

# ACCOUNT APPLICATION - INSTITUTIONAL CLASS

- 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.

## 1

### TYPE OF ACCOUNT

Please complete only one of the following account types below.

- Individual or Joint Account<sup>1</sup>** (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 Account<sup>2</sup>**

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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## 2

### ADDRESS

#### Legal Address of Owner or Custodian:

Address	City	State	Zip Code
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Email Address (optional)	Telephone Number
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#### Account Mailing Address (if different from legal address):

Address	City	State	Zip Code
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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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<sup>1</sup> 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."

<sup>2</sup> 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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**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
Segall Bryant & Hamill Small Cap Value Dividend Fund - Inst'l	\$ _____
Segall Bryant & Hamill Small Cap Growth Fund - Inst'l	\$ _____
Segall Bryant & Hamill Smid Cap Value Dividend Fund - Inst'l	\$ _____
Segall Bryant & Hamill Mid Cap Value Dividend Fund - Inst'l	\$ _____
Segall Bryant & Hamill Fundamental International Small Cap Fund - Inst'l	\$ _____
Segall Bryant & Hamill Global Large Cap Fund - Inst'l	\$ _____
Segall Bryant & Hamill Short Term Plus Fund - Inst'l	\$ _____
Segall Bryant & Hamill Plus Bond Fund - Inst'l	\$ _____
Segall Bryant & Hamill Quality High Yield Fund - Inst'l	\$ _____
Segall Bryant & Hamill Municipal Opportunities Fund - Inst'l	\$ _____
Segall Bryant & Hamill Colorado Tax Free Fund - Inst'l	\$ _____
<b>Total Amount:</b>	\$ _____

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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 Small Cap Value Dividend Fund - Inst'l	\$ _____
Segall Bryant & Hamill Small Cap Growth Fund - Inst'l	\$ _____
Segall Bryant & Hamill Smid Cap Value Dividend Fund - Inst'l	\$ _____
Segall Bryant & Hamill Mid Cap Value Dividend Fund - Inst'l	\$ _____
Segall Bryant & Hamill Fundamental International Small Cap Fund - Inst'l	\$ _____
Segall Bryant & Hamill Global Large Cap Fund - Inst'l	\$ _____
Segall Bryant & Hamill Short Term Plus Fund - Inst'l	\$ _____
Segall Bryant & Hamill Plus Bond Fund - Inst'l	\$ _____
Segall Bryant & Hamill Quality High Yield Fund - Inst'l	\$ _____
Segall Bryant & Hamill Municipal Opportunities Fund - Inst'l	\$ _____
Segall Bryant & Hamill Colorado Tax Free Fund - Inst'l	\$ _____
<b>Total Amount:</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.

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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

**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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**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 (Default Cost Basis Method)
- First In, First Out
- Highest In, First Out
- Last In, First Out
- Low Cost
- Specific Share Identification-Manual Lot Selection\*

\*If lots are not specified for redemptions or other dispositions, shares will be redeemed using the FIFO method.

The method you elect will apply to all covered shares for the 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.

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

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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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**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.

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**SIGNATURES & CERTIFICATIONS (CONTINUED)**

▪ **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.

▪ **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 penalty of perjury, I certify that:**

1. The Social Security Number(s) shown on this application is (are) correct.
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. Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).

**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.**  
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(800) 392-2673 | www.sbhffunds.com