



PURCHASE APPLICATION

Mail To: The Yackman Funds, Inc.
Shareholder Services Center
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: The Yackman Funds, Inc.
Shareholder Services Center, 3rd Floor
615 East Michigan Street
Milwaukee, WI 53202-5207

Use this Form for individual, custodial, trust, *existing* profit sharing or pension plan accounts. Do not use this Form for IRA, SIMPLE IRA or SEP-IRA accounts. For any additional information, please call The Yackman Funds at 1-800-525-8258.

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

Individual and/or Joint Owner* *Registration will be JTWR0S, unless otherwise specified.

Full Name Alias

Social Security Number Birthdate Citizen of U.S. Other _____

Joint Owner Name (if applicable) Alias

Social Security Number Birthdate Citizen of U.S. Other _____

Gift/Transfer to Minor (UGMA/UTMA)

Custodian State of Residence

Custodian's Social Security Number Custodian's Birthdate

Minor

Minor's Social Security Number Minor's Birthdate Citizen of U.S. Other _____

Trust, Profit Sharing or Pension Plan Account**

Trust Name Date of Trust

Trustee(s)

Taxpayer Identification Number

Corporation, Partnership, or Other Entity**

Name of Entity Date

Taxpayer Identification Number

** 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. Address

Permanent Street Address (P.O. Box is not acceptable)

(Residential Address or Principal Place of Business - No Foreign Addresses)

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. No foreign addresses.

Street Apt/Suite

City State Zip Code

3. Your Investment Instructions

The minimum initial investment per fund is \$2,500 or \$500 for an Automatic Investment Plan (please complete Section 7). Minimum additions to any Fund are \$100.

Distribution Options*

	Amount	Capital Gains and Dividends Reinvested	Capital Gains and Dividends in Cash
<input type="checkbox"/> The Yackman Fund	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> The Yackman Focused Fund	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Total Investment	\$ _____		

*If no distribution option is checked, dividends and capital gains will be reinvested.

4. Telephone Options

Your signed Application must be received at least 10 business days prior to initial transaction.

- Telephone Exchanges.** Permits the exchanges of shares between identically registered Yacktman Funds and Yacktman First American Money Market Funds accounts. A \$1,000 minimum applies to exchanges; a fee will be charged for each telephone transaction.
- Telephone Purchase through Electronic Funds Transfer (EFT).** Permits the purchase of shares using your bank account to clear the transaction. Please attach a voided check or a deposit slip. This option is **not** available for initial share purchases.
- Telephone Redemption.** The proceeds will be mailed to the address in Section 2 or deposited (via wire payment or EFT) to your bank account. Please attach a voided check or a deposit slip. No fee will be assessed for an EFT redemption, although a fee will be charged to your account for each wire payment.

5. Automatic Investment Plan (The Yacktman Funds only)

Your signed Application must be received at least 10 business days prior to initial transaction.

An unsigned voided check (for checking accounts) or a savings account deposit slip is required with your Application.

The minimum initial investment for an Automatic Investment Plan is \$500. Please start my Automatic Investment Plan as described in the Prospectus beginning: Month _____ Year _____. I hereby instruct U.S. Bancorp Fund Services, LLC, Transfer Agent for The Yacktman Funds to automatically transfer \$_____ (minimum \$100) directly from my checking or savings account named below on or about _____ (day) of each month or the next business day thereafter. (You may invest up to 4 times a month as long as there is a 7 day interval between each investment.) I understand that I will be assessed a \$25 fee if the automatic purchase cannot be made due to insufficient funds, stop payment, or for any other reason.

Signature of Bank Account Owner _____

Signature of Joint Owner _____

6. Systematic Withdrawal Plan

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

Systematic Withdrawal Plan (\$100 minimum and \$10,000 account value minimum) - permits the automatic withdrawal of funds.

- Payments will be mailed to address in Section 2 – OR–
- Payments will be deposited directly into your bank account. Please attach a voided check or a preprinted savings deposit slip to Section 7 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
<input type="checkbox"/> The Yacktman Fund	\$ _____	_____	_____
<input type="checkbox"/> The Yacktman Focused Fund	\$ _____	_____	_____

7. Signatures and Certification

I am (we are) of legal age, have received and read the Prospectus(es) of the Fund(s) in which I am investing and agree to the terms therein.

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 withholding, 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 _____

Date _____

Signature of Joint Owner, Co-Trustee _____

Date _____