

Political Official or Government Entity

Are you a state or municipal political official or government entity? No Yes

If yes, will any Performance Fund be an investment option for a participant-directed plan or program of a government entity? No Yes

If yes, please identify the type of plan or program:

- 529 College savings plan
- 403(b) Retirement plan
- 457 Retirement plan
- Other (Specify) _____

2 Fund Selection

If you wish to invest in more than one Fund, be sure to indicate the amount you wish to invest in each Fund. Please make check payable to the Performance Funds. Refer to the prospectus for acceptable forms of payment and minimum initial investment amounts. If no share class is selected, you will automatically be invested in the Class A Shares. You may invest only in a Fund for which you have a current prospectus.

	Class A Shares	Class B Shares	Amount
Money Market Fund.....	<input type="checkbox"/>		\$ _____
Short Term Government Income Fund.....	<input type="checkbox"/>		\$ _____
Intermediate Term Income Fund.....	<input type="checkbox"/>		\$ _____
Large Cap Equity Fund.....	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Mid Cap Equity Fund.....	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Leaders Equity Fund.....	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Strategic Dividend Fund.....	<input type="checkbox"/>		\$ _____

Total: \$ _____

3 Account Options

A. Rights of Accumulation (Class A Shares only. See the prospectus for qualifications.)

A family member or I own shares of more than one fund in the Performance Funds, which may entitle me to a reduced sales charge. The shareholder account numbers are:

Fund Name _____	Fund Name _____	Fund Name _____
Account # _____	Account # _____	Account # _____

B. Letter of Intent (Class A Shares only.)

I understand that through accumulated investments I can reduce my sales charges as outlined in the prospectus. I plan to invest over a 13-month period in shares of one or more of the Funds in the Performance Funds (except the Money Market Fund, U.S. Treasury Money Market Fund) an aggregate amount of at least:

- \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

C. Sales Charge Waivers (See current prospectus under "Sales Charge Waivers" for qualified purchaser types.)

Qualified Purchaser Category and Explanation _____

D. Telephone Redemption and Exchange (If left blank, you will automatically receive telephone privileges.)

I elect the telephone privileges as described in the prospectus. Yes No

E. Banking Services

For your convenience, you may authorize Performance Funds to transfer funds between your bank account and your Performance account. We will establish your banking instructions using the investment check you submitted. However, if you wish to establish banking instructions with another bank account, please provide a preprinted voided check or alternate banking instructions. Note: One or more of the name(s) in the Bank Registration must match the name(s) in the Account Registration in Section 1 of this application. I authorize you to establish banking services. Yes No

F. Distribution Selection (Your dividends and capital gains will automatically be reinvested into your account unless you indicate otherwise.)

(If you choose the Cash Payment Option and do not specify, a check will be sent to your address of record.)

Distribution Options:	<u>Reinvest</u>	<u>Cash</u>	<u>Directed</u>	<u>Cash Payment Method</u>
Dividends:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Account # _____	<input type="checkbox"/> ACH (Bank of record) <input type="checkbox"/> Check (Sent to address of record)
Capital Gains:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Account # _____	

G. Checkwriting Please be sure to fill out a signature card. (Checkwriting is only available for the Money Market Funds.)

Yes. I want to be able to write checks from my Performance Funds account (minimum check redemption amount of \$100).

H. Automatic Investment Plan I would like the plan to begin the month of _____ 20____. Please have the amount(s) indicated below withdrawn from my bank account and invested in the fund(s) listed below. (Minimum \$50 per transaction.)

Fund _____	<input type="checkbox"/> Each month on the 5th	Fund _____	<input type="checkbox"/> Each month on the 5th
Amount \$ _____	<input type="checkbox"/> Each month on the 20th	Amount \$ _____	<input type="checkbox"/> Each month on the 20th
	<input type="checkbox"/> Each month on the 5th and 20th		<input type="checkbox"/> Each month on the 5th and 20th

4 Your Signature *(All registered shareholders must sign.)*

I have received and read the current prospectus(es) and privacy notice for the Fund(s) selected, and this Account Registration Form, and agree to be bound by their terms.

I certify under penalties of perjury that:

- 1) The taxpayer identification number shown on this application is correct (or I am waiting for a number to be issued to me); and
- 2) I am NOT subject to backup withholding because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest and dividends. (CROSS OUT the word "NOT" above if you have received IRS notification.); and
- 3) I am a U.S. Person (including a U.S. Resident alien).

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

BY SIGNING BELOW, I REPRESENT THAT I HAVE READ THE TERMS AND CONDITIONS GOVERNING THIS ACCOUNT AND AGREE TO BE BOUND BY SUCH TERMS AND CONDITIONS AS ARE CURRENTLY IN EFFECT AND AS MAY BE AMENDED FROM TIME TO TIME, AND I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE DISCLOSURE WITH RESPECT TO NON-DEPOSIT INVESTMENT PRODUCTS AT THE INTRODUCTION TO THIS AGREEMENT.

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

I UNDERSTAND THAT MUTUAL FUND SHARES ARE NOT DEPOSITS OF ANY BANK, ARE NOT INSURED BY THE FDIC, ARE NOT OBLIGATIONS OF ANY BANK OR THE U.S. GOVERNMENT AND ARE NOT ENDORSED OR GUARANTEED IN ANY WAY BY ANY BANK.

THE FUNDS WILL COMPLY WITH ALL STATE AND FEDERAL MANDATED ENFORCEMENT PROGRAMS, WHICH MAY RESULT IN THE RELEASE OF YOUR ACCOUNT INFORMATION TO REGULATORY AGENCIES. A SHAREHOLDER'S PROPERTY MAY BE TRANSFERRED TO THE APPROPRIATE STATE IF NO ACTIVITY OCCURS IN THE ACCOUNT WITHIN THE TIME PERIOD SPECIFIED BY STATE LAW.

BANK, BROKER-DEALER USE ONLY

Broker/Dealer Name:

Broker/Dealer #:

Branch Name:

Branch #:

Rep. Name:

Rep. #: