

If you have any questions regarding this form, please call Shareholder Services at 1-888-912-4562.

PART I: INVESTOR INFORMATION (*DENOTES REQUIRED INFORMATION)

Owner's Name* (First, M.I., Last)	Date of Birth*	Social Security Number *		
Street Address (Physical Address)*	Apt #	City*	State*	Zip Code*
Daytime Phone*	Evening Phone			
Account Number (if known)				

PART II: NAV REASON

By checking the appropriate box, I certify that the following conditions apply for me to receive a waived sales charge:

- Trustees, directors, officers and employees of the Fund or other funds advised by the Adviser, the Adviser and other service providers of the Fund, including employees and members of the immediate family of such individuals and employee benefit plans of such entities;
- Broker-dealers with selling agreements with the Fund's distributor or otherwise entitled to be compensated under the Fund's 12b-1 Plan (and employees, their immediate family members and employee benefit plans of such entities);
- Registered representatives (and their immediate family members) of broker-dealers with selling agreements with the Fund's distributor;
- Tax-qualified plans when proceeds from repayments of loans to participants are invested (or reinvested) in the Fund;
- Financial planners, registered investment advisers, bank trust departments and other financial intermediaries with service agreements with the Fund's distributor (and employees, their immediate family members and employee benefit plans of such entities);
- Clients (who pay a fee to the relevant administrator or financial intermediary) of administrators of tax-qualified plans, financial planners, registered investment advisers, bank trust departments and other financial intermediaries, provided the administrator or financial intermediary has an agreement with the Fund's distributor or the Fund for this purpose;
- Clients of the Adviser who were not introduced to the Adviser by a financial intermediary and, prior to the effective date of the Fund, executed investment management agreements with the Adviser;
- Separate accounts of insurance companies, provided the insurance company has an agreement with the Fund's distributor or the Fund for this purpose;
- Participants in wrap account programs, provided the broker-dealer, registered investment adviser or bank offering the program has an agreement with the Fund's distributor or the Fund for this purpose;
- Clients solicited by employees of the Adviser and who were not otherwise introduced to the Fund or the Adviser by a financial intermediary within one year of the purchase.
- Shares are purchased through processing organizations (broker-dealers, banks or other financial institutions) that have a sales agreement or have made special arrangements with the Fund's distributor.

PART III: SIGNATURE

I am, therefore, eligible to purchase shares of the Fuller & Thaler Funds at net asset value. I understand the Fund has the right to revoke this privilege at any time, and the intentional abuse of this privilege may result in the application of the retroactive sales charge or other penalties at the discretion of the Fund. I understand that a new certification statement will be required when I make a firm or institutional change.

Print Name and Title

Firm Name and Number

Representative Number

Social Security Number

Signature

Branch and Branch Number

Address

City, State, Zip Code

Date

Telephone Number

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
Fuller Thaler Funds
P.O. Box 46707
Cincinnati, OH 45246-0707

Overnight Delivery
Fuller Thaler Funds
225 Pictoria Drive, Suite 450
Cincinnati, OH 45246