

Send original completed form to:

Sterne, Agee & Leach, Inc.
 CMT Plaza
 Suite 100B
 813 Shades Creek Parkway
 Birmingham, AL 35209

404

5436 0500 0200

Application Instructions:

Complete the VISA Platinum Check Card and Signature Card sections if any or all of these features are desired. A supply of checks will be sent to you shortly. All persons listed on the account must sign the applicable areas.

- VISA Platinum Check Card, complete section 1
- Checkwriting Signature Card, complete section 2
- VISA Account Agreement, complete section 3

Note: We comply with Section 326 of the USA Patriot Act. This law requires us to verify certain information about you while processing your application.

Please use black ink and print clearly in CAPITAL LETTERS.

Money Market Fund Selection (A prospectus accompanies this application.)

Money Market Fund Name

2	3	8	0	0	0														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number

1. VISA® Check Card

Personal Information

Primary Shareowner's First Name Middle Initial Last Name

Joint Shareowner's First Name Middle Initial Last Name

Social Security Number Date of Birth

Social Security Number Date of Birth

Mailing Address Apt. Number P.O. Box Number

Mailing Address Apt. Number P.O. Box Number

City State Zip Code How Long?

City State Zip Code How Long?

Mother's Maiden Name

Mother's Maiden Name

Home Address (if different from mailing address)

Home Address (if different from mailing address)

Previous Address (if above is less than 3 years)

Previous Address (if above is less than 3 years)

Home Phone Business Phone

Home Phone Business Phone

Employment History and Financial Information

Position Length of Employment

Position Length of Employment

Primary Shareowner's Present Employer

Joint Shareowner's Present Employer

Business Address

Business Address

Corporate Accounts

Name of Corporation (or other entity)

Corporate Officer Name (for card)

Taxpayer Identification Number

Signature of Authorized Issuer at Corporation

Business Type: Corporate Partnership Tax Exempt Entity

Other _____

Please furnish a Corporate Resolution.

X

 AUTHORIZED SIGNATURE(S)

X

 AUTHORIZED SIGNATURE(S)

By signing this application, I certify that the information provided in this application is true and correct, and I acknowledge that I have read, understand and agree to the Visa Check Card Application Agreement printed on the reverse side of this application. IF THE ACCOUNT FROM WHICH DEBITS ARE TO BE MADE IS A JOINT ACCOUNT, ALL PERSONS NAMED ON THE ACCOUNT MUST SIGN THIS APPLICATION.

2. Checkwriting Signature Card

Mutual Fund Company Name

4 0 4 Bank Number

1. Primary Shareowner(s) Name(s) as Registered

2. Joint Shareowner(s) Name

Account Address Street

City State Zip Code

Social Security No. or Taxpayer Identification Number

X

 AUTHORIZED SIGNATURE(S)

X

 AUTHORIZED SIGNATURE(S)

Money Market Fund Name

2	3	8	0	0	0														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Capital Resource Account Number

3. VISA Check Card Application Agreement

Each person signing the Application for a VISA® Check Card (a “Card”) on the reverse side (an “Applicant”) hereby applies to UMB Bank n.a. (the “Bank”) for a Card as set forth below.

Each Applicant understands that the application for a Card is subject to approval by Bank. By submitting this request for a Card, each Applicant authorizes Bank to obtain a credit report on Applicant in connection with this Application and from time to time after Applicant receives a Card to verify that Applicant continues to qualify for the Card. Bank may inquire as to the credit, investments and employment history of each Applicant.

If this request is approved by Bank and a Card is issued, each Applicant understands that the Card(s) will be mailed to Applicant accompanied by an agreement (the “Cardholder Agreement”) setting forth the terms and conditions governing the Card. Applicant understands and agrees that the Card and use of the Card will be governed by the Cardholder Agreement, as amended by the Bank from time to time.

Each time an Applicant uses a Card, Applicant authorizes liquidation of assets in the related investment account, so that transactions are settled and Bank receives the proceeds of such liquidations. Applicant understands that the Card is made available solely for the purpose of enabling Applicant to access the proceeds of the related investment assets, and does not involve any extension of credit. This authorization may be terminated by either Bank or by an Applicant by written notification. Applicant understands that Applicant will be responsible for the amount of any transactions authorized by an Applicant, whether or not the transactions have been debited from the related investment account as of the date of such termination.

Applicant understands and agrees that Bank may provide information about the Card and Applicant’s use of a Card to the company shown on this application, the applicable Fund and other service providers, in order to process Card transactions or otherwise provide Card services.

IF THE ACCOUNT FROM WHICH DEBITS ARE TO BE MADE IS A JOINT ACCOUNT, ALL PERSONS NAMED ON THE ACCOUNT MUST SIGN THIS APPLICATION.

Margin agreement information must be submitted to Sterne, Agee & Leach, Inc.

Number of Cards (Please check one) 1 2

Checkwriting Account Agreement

Each person signing the Checkwriting Signature Card on the reverse hereof (an “Applicant”) certifies that his or her signature thereon represents such Applicant’s legal signature. Each Applicant guarantees the genuineness of any other Applicant’s signature appearing on the Signature Card. The Fund from which Applicant’s checks are to be paid, Applicant’s Broker (if any), and UMB Bank, n.a. or its bank affiliates (collectively, the “Bank”) and any of their successors are authorized to recognize such signature in the payment of checks, drafts and other instruments (“Checks”) against Applicant’s investment account (“Account”), **any (1) of the signatures on the Signature Card, standing alone, being sufficient.**

Each Applicant agrees to be bound by the Terms and Conditions for Check Writing (the “Terms”), which may be forwarded to Applicant by Bank from time to time. The Terms may be amended by the Bank, and shall be binding on Applicant and the Account when an Applicant receives notice of any such changes.

Each Applicant hereby appoints the Bank as Applicant’s agent for purposes of this Checkwriting Account Agreement. The Bank is authorized, upon the presentment of Checks or other electronic debits drawn on the Account (collectively, “Debits”), to transmit such Debits to the Fund or its Transfer Agent or to the Broker (as appropriate) as requests to redeem shares in the Account in an amount sufficient to pay such Debits, and to effect their payment. Applicant agrees that Bank may honor electronic payments to or from the Account as authorized by Applicant, when such payments are processed in accordance with law and the applicable payment system rules.

Applicant agrees that the Account is subject to the applicable terms and restrictions, including charges for check writing and payment processing services, as set forth in the current Prospectus or in a separate fee schedule for each Fund.

Applicant agrees that payments made from the Account under this Checkwriting Account Agreement are governed by the laws, including the Uniform Commercial Code, as enacted in the State of Missouri, as amended from time to time. Applicant consents to the jurisdiction of the state or federal courts in Missouri over any dispute or claim arising out of the provision of check writing or other payment services under this Agreement. Applicant agrees to examine the statement for the Account promptly. **Applicant agrees to report any claim that a Check or other payment made from the Account was forged, altered, or otherwise not authorized within thirty (30) days of receipt of the statement by any account holder. Failure to notify the Fund, the Broker or the Bank within that time will preclude any claim against the Fund, the Broker and the Bank by reason of any unauthorized or missing signature, alteration, or error of any kind.** In the event the Fund, the Broker or the Bank is deemed liable for any unauthorized payment or any failure to honor a stop payment order that has been properly given, such liability shall not exceed the face amount of the Check or other payment improperly made.