

ACCOUNT APPLICATION

- Please use this form to establish a non-retirement account with Segall Bryant & Hamill Funds. **Please do not use this form to establish any type of Segall Bryant & Hamill Funds IRA account.**
- **Identity Verification Information:** 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. Please see notes on Identity Information in Section 9.
- Please read the prospectus carefully before you invest or send money.

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TYPE OF ACCOUNT

Please complete only one of the following account types below.

- Individual or Joint Account¹** (To establish a Transfer on Death ("TOD") account registration and designate beneficiaries, please complete the Segall Bryant & Hamill Funds TOD Registration Form.)

Owner's Name (First, Middle Initial, Last)	Social Security Number	Date of Birth
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Joint Owner's Name (First, Middle Initial, Last)	Social Security Number	Date of Birth
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For additional joint owners, please attach an accompanying sheet including Name, Social Security Number, Date of Birth and Address of Residence for each.

Joint Owners have right of survivorship unless otherwise specified.

- Gift/Transfer To Minor Account²**

Custodian's Name (First, Middle Initial, Last)	Social Security Number	Date of Birth
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Minor's Name (First, Middle Initial, Last)	Minor's State of Residence	Social Security Number	Date of Birth
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- Trust Account**

Name of Trust	Date of Trust Agreement	Tax Identification Number of Trust
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Trustee's Name (First, Middle Initial, Last)	Trustee's Social Security or Tax Identification Number	Trustee's Date of Birth
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Co-Trustee's Name (First, Middle Initial, Last)	Co-Trustee's Social Security or Tax Identification Number	Co-Trustee's Date of Birth
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Please include a copy of the trust document that indicates who is authorized to act on behalf of the trust. For additional trustees, please attach an accompanying sheet including Name, Social Security Number, Date of Birth and Address of Residence for each.

- Corporation, Business, or Other Entity**

If Corporation indicate S-Corporation or C-Corporation. If no selection is made, an S-Corporation will be established.

Name of Corporation or Other Entity	Tax Identification Number
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Authorized Individual's Name (First, Middle Initial, Last)	Social Security Number	Date of Birth
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Authorized Individual's Name (First, Middle Initial, Last)	Social Security Number	Date of Birth
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Please include copies of any certified articles of incorporation, business licenses or partnership agreements. For additional authorized individuals, please attach an accompanying sheet including Name, Social Security Number, Date of Birth and Address of Residence for each.

¹ Joint Registrants for joint accounts, equal ownership of all shares is presumed. A joint account is not a beneficiary designation. Joint Tenants with Right of Survivorship should be used if two persons purchase shares with the desire that the survivor receive total holdings on the death of the other. Example: "Brian Banks and Jane Banks, JTWR0S." Tenants in Common should be used if joint owners want their respective estates to inherit their portion of the account. Example: "Brian Banks and Jane Banks, TEN COM."

² Custodians Under Uniform Gift/Transfer To Minors Act (UGMA/UTMA): The application and subsequent instructions must be signed by the custodian. The custodian must be 18 years of age or older. The application will not be accepted without the minor's Social Security Number. The state indicated must be that of the donor. Proceeds of the account may not be transferred to any account held beneficially by any person other than the minor.

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ADDRESS

Legal Address of Owner, Custodian, Trust or Corporation:

Address _____ City _____ State _____ Zip Code _____

Email Address (optional) _____ Telephone Number _____

Account Mailing Address (if different from legal address):

Address _____ City _____ State _____ Zip Code _____

If your mailing address is a post office box, you must also provide a street address to invest in Segall Bryant & Hamill Funds.

Joint Owner's, Minor's, Trustee(s)' or Authorized Individual(s)' Legal Address
(required if different than owner's/custodian's/trust's/authorized individual's):

Address _____ City _____ State _____ Zip Code _____

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INVESTMENT SELECTION

Initial purchase minimum is \$2,500 per fund. If the Automatic Investment Plan in Section 4 is chosen or this is an UGMA/UTMA account, the initial purchase minimum is \$1,000. Please make checks payable to Segall Bryant & Hamill Funds.

Please indicate the investment amount for the fund(s) you would like to own.

Fund Name	Amount
Segall Bryant & Hamill Micro Cap Fund	\$ _____
Segall Bryant & Hamill Small Cap Value Dividend Fund	\$ _____
Segall Bryant & Hamill Small Cap Growth Fund	\$ _____
Segall Bryant & Hamill Smid Cap Value Dividend Fund	\$ _____
Segall Bryant & Hamill Mid Cap Value Dividend Fund	\$ _____
Segall Bryant & Hamill Mid Cap Value Dividend Fund II	\$ _____
Segall Bryant & Hamill Large Cap Dividend Fund	\$ _____
Segall Bryant & Hamill Fundamental International Small Cap Fund	\$ _____
Segall Bryant & Hamill Global Large Cap Fund	\$ _____
Segall Bryant & Hamill Plus Bond Fund	\$ _____
Segall Bryant & Hamill Quality High Yield Fund	\$ _____
Segall Bryant & Hamill Municipal Opportunities Fund	\$ _____
Segall Bryant & Hamill Colorado Tax Free Fund	\$ _____
Total Amount:	\$ _____

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AUTOMATIC INVESTMENT PLAN

This option is subject to the terms set forth in the prospectus. Please see the prospectus for more information.

The Segall Bryant & Hamill Funds Automatic Investment Plan allows you to make automatic investments (must be the equivalent of at least \$25 per month per fund) into your Segall Bryant & Hamill Funds account directly from your bank checking or savings account. **Please also complete Bank Information in Section 5.**

Fund Name	Amount
Segall Bryant & Hamill Micro Cap Fund	\$ _____
Segall Bryant & Hamill Small Cap Value Dividend Fund	\$ _____
Segall Bryant & Hamill Small Cap Growth Fund	\$ _____
Segall Bryant & Hamill Smid Cap Value Dividend Fund	\$ _____
Segall Bryant & Hamill Mid Cap Value Dividend Fund	\$ _____
Segall Bryant & Hamill Mid Cap Value Dividend Fund II	\$ _____
Segall Bryant & Hamill Large Cap Dividend Fund	\$ _____
Segall Bryant & Hamill Fundamental International Small Cap Fund	\$ _____
Segall Bryant & Hamill Global Large Cap Fund	\$ _____
Segall Bryant & Hamill Plus Bond Fund	\$ _____
Segall Bryant & Hamill Quality High Yield Fund	\$ _____
Segall Bryant & Hamill Municipal Opportunities Fund	\$ _____
Segall Bryant & Hamill Colorado Tax Free Fund	\$ _____
Total Amount:	\$ _____

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.

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BANK INFORMATION

Please complete this section to authorize electronic transfers between your bank and Segall Bryant & Hamill Funds for future purchases or redemptions via the **automatic investment plan, telephone, or online services.**

Please attach a voided check or savings deposit slip from your bank account.

Account Type: Checking Savings

Name on Bank Account

Name of Bank

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

Bank Account Number (including branch number)

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SPECIAL ACCOUNT OPTIONS

A. Distribution Option

All dividends and capital gains will be automatically reinvested unless otherwise indicated below.

Pay all (select one or both):

- Dividends and Short-Term Capital Gains
- Long-Term Capital Gains

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SPECIAL ACCOUNT OPTIONS (CONTINUED)**How you would like it sent:**

- Check (to address of record)
- Direct Deposit (Please complete Bank Information in Section 5.)

B. Wire Redemption Option

- Yes, I would like the option to redeem shares by wire (\$1,000 minimum). Please complete Bank Information in Section 5.

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SIGNATURE GUARANTEE OPTION

A Signature guarantee will not be required for redemptions greater than \$25,000 from your account unless you specifically request it below.

- Yes, I would like Segall Bryant & Hamill Funds to require a signature guarantee for redemptions greater than \$25,000 from my account.

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COST BASIS METHOD SELECTION

The cost basis of covered shares, generally shares acquired on or after January 1, 2012, is determined using the fund's default method, unless you elect another method below. Please check one box.

- Average Cost (ACST) (Default Cost Basis Method)
- First In, First Out (FIFO)
- Last In, First Out (LIFO)
- Low Cost (LOFO)
- High Cost (HIFO)
- Loss Gain Utilization (LGUT)
- Specific Share Identification (SLID)

Secondary Method* _____

*If you elect Specific Share Identification, you may also elect a Secondary Method, other than Average Cost, that will apply when lots are not specified. If a Secondary Method is not elected, the default is FIFO.

The method you elect will apply to covered shares for funds established under this account, including funds you may acquire at a later date, unless you instruct us otherwise. If available, cost basis for noncovered shares, generally shares acquired before January 1, 2012, is determined using the Average Cost method. Non-covered shares are redeemed prior to covered shares unless otherwise specified at the time of the redemption.

Your election will not apply to money market funds. If you are establishing a money market fund and plan to exchange to a fund with a variable NAV, we will apply our default method to that fund unless you elect a method at the time of the exchange.

To determine which cost basis method is appropriate for your tax situation, please consult a qualified tax professional.

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SIGNATURES & CERTIFICATIONS**By signing below:**

- I certify that I have received, read, and understand the current prospectus for the Fund(s) in which I am investing, and that this account is subject to the terms of the prospectus, as amended from time to time. I understand that past performance is not indicative of future results and that shares of the funds are not bank deposits and are not insured by the FDIC.
- I certify that I am of legal age and have the power and authority to establish this account.
- I authorize Segall Bryant & Hamill Funds and its agents to act upon instructions (by phone, in writing, online or other means) believed to be genuine for this account or any account into which exchanges are made. I agree that neither Segall Bryant & Hamill Funds nor its agents and affiliates will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated by phone or computer are genuine. "Reasonable procedures" might include, for example, recording instructions, providing written confirmation of transactions or requiring a form of personal identification prior to acting on instructions received by telephone or computer. I consent to the recording of telephone conversations.
- I consent to the delivery by Segall Bryant & Hamill Funds of one copy of each prospectus, shareholder report and (if and when permitted by law) other information to all shareholders who now or hereafter share a mailing address. This consent will become effective when my account is opened and will continue thereafter indefinitely, unless I contact Segall Bryant & Hamill Funds and revoke my consent.
- I understand that as a Segall Bryant & Hamill Funds shareholder, I will automatically have access to my accounts via Segall Bryant & Hamill Funds' automated telephone and online computer services unless I contact Segall Bryant & Hamill Funds and specifically decline these services.
- I understand that this application is subject to acceptance or rejection by Segall Bryant & Hamill Funds and its transfer agent and that authorization for this account shall continue until the Fund receives notice of modification signed by all appropriate parties. I also understand that all terms shall be binding upon heirs, representatives and assignees of the account owners.
- I understand that per state requirements, property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.
- **Identity Information:**

To help the government deter the funding of terrorism and money laundering activities all financial institutions are required to obtain, verify and record information that identifies each person who opens an account. In order to comply with these requirements, we ask that you provide all information requested in Sections 1 and 2. Applications without such information may not be accepted. Segall Bryant & Hamill Funds reserves the right to place limits on the transactions in your account until your identity is verified. The information you provide to us will be used solely to attempt to verify your identity and may be shared with third parties for the purpose of validating your identity.

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SIGNATURES & CERTIFICATIONS (CONTINUED)

▪ **Special Information Concerning the Money Market Portfolio:**

If I invest in the BlackRock Money Market Portfolio, I understand that I am authorizing ALPS Fund Services, Inc. to effect purchase and redemption orders on my behalf and to act as the custodian and record owner of my shares of that Portfolio. Ownership of those shares will be evidenced on books and records maintained by ALPS Fund Services, Inc. Segall Bryant & Hamill receives shareholder servicing fees from the Portfolio as described in the Portfolio's prospectus.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. Citizen or other U.S. person (as defined in the IRS Form W-9 instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Item 4 above does not apply if you are submitting this form for an account maintained in the United States.

If you do not provide a correct taxpayer identification number, you may be subject to a \$100 IRS penalty.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Owner

Date

Signature of Joint Owner

Date

Mail to: Segall Bryant & Hamill Funds
 P.O. Box 44323
 Denver, Colorado 80201-4323
 Questions: (800) 392-2673



THANK YOU FOR YOUR INVESTMENT IN SEGALL BRYANT & HAMILL FUNDS.

Segall Bryant & Hamill Funds | 1290 Broadway, Suite 1100 | Denver, Colorado 80203
 (800) 392-2673 | www.sbhffunds.com