

W I N S L O W

GREEN MUTUAL FUNDS

Mail To: Winslow Green Mutual Funds
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: Winslow Green Mutual Funds
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL 3
Milwaukee, WI 53202-5207

For additional information please call toll-free **1-888-314-9049** or visit us on the web at **www.winslowgreen.com**.

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

1. Investor Information

FIRST NAME _____ M.I. _____ LAST NAME _____
SOCIAL SECURITY NUMBER _____ BIRTH DATE (Mo / Dy / Yr) _____
DRIVER'S LICENSE OR STATE I.D. NUMBER _____ STATE OF ISSUE _____

2. Permanent Street Address

(P.O. Box is not acceptable)
(Residential Address or Principal Place of Business – No Foreign Addresses)

STREET _____ APT / SUITE _____

CITY _____ STATE _____ ZIP CODE _____

DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

NAME _____

STREET _____ APT/SUITE _____

CITY _____ STATE _____ ZIP CODE _____

Mailing Address (if different from Permanent):

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. No foreign addresses.

STREET _____ APT / SUITE _____

CITY _____ STATE _____ ZIP CODE _____

Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

NAME _____

STREET _____ APT/SUITE _____

CITY _____ STATE _____ ZIP CODE _____

3. Type of IRA

If no tax year is indicated, we will assume it is for the current tax year.
 Refer to disclosure statement for eligibility requirements and contribution limits.

Choose ONE of the following account types:

Traditional IRA Account

- Contribution for tax year _____
- IRA to IRA Transfer (please complete IRA Transfer Form)
- Rollover (shareholder had receipt of funds)

Traditional IRA Rollover Account

- Rollover IRA to Rollover IRA
- Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator. Please check the type of qualified plan:
 Corporate Pension PSP 401(k) 403(b) Other _____

ROTH IRA Account

- Contribution for tax year _____
- Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form) - Original Roth IRA funding year _____
- Traditional IRA to Roth IRA - Year of conversion from a Traditional IRA to a Roth IRA _____
- Rollover from Roth IRA (shareholder had receipt of funds) - Original Roth IRA funding year _____
- Rollover from a Roth 401K or 403B account

SEP (Simplified Employee Pension Plan) – Each employee must complete an *IRA Application*.

- Contribution
- Transfer from another SEP IRA Account
- Rollover (shareholder had receipt of funds)

SIMPLE IRA (Be sure to complete Section 9) - Original SIMPLE IRA funding date _____

- Contribution
- Transfer from another SIMPLE IRA Account
- Rollover (shareholder had receipt of funds)

4. Investment Choices

- By check: Make check payable to Winslow Green Mutual Funds. \$ _____
- By wire: Call 888-314-9049. Indicate amount of wire \$ _____

Fund Name Plan	Investment Amount \$2,000 Minimum (\$250,000 Minimum Institutional Shares)	Optional Automatic Investment		
		\$50 Minimum	AIP Start Month	Day
<input type="checkbox"/> Winslow Green Growth Fund - Investor Shares 1785	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Winslow Green Growth Fund - Institutional Shares 1786	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Winslow Green Solutions Fund - Investor Shares 1787	\$ _____	\$ _____	_____	_____

5. Telephone and E-mail

You may use the telephone to purchase or exchange fund shares. These features are automatically established unless you check the box(es) below.

- I do NOT want: Telephone Purchase Option
 Telephone Exchange Option

You must complete Section 7, Bank information to establish the above options. These options are generally activated 15 business days after your signed application is processed.

If an account has multiple owners, the Fund may rely on the telephone instructions of any one account holder.

6. Automatic Investment Plan

If you choose this option, funds will be automatically transferred from your bank account monthly. Please attach a voided check or savings deposit slip to Section 7 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Your signed Application must be received at least 15 business days prior to initial transaction.

		Amount per Draw (\$50.00 minimum)	AIP Start Month	AIP Start Day
<input type="checkbox"/> Winslow Green Growth Fund - Investor Shares	1785	\$ _____	_____	_____
<input type="checkbox"/> Winslow Green Growth Fund - Inst. Shares	1786	\$ _____	_____	_____
<input type="checkbox"/> Winslow Green Solutions Fund - Investor Shares	1787	\$ _____	_____	_____

Please keep in mind that:

- There is a \$25 fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

7. Voided Check For Bank Information

Your signed application must be received at least 15 business days prior to initial transaction.

A voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required.

If you selected this option in Section 5 or 6, funds will be automatically transferred from your checking or savings account. Please attach a voided check or savings deposit slip to this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

**ATTACH VOIDED CHECK OR
PREPRINTED SAVINGS DEPOSIT
SLIP HERE**

8. Beneficiary Information (If you need more space, please enclose a separate sheet of paper)

Primary

NAME _____	RELATIONSHIP _____	CITY / STATE / ZIP _____	SOCIAL SECURITY NUMBER _____	DOB _____	% _____
NAME _____	RELATIONSHIP _____	CITY / STATE / ZIP _____	SOCIAL SECURITY NUMBER _____	DOB _____	% _____
NAME _____	RELATIONSHIP _____	CITY / STATE / ZIP _____	SOCIAL SECURITY NUMBER _____	DOB _____	% _____

Secondary

NAME _____	RELATIONSHIP _____	CITY / STATE / ZIP _____	SOCIAL SECURITY NUMBER _____	DOB _____	% _____
NAME _____	RELATIONSHIP _____	CITY / STATE / ZIP _____	SOCIAL SECURITY NUMBER _____	DOB _____	% _____
NAME _____	RELATIONSHIP _____	CITY / STATE / ZIP _____	SOCIAL SECURITY NUMBER _____	DOB _____	% _____

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

X _____ DATE _____
SIGNATURE OF SPOUSE

9. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt Winslow Green Mutual Funds Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for The Winslow Green Mutual Funds (the "Funds"). I understand the Funds' objectives and policies and agree to be bound to the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e. consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Funds to revoke my consent. I agree to notify the Funds of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Funds and its transfer agent shall not be liable if I fail to notify The Winslow Green Mutual Funds within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

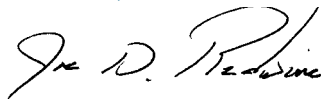
I authorize the Fund to perform a credit check in the event that one is needed to verify or establish identity.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Winslow Green Growth Funds") will not be responsible for banking system delays beyond their control. By completing sections 5, 6 or 7, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. The Winslow Green Mutual Funds will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Funds' transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (Mo / Dy / Yr)

Appointment as Custodian accepted:
U.S. BANK, NA



10. SIMPLE IRA Employer Information

EMPLOYER (COMPANY) NAME

EMPLOYER STREET ADDRESS

EMPLOYER CITY / STATE / ZIP CODE

EMPLOYER CONTACT NAME

EMPLOYER CONTACT BUSINESS PHONE NUMBER

11. Dealer Information

Please be sure to complete representative's first name and middle initial.

DEALER NAME

DLR #

BRANCH ID

REPRESENTATIVE'S LAST NAME

FIRST NAME

MI

REP ID

DEALER HEAD OFFICE INFORMATION:

REPRESENTATIVE'S BRANCH OFFICE INFORMATION:

ADDRESS

ADDRESS

CITY / STATE / ZIP

CITY / STATE / ZIP

TELEPHONE NUMBER

TELEPHONE NUMBER