the IRS has notified me that I am no longer subject to backup withholdings; and (3) I am a U.S. Person (including a U.S. Resident Alien). (Cross out item 2 above if you have been notified by the IRS that you currently are subject to backup withholding.) The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Individual, Trustee, Authorized Signer _____ Date _____

Signature of Joint Owner, Co-Trustee, Authorized Signer _____ Date _____

BROKER/DEALER USE ONLY

Broker/Dealer Name **INTERNET** Firm # _____

Home Office Number _____

Branch Address _____ Branch # _____

Representative Name _____ Rep # _____

Representative Signature _____

MAIL APPLICATION TO

Ave Maria Mutual Funds
c/o Ultimus Fund Solutions, LLC
P.O. Box 46707
Cincinnati, OH 45246-0707

OVERNIGHT DELIVERY

Ave Maria Mutual Funds
c/o Ultimus Fund Solutions, LLC
225 Pictoria Drive, Suite 450
Cincinnati, OH 45246
1-888-726-9331