

TRADITIONAL IRA AND ROTH IRA ACCOUNT APPLICATION - INSTITUTIONAL CLASS

- Please use this form to establish a **Traditional IRA or Roth IRA**.
- **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 10.
- Please read the prospectus carefully before you invest or send money.

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OWNER INFORMATION

Name (First, Middle Initial, Last)		Social Security Number	Date of Birth
Mailing Address	City	State	Zip Code
Address of Residence (required if different from Mailing Address or if Mailing Address is a P.O. Box)		City	State
		State	Zip Code
Email Address (optional)		Telephone Number	

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IRA ELECTION

Please indicate what kind of IRA you would like to open. (select one)

- Traditional IRA
 Roth IRA
 SEP IRA

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INITIAL INVESTMENT

Please indicate how you would like to fund your IRA. (select one)

- Annual Contribution for tax year: _____
 Please enclose your personal check payable to Segall Bryant & Hamill Funds along with your completed application.
- Transfer of existing IRA directly from another Custodian.
 Please enclose a completed Segall Bryant & Hamill Funds Transfer of Assets Form (TOA).
- Rollover of distribution from an existing IRA or other eligible rollover distribution from another Custodian.
 Please enclose your personal check payable to Segall Bryant & Hamill Funds along with your completed application.
- Direct Rollover from Employer Retirement Plan.
 Please open my IRA and send me confirmation with my new account number. I will forward it to my employer and instruct them to prepare and mail a check payable to Segall Bryant & Hamill Funds with my Segall Bryant & Hamill Funds IRA account number and "Direct Rollover" typed on the face.
- Recharacterization Contribution
 Please enclose a completed Segall Bryant & Hamill Funds Authorization to Recharacterize Form.
- Conversion Contribution
 Please enclose a completed Authorization to Convert a Segall Bryant & Hamill Funds Traditional IRA Form.
- SEP IRA Contribution for tax year: _____

Please note, if any after-tax or nondeductible contributions are included in your transfer or rollover and you wish to track these contributions separately, you will need to open an account specifically for these funds.

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INVESTMENT SELECTION

Initial purchase minimum is \$250,000 per fund. 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 or %	Fund Name	Amount or %
Segall Bryant & Hamill Small Cap Value Dividend Fund - Inst'I	\$ _____	Segall Bryant & Hamill Large Cap Dividend Fund - Inst'I	\$ _____
Segall Bryant & Hamill Small Cap Growth Fund - Inst'I	\$ _____	Segall Bryant & Hamill Fundamental International Small Cap Fund - Inst'I	\$ _____
Segall Bryant & Hamill Small Cap Growth Fund II - Inst'I	\$ _____	Segall Bryant & Hamill Global Large Cap Fund - Inst'I	\$ _____
Segall Bryant & Hamill Smid Cap Value Dividend Fund - Inst'I	\$ _____	Segall Bryant & Hamill Plus Bond Fund - Inst'I	\$ _____
Segall Bryant & Hamill Mid Cap Value Dividend Fund - Inst'I	\$ _____	Segall Bryant & Hamill Quality High Yield Fund - Inst'I	\$ _____
Segall Bryant & Hamill Mid Cap Value Dividend Fund II - Inst'I	\$ _____	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 6.

Fund Name	Amount	Fund Name	Amount
Segall Bryant & Hamill Small Cap Value Dividend Fund - Inst'I	\$ _____	Segall Bryant & Hamill Large Cap Dividend Fund - Inst'I	\$ _____
Segall Bryant & Hamill Small Cap Growth Fund - Inst'I	\$ _____	Segall Bryant & Hamill Fundamental International Small Cap Fund - Inst'I	\$ _____
Segall Bryant & Hamill Small Cap Growth Fund II - Inst'I	\$ _____	Segall Bryant & Hamill Global Large Cap Fund - Inst'I	\$ _____
Segall Bryant & Hamill Smid Cap Value Dividend Fund - Inst'I	\$ _____	Segall Bryant & Hamill Plus Bond Fund - Inst'I	\$ _____
Segall Bryant & Hamill Mid Cap Value Dividend Fund - Inst'I	\$ _____	Segall Bryant & Hamill Quality High Yield Fund - Inst'I	\$ _____
Segall Bryant & Hamill Mid Cap Value Dividend Fund II - Inst'I	\$ _____	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 contributions or distributions 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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DESIGNATION OF BENEFICIARY

I hereby designate the individuals below as the beneficiary(ies) of this IRA.

I understand that I can change or add beneficiaries at any time by written notice. **If you do not designate a beneficiary or if all of your primary and contingent beneficiaries predecease you, if applicable, your living spouse will be your beneficiary. If you do not have a living spouse, your estate will be the beneficiary.* (Please attach a letter of instruction if you would like to name more than two primary or if you would like to name contingent beneficiaries.)

Primary Beneficiary(ies): *(If the sum of all primary beneficiary distribution percentages does not total 100%, Segall Bryant & Hamill Funds will assume equal distribution.)*

Name (First, Middle Initial, Last)	Relationship
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Social Security Number	Date of Birth	% of Account
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Name (First, Middle Initial, Last)	Relationship
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Social Security Number	Date of Birth	% of Account
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Contingent Beneficiary(ies): *(If the sum of all contingent beneficiary distribution percentages does not total 100%, Segall Bryant & Hamill Funds will assume equal distribution.)*

Name (First, Middle Initial, Last)	Relationship
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Social Security Number	Date of Birth	% of Account
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Name (First, Middle Initial, Last)	Relationship
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Social Security Number	Date of Birth	% of Account
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CUSTODIAL ACCEPTANCE

Custodian Acceptance: BOKF, NA dba Colorado State Bank and Trust will accept appointment as Custodian of the Depositor’s Account. However, this Agreement is not binding upon the Custodian until the Depositor has received a statement of the transaction. Receipt by the Depositor of a confirmation of the purchase of the Fund shares indicated will serve as notification of BOKF, NA dba Colorado State Bank and Trust’s acceptance of appointment as Custodian of the Depositor’s Account.

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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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CERTIFICATIONS

By signing below:

- I certify that I have received, read, understand and agree to the terms of an IRA which are contained in the Custodial Agreement and Disclosure Statement located in the Segall Bryant & Hamill Funds IRA Information booklet. I understand that the requirements for valid IRA transfers, rollovers, conversions or recharacterizations are complex. I assume responsibility for complying with all requirements and for the tax results of any such transfer. I also understand that inaccurate information may result in adverse tax consequences or IRS penalties, and that my Roth IRA annual contributions may be subject to certain limits. (Please consult a tax professional if you have questions about how opening a Traditional or Roth IRA will affect your financial and tax situation.)
- 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 Traditional or Roth IRA and that all information provided on this Account Application is true and correct.
- I acknowledge receipt of the IRA Custodial Account Agreement and IRA Disclosure Statement at least seven days before the date inscribed below and that I have no further rights of revocation.
- I appoint BOKF, NA dba Colorado State Bank and Trust as custodian on my IRA.

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CERTIFICATIONS (CONTINUED)

- 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 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 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 the same mailing address as this account. 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 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. 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.

▪ **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

A parent or guardian must also sign the Application here and provide the information requested below for identity verification purposes if the Owner is a minor under the laws of the Owner's state of residence. Until the Owner reaches the age of majority, the parent or guardian will exercise the powers and duties of the Owner.

Name of Parent or Guardian (First, Middle Initial, Last) Social Security Number Date of Birth

Signature of Parent or Guardian 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.
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