

# ACCOUNT OPTIONS FORM

Please complete the appropriate sections of this form to authorize one or more of the account options below. **Please do not use this form for retirement accounts.**

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## ACCOUNT INFORMATION

Please provide us with your current Westcore account information.

Westcore Account Number

Owner's Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

Co-Owner's Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

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## ACCOUNT MAILING ADDRESS

Check here if new address

Street Address

City

State

Zip Code

Email Address (optional)

Telephone Number

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## AUTOMATIC INVESTMENT PLAN

Please complete this section to authorize automatic investments into your Westcore account. This option allows you to make regular periodic investments into your Westcore account directly from your bank checking or savings account. Indicate the dollar amount you would like invested in the Fund or Funds of your choice and tell us how often you would like to invest (minimum investment must be the equivalent of at least \$25 per month per fund).

Fund Name	Amount	Fund Name	Amount
Westcore Small-Cap Growth Fund	\$ _____ %	Westcore Micro-Cap Opportunity Fund	\$ _____ %
Westcore Global Large-Cap Dividend Fund	\$ _____ %	Westcore International Small-Cap Fund	\$ _____ %
Westcore Large-Cap Dividend Fund	\$ _____ %	Westcore Flexible Income Fund	\$ _____ %
Westcore Mid-Cap Value Dividend Fund	\$ _____ %	Westcore Plus Bond Fund	\$ _____ %
Westcore Mid-Cap Value Dividend Fund II	\$ _____ %	Westcore Municipal Opportunities Fund	\$ _____ %
Westcore Smid-Cap Value Dividend Fund	\$ _____ %	Westcore Colorado Tax-Exempt Fund	\$ _____ %
Westcore Small-Cap Value Dividend Fund	\$ _____ %	<b>Total Amount:</b>	<b>\$ _____ %</b>

**How often would you like to invest?** Monthly Quarterly Annually

**On or about what day?** \_\_\_\_\_ If no date is specified, investments will be made on the 15th of each month.

**Complete Section 7 of this form to provide us with the necessary bank information. A signature guarantee (as described in Section 9) is required to add or change bank information.**

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**ACH TRANSACTIONS**

Please check the appropriate box below to authorize the addition of or change to ACH transaction privileges connected to your Westcore account.

I would like to add ACH transaction privileges between my Westcore account and my bank account. I understand that this addition authorizes me to make transactions via telephone or via Westcore's online Trans@ction Center.

I would like to change the bank information currently connected to my Westcore account for ACH transactions.

**Complete Section 7 of this form to provide us with the necessary bank information. A signature guarantee (as described in Section 9) is required to add or change bank information.**

**Note:** Your bank or financial institution may charge additional fees for ACH transfers.

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**WIRE TRANSFERS**

Please check the box below to authorize wire transfers to and from your Westcore account.

I would like to add wire information to my Westcore account and authorize wire transfer privileges. I understand that wire transfers are only available via telephone call transactions placed with a Westcore Investor Service Representative or via mail. Please see the current Westcore Prospectus for additional information regarding wire transactions.

**Complete Section 7 of this form to provide us with the necessary bank information. A signature guarantee (as described in Section 9) is required to add wire transfer information.**

**Note:** Your bank or financial institution may charge additional fees for wire transfers. All wires are subject to a \$1,000 minimum.

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**SYSTEMATIC WITHDRAWALS**

Please complete this section to authorize automatic transfers from your Westcore account to your bank account. To establish systematic withdrawals, you need a minimum of \$10,000 in your account. Systematic withdrawals have \$50 minimum and must be in multiples of \$50.

I would like to authorize systematic withdrawals from my Westcore account on the \_\_\_\_\_ day (or the next business day) of each:

Month                  Quarter                  Year

Please indicate the Fund and dollar amount.

Fund Name	\$ Dollar Amount
Fund Name	\$ Dollar Amount
Fund Name	\$ Dollar Amount

Please tell us how you would like your redemption sent:

via Direct Deposit

■ **Complete bank information in Section 7. A signature guarantee (as described in Section 9) is required to add or change bank information.**

via Check

■ **If you would like your redemption check sent to an address other than the address of record, please complete below. A signature guarantee (as described in Section 9) is required to send your redemption check to a different address.**

Street Address	City	State	Zip Code
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**BANK INFORMATION**

Please attach a voided check or savings deposit slip from your bank account and complete this section.

Account type:    Checking    Savings

Name on Bank Account

Name of Bank

ABA Routing Number (first nine digits at bottom left on check)

Bank Account Number (include branch number)

Any co-owner of your bank account who is not a co-owner of your Westcore account must authorize these services by signing here. **The signature must be guaranteed as described in Section 9.**

Co-Owner's Signature

Date

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**YOUR SIGNATURE**

- By signing below you authorize Westcore to make the changes as indicated on this form.
- If a signature guarantee is required, you must sign in front of an eligible signature guarantor as described in Section 9.
- All Westcore account owners must sign.

Signature of Owner

Date

Signature of Joint Owner

Date

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**SIGNATURE GUARANTEE**

- A signature guarantee is required for adding or changing the following: automatic investments, systematic withdrawals, bank information or wire information.
- To protect our shareholders against fraud, Westcore requires a "Medallion Signature Guarantee" which can be obtained from a bank or trust company, credit union, broker, dealer, securities exchange or association, clearing agency or savings association.
- Be sure to verify that the institution is an eligible Medallion Signature Guarantor prior to signing.
- Please note that a notarized signature from a Notary Public is **not** acceptable.

Name of Guarantor Institution

Signature of Officer

Title

Stamp:

Mail to: Westcore Funds  
P.O. Box 44323  
Denver, Colorado 80201-4323