

New Account Application

Please do not use this form for IRA accounts

Mail to:

TCM Small Cap Growth Fund
 c/o US Bancorp Fund Services, LLC
 PO Box 701
 Milwaukee, WI 53201-0701

Overnight Express Mail to:

TCM Small Cap Growth Fund
 c/o US Bancorp Fund Services, LLC
 615 E. Michigan St. FL 3
 Milwaukee, WI 53202-5207

For additional information, please call toll-free **1-800-536-3230**.

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.

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 M.I. LAST NAME DOB (Mo / Dy / Yr)
 (ONLY ONE PERMITTED)

 CUSTODIAN'S SOCIAL SECURITY NUMBER

 MINOR'S FIRST NAME M.I. LAST NAME DOB (Mo / Dy / Yr)
 (ONLY ONE PERMITTED)

 MINOR'S SOCIAL SECURITY NUMBER MINOR'S STATE OF RESIDENCE

Corporation/
 Trust *

 NAME OF TRUST/CORPORATION/PARTNERSHIP AND STATE OF ORGANIZATION

Partnership*

 NAME(S) OF TRUSTEE(S)

Other Entity*

 SOCIAL SECURITY NUMBER / TAX ID NUMBER

 DATE OF AGREEMENT (Mo / Dy / Yr)

* 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 #1

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

NAME _____
 STREET _____ APT / SUITE _____
 CITY _____ STATE _____ ZIP CODE _____

Duplicate Statement #2

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

NAME _____
 STREET _____ APT / SUITE _____
 CITY _____ STATE _____ ZIP CODE _____

3. Investment and Distribution Options

\$100,000 Minimum

By check: Make check payable to TCM Small Cap Growth Fund

Note: Generally, cashiers checks of \$10,000 or less, money orders of any amount and third party checks are not accepted.

By wire*: Call 1-800-536-3230. Indicate amount of wire \$ _____.

**A completed application must be submitted in advance of a wire.*

- Reinvest all Dividend and Capital Gain Distributions
- Reinvest all Dividend Distributions and Send Capital Gain Distributions in Cash
- Send all Dividend and Capital Gain Distributions Cash
- Send Dividend Distributions in Cash and Reinvest Capital Gain Distributions

**If no selection is made, all distributions will be reinvested. Cash distributions will be sent to the address of record unless otherwise indicated. Attach a pre-printed voided check in Section 6 for ACH deposit directly to your bank account.*

4. Telephone Options

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

Redemption (\$2,500 minimum) – permits the transfer of funds via:

- Check to address of record.
- Federal wire to your bank account below (\$15.00 charge for each wire)*
- Electronic Funds Transfer (EFT), at no charge, to your bank below (funds are typically credited within two days after redemption)*

Purchase (EFT) (\$2,500 minimum) - permits the on-demand purchase of shares from your bank account.*

E-Mail Address – permits the Fund to send you updates _____

**If you selected any of these options, please attach a pre-printed voided check or pre-printed savings deposit slip to section 6 of this application. 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 to the address of record. If you choose to enact these options at a later date, after your account is open, a signature guaranteed letter of instruction may be required to implement these telephone options for your account.

5. Systematic Withdrawal Plan

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

Systematic Withdrawal Plan (\$2,500 minimum and \$100,000 account value minimum) – permits the automatic withdrawal of funds.

- Payments will be mailed to address in Section 2
- Payments will be deposited directly into your bank account. Please attach a pre-printed voided check to Section 6 of this application. We are unable to credit mutual fund or pass-through (“for further credit”) accounts.

Make payments Monthly Quarterly Annually starting with the month given here:

Amount Per Withdrawal _____ SWP Start Month _____ SWP Start Day _____

6. Voided Check for Bank Information

If you have selected wire redemptions, EFT purchases, EFT redemptions, cash distributions or a systematic withdrawal plan, please attach a pre-printed voided check or pre-printed 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).

PLEASE ATTACH A PRE-PRINTED VOIDED CHECK OR PRE-PRINTED SAVINGS DEPOSIT SLIP HERE

7. Signature and Certification Required by the Internal Revenue Service

I have received and understand the prospectus for TCM Small Cap Growth Fund (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 "TCM Small Cap Growth Fund") will not be responsible for banking system delays beyond their control. By completing sections 3, 4, 5 or 6, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. TCM Small Cap Growth Fund 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 a reasonable amount of time to act upon a written notice of revocation.

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 / Day / Yr) _____
SIGNATURE OF OWNER* _____ DATE (Mo / Day / 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.

8. Dealer Information

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

DEALER NAME _____
DEALER HEAD OFFICE INFORMATION:
ADDRESS _____
CITY / STATE / ZIP _____
TELEPHONE NUMBER _____
DEALER NUMBER _____

REPRESENTATIVE'S LAST NAME _____ FIRST NAME _____ MI _____
REPRESENTATIVE'S BRANCH OFFICE INFORMATION:
ADDRESS _____
CITY / STATE / ZIP _____
TELEPHONE NUMBER _____
BRANCH NUMBER _____ REP. NUMBER _____

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 TCM Small Cap Growth Fund?
- Included a voided check, if applicable?
- Signed your application in Section 7?
- Enclosed additional documentation, if applicable?