



# Account Application

**Disciplined Investing. Independent Thinking.™**

This application is to be used for non-retirement accounts only. To purchase shares through an Individual Retirement Account (IRA) or other qualified plan, please request the appropriate application by calling (800) 497-2960 or visit www.RoxburyFunds.com. For wiring instructions or questions call: (800) 497-2960

<p><b>Return completed form to:</b></p>	<p><b>First Class Mail:</b> The Roxbury Funds c/o PNC Global Investing Servicing P.O. Box 9814 Providence, RI 02940</p>	<p><b>Overnight Express:</b> The Roxbury Funds c/o PNC Global Investing Servicing 101 Sabin Street Pawtucket, RI 02860-1427</p>
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## I. INVESTMENT SELECTION

Please be sure to read the prospectus for each fund you invest in.

Fund	INSTITUTIONAL (\$100,000 minimum)	
Roxbury Small-Cap Growth Fund	(#14)	\$ _____
<b>TOTAL AMOUNT TO BE INVESTED</b>		<b>\$ _____</b>

**Payment Method:**

Check. Make payable to the fund in which you are investing.

Wire. Call (800) 497-2960 for instructions. Bank from which funds will be wired: \_\_\_\_\_  
Date of wire \_\_\_\_/\_\_\_\_/\_\_\_\_

## 2. ACCOUNT REGISTRATION

### INDIVIDUAL/JOINT TENANCY

OWNER'S NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM-DD-YYYY)
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JOINT OWNER'S NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM-DD-YYYY)
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*Joint accounts are registered as "Joint Tenants with Right of Survivorship," unless otherwise specified.*

### UNIFORM GIFT TO MINOR

CUSTODIAN'S NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM-DD-YYYY)
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MINOR'S NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM-DD-YYYY)	MINOR'S STATE OF RESIDENCE
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**TRUST** (Date of Trust Agreement \_\_\_\_\_)    **PARTNERSHIP**    **CORPORATION**    **OTHER** \_\_\_\_\_

NAME OF ENTITY	TAX IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OF ENTITY*
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(LAST, FIRST, MIDDLE INITIAL) NAME OF TRUSTEE/PERSON AUTHORIZED TO CONDUCT TRANSACTIONS IN THIS ACCOUNT	DATE OF BIRTH (MM-DD-YYYY)
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Will this account be trading as an omnibus account? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Is your company any of the following (If yes, please provide business classification,): a bank organized and located outside the United States; a foreign office, agent or branch of a U.S. covered financial institution; money transmitter; currency dealer or exchanger; or a company that if located in the United States would be required to register as a mutual fund, securities broker-dealer or a futures commission merchant?

\_\_\_\_\_ No    \_\_\_\_\_ Yes, please explain \_\_\_\_\_

\* Tax Identification Number: (a) for an individual, joint tenants, or a custodial account under the Uniform Gift/Transfer to Minor Act, supply the Social Security number of all the registered account owners, (b) for a trust, a corporation, a partnership, an organization, a fiduciary, etc., supply the Employer Identification number of the legal entity or organization that will report income and/or gains.

**IMPORTANT INFORMATION FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions, including mutual funds, to obtain, verify, and record information that identifies each person who opens an account.

**What this means for you:**

- When you open an account, we will ask for your name, address, date of birth, and other information and/or documentation that will allow us to identify you. This information will be verified to ensure the accurate identity of all individuals opening a mutual fund account.
- If we are unable to obtain the required information and documentation within a reasonable amount of time, your application will be rejected.
- If we are unable to verify your identity within a reasonable amount of time, the Fund reserves the right to freeze or liquidate your account.

**3. ADDRESS**

**OWNER'S STREET ADDRESS:**

STREET ADDRESS	CITY	STATE	ZIP CODE
	(     )	(     )	
EMAIL ADDRESS	DAYTIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER	

**MAILING ADDRESS (if different from street address):**

STREET ADDRESS	CITY	STATE	ZIP CODE
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**4. DISTRIBUTION OPTIONS**

All dividend and capital gains distributions will be automatically reinvested unless noted below:

<b>Dividends</b>	Pay by check	Reinvest
<b>Capital Gains</b>	Pay by check	Reinvest

**5. CERTIFICATIONS AND SIGNATURES**

I have received and read the Prospectus for The Roxbury Funds in which I (we) am (are) investing, and agree to its terms. I am of legal age and understand that the shares offered by this Prospectus are not deposits of, or guaranteed by, The Roxbury Funds, nor are the shares insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board or any other agency. I further understand that investment in these shares involves investment risks, including possible loss of principal. If a corporate customer, I certify that appropriate corporate resolutions authorizing investment in The Roxbury Funds have been duly adopted.

**Under the Interest and Dividend Tax Compliance Act of 1983, the Fund is required to have the following certification:**

**Under penalties of perjury, I certify that:**

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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. person (including a U.S. resident alien).

*Note: 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. The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.*

SIGNATURE	DATE
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SIGNATURE	DATE
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Check one:      Owner      Trustee      Custodian      Other \_\_\_\_\_