



New Account Application

For Assistance Call: 1-866-474-5669

PLEASE DO NOT USE THIS APPLICATION TO OPEN AN IRA ACCOUNT.

The USA PATRIOT Act

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.

What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. This information is subject to verification. If we are unable to verify your identity, we reserve the right to close your account or take such other steps as we deem reasonable.

Sections 1 and 2 must be completed and the information provided will be verified as required by the USA PATRIOT Act. Failure to complete these sections may result in the rejection of your application.

Notice for Non-U.S. persons:

The Funds generally will not accept investments from foreign investors (e.g. foreign financial institutions; non-U.S. persons). The Funds have instructed the transfer agent accordingly. If the Funds accept such investments, the Funds are expected to conduct enhanced due diligence on such foreign investors as may be required under Section 312 of the enhanced USA PATRIOT Act and applicable Treasury or SEC rules, regulations and guidance (if any).

Notice to all shareholders

In compliance with applicable state laws, your property may be transferred to the appropriate state if no activity occurs in your account within the time period specified by state law.

1 SHAREHOLDER REGISTRATION

Please print or type clearly.

Please choose one type of account below:

Individual or Joint

YOUR NAME: FIRST, MIDDLE, LAST

SOCIAL SECURITY NUMBER DATE OF BIRTH

JOINT OWNER'S NAME: FIRST, MIDDLE, LAST

JOINT OWNER'S SOCIAL SECURITY NUMBER JOINT OWNER'S DATE OF BIRTH

OCCUPATION EMPLOYER

TRANSFER ON DEATH BENEFICIARY (OPTIONAL)

DATE OF BIRTH SOCIAL SECURITY NUMBER

Custodial/Gift to Minors

CUSTODIAN'S NAME: FIRST, MIDDLE, LAST

CUSTODIAN'S SOCIAL SECURITY NUMBER CUSTODIAN'S DATE OF BIRTH

MINOR'S NAME: FIRST, MIDDLE, LAST

MINOR'S SOCIAL SECURITY NUMBER MINOR'S STATE OF RESIDENCE

MINOR'S DATE OF BIRTH

Trust\*

TRUSTEE'S NAME

TRUSTEE'S SOCIAL SECURITY NUMBER TRUSTEE'S DATE OF BIRTH

NAME OF TRUST AGREEMENT

TRUST'S TAXPAYER IDENTIFICATION NUMBER DATE OF TRUST AGREEMENT

\* Attach a separate list for additional Trustees and authorized traders including full name, social security number, date of birth and physical address. Please also include the first and last page of trust document.

Corporation\*

NAME OF CORPORATION

PROVIDE SYMBOL IF A PUBLICLY TRADED CORPORATION

TYPE OF CORPORATION (please check one): S Corporation C Corporation

TAXPAYER IDENTIFICATION NUMBER

\* For all Corporations:

Please enclose the Articles of Incorporation and a corporate resolution (or government-issued business license) which identifies the individuals authorized to conduct transactions on this account.

For Non-Public Corporations:

Your list of authorized traders must include their full name, social security number, date of birth, and physical address.

Partnership\*

PARTNER: FIRST, MIDDLE, LAST NAME

NAME OF PARTNERSHIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

\* Attach a separate list for authorized traders, and each individual partner of a partnership, including full name, social security number, date of birth, and a physical address (P.O. Box is not acceptable.). A copy of partnership agreement must be attached.

Documents provided in connection with your Application will be used solely to establish and verify your identity. The Funds will have no obligation with respect to the terms of any such documents.

2 SHAREHOLDER ADDRESS

- U.S. Citizen
Resident Alien (must have U.S. tax identification number and domestic address).
Non-Resident Alien Country of Citizenship
(Non-Resident Aliens must provide a copy of an unexpired government issued photo ID with their application.)

Mailing Address:

STREET OR P.O. BOX

IF MAILING ADDRESS IS A POST OFFICE BOX (OTHER THAN AN ARMY POST OFFICE BOX OR A FLEET POST OFFICE BOX), THEN A PHYSICAL ADDRESS IS ALSO REQUIRED BY THE USA PATRIOT ACT.

CITY, STATE, ZIP

DAYTIME TELEPHONE EVENING TELEPHONE

E-MAIL ADDRESS

Physical Mailing Address (if different from above):

MUST PROVIDE PHYSICAL ADDRESS FOR INDIVIDUAL TRUSTEE AND AUTHORIZED TRADER; PROVIDE FOR JOINT REGISTRANT OR MINOR ONLY IF DIFFERENT THAN ABOVE.

STREET ADDRESS

CITY, STATE, ZIP

Duplicate Confirmations/Statements Sent To (Optional):

NAME

STREET OR P.O. BOX

CITY, STATE, ZIP

Receiving Investor Documents

The Rice Hall James Portfolios are taking advantage of the "Householding" Rule, which permits the delivery of one copy of an annual/semi-annual report, prospectus and/or proxy statement on behalf of two or more shareholders at a shared address. Unless you indicate otherwise by checking the box below, your signature on this application indicates your consent to Householding and the Funds will deliver one copy of the above referenced documents to your address for as long as you remain invested in the Rice Hall James Portfolios. You may revoke your consent at any time by calling 1-866-474-5669. Upon receiving such notification, the Funds will begin mailing individual copies of the above referenced documents to your attention within 30 days.

I do not wish to participate in Householding.

3 FUND SELECTION/ INVESTMENT OPTION

- Enclose your check (\$2,500 minimum per fund)
Make your check Payable to: Rice Hall James Portfolios
The Funds do not accept cash, travelers checks, cashier's checks, bank drafts, money orders, starter, counter, or third party checks.

Table with 2 columns: Fund Name and Amount. Rows include RHH Micro Cap Portfolio (1179), RHH SMID Cap Portfolio (2079), RHH Small Cap Portfolio (1180), and TOTAL.

Please call 1-866-474-5669 prior to sending a wire.

Wiring Instructions:

UMB Bank, n.a.
ABA #101000695
DDA Acct. #9871063178

Reference:
Fund Name
Account Number
Account Name

(over please)

## 4 DIVIDEND & CAPITAL GAINS INSTRUCTIONS

All distributions will be reinvested automatically unless one of the following is checked:

**Dividends:**

- Send all dividends by direct deposit to the bank account indicated on the enclosed voided check.
- Send all dividends by check to the address in section 2.
- Reinvest all dividends.

**Capital Gains:**

- Send all capital gains by direct deposit to the bank account indicated on the enclosed voided check.
- Send all capital gains by check to the address in section 2.
- Reinvest all capital gains.

## 5 COST BASIS CALCULATION METHOD

Please elect the cost basis method to be used in calculating the gain or loss associated with redemption requests. The elected method will be used for all accounts established by this application and any future accounts established. Please choose from the following: (Choose only one)

- Average Cost    First-In First-Out    Specific Lot

Note: When selecting Specific Lot, please choose a secondary method to be used as an alternate in the event specific lot information is not provided.

- First-In First-Out    Last-In First-Out    High Cost    Low Cost
- Loss/Gain Utilization

If no election is made Average Cost will be used.

## 6 TELEPHONE AUTHORIZATION

I (we) hereby authorize and direct the agent to accept and act upon telephone instructions for exchanges and / or redemptions involving the account with corresponding registration unless one or both of the following is (are) checked:

- I (we) do not authorize telephone exchanges.
- I (we) do not authorize telephone redemptions.

## 7 SYSTEMATIC INVESTMENT PLAN (SIP)

I (we) hereby authorize and direct the agent to draw on my (our) bank account on a periodic basis, as indicated in section 9, for investment in my (our) account. Attached is a voided check of the bank account I (we) wish to use. (Initial investments may not be made through the Systematic Investment Plan.) Please note this service will be effective 15 days after the Rice Hall James Portfolios receive this application. **If no date is chosen below, your bank account will be debited on the 15th of the month.**

**Preferred Investment Schedule:**

- Monthly    Quarterly    Semi-Annually    Annually
- 1st or  15th

BEGIN INVESTMENT ON (ENTER MONTH/YEAR) \_\_\_\_\_ DAY OF MONTH \_\_\_\_\_

**Debit My (Our) Bank Account and Invest as Follows (\$100 Minimum per Fund):**

|                         |              |
|-------------------------|--------------|
| RHJ MICRO CAP PORTFOLIO | AMOUNT<br>\$ |
| RHJ SMID CAP PORTFOLIO  | AMOUNT<br>\$ |
| RHJ SMALL CAP PORTFOLIO | AMOUNT<br>\$ |

## 8 SYSTEMATIC WITHDRAWAL PLAN (SWP)

An account balance of at least \$10,000 is required.

**Preferred Withdrawal Schedule:**

- Monthly    Quarterly    Semi-Annually    Annually
- 1st or  15th

BEGIN WITHDRAWAL ON (ENTER MONTH/YEAR) \_\_\_\_\_ DAY OF MONTH \_\_\_\_\_

**Preferred Payment Method:**

- By Check    Direct Deposit to your Bank (ACH) (Complete Section 9)

**I (We) Elect to Receive a Periodic Payment of (\$100 Minimum per account):**

|                         |              |
|-------------------------|--------------|
| RHJ MICRO CAP PORTFOLIO | AMOUNT<br>\$ |
| RHJ SMID CAP PORTFOLIO  | AMOUNT<br>\$ |
| RHJ SMALL CAP PORTFOLIO | AMOUNT<br>\$ |

## 9 BANK INFORMATION

**For SIP/SWP and Wire Redemptions:**

Your bank account information must be on file in order to exercise telephone investment privileges. The account holder's name(s) corresponding to the account number below must match exactly at least one name in Section 1.

**A blank voided check must be enclosed.**

NAME OF BANK \_\_\_\_\_

REGISTRATION ON ACCOUNT \_\_\_\_\_

ABA ROUTING NUMBER \_\_\_\_\_  Checking    Savings

ACCOUNT NUMBER \_\_\_\_\_ ACCOUNT TYPE \_\_\_\_\_

