

New Account Application

Please do not use this form for IRA accounts

Mail to: Osterweis Funds
 c/o U.S. Bancorp Fund Services, LLC
 P.O. Box 701
 Milwaukee, WI 53201-0701

Overnight Express Mail To: Osterweis Funds
 c/o U.S. Bancorp Fund Services, LLC
 615 E. Michigan St., FL3
 Milwaukee, WI 53202-5207

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 | Select one

Individual

All tax reporting will be done under this person's social security number.

 FIRST NAME M.I. LAST NAME DATE OF BIRTH (MM/DD/YYYY)

 SOCIAL SECURITY NUMBER

Joint Owner

Registration will be Joint Tenancy with Rights of Survivorship (JTWROS) unless otherwise specified.

 FIRST NAME M.I. LAST NAME DATE OF BIRTH (MM/DD/YYYY)

 SOCIAL SECURITY NUMBER

Gift to Minor

All statements will be sent to this custodian.

 CUSTODIAN'S FIRST NAME (ONLY ONE) M.I. LAST NAME DATE OF BIRTH (MM/DD/YYYY)

 CUSTODIAN'S SOCIAL SECURITY NUMBER

 MINOR'S FIRST NAME (ONLY ONE) M.I. LAST NAME DATE OF BIRTH (MM/DD/YYYY)

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

Tax Exempt Organization

 NAME OF TRUST / CORPORATION / PARTNERSHIP AND STATE OF ORGANIZATION

C Corporation

Partnership

 NAME(S) OF TRUSTEE(S)

Limited Liability Company

S Corporation

 SOCIAL SECURITY NUMBER / TAX I.D. NUMBER DATE OF AGREEMENT (MM/DD/YYYY)

Trust

Other Entity

You must supply:
 1. Documentation to substantiate existence of your organization. (i.e., Articles of Incorporation/Formation/Organization, Trust Agreements (including the powers and limitations section(s)), Partnership Agreement, or other official documents.)
 2. A separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.

Check here if you are a government entity or affiliated with a government entity.

2 Permanent Street Address

Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed.

STREET _____ APT / SUITE _____

CITY _____ STATE _____ ZIP CODE _____

DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

E-MAIL ADDRESS _____

Duplicate Statement #1

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

COMPANY NAME _____

NAME _____

STREET _____ APT / SUITE _____

CITY _____ STATE _____ ZIP CODE _____

Mailing Address* (if different from Permanent Address)

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.

STREET _____ APT / SUITE _____

CITY _____ STATE _____ ZIP CODE _____

* A P.O. Box may be used as the mailing address.

Duplicate Statement #2

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

COMPANY NAME _____

NAME _____

STREET _____ APT / SUITE _____

CITY _____ STATE _____ ZIP CODE _____

3 Cost Basis Method

The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation. If you do not elect a Cost Basis Method, your account will default to Average Cost.

Primary Method (Select only one)

- Average Cost** – averages the purchase price of acquired shares
- First In, First Out** – oldest shares are redeemed first
- Last In, First Out** – newest shares are redeemed first
- Low Cost** – least expensive shares are redeemed first
- High Cost** – most expensive shares are redeemed first
- Loss/Gain Utilization** – depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares
- Specific Lot Identification** – you must specify the share lots to be sold at the time of a redemption (This method requires you elect a Secondary Method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable.)

Secondary Method – applies only if Specific Lot Identification was elected as the Primary Method (Select only one)

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

Note: If a Secondary Method is not elected, First In, First Out will be used.

4 Investment and Distribution Options

By check: Make check payable to the Osterweis Funds.

Note: Generally, cashier's checks of \$10,000 or less, money orders of any amount and third party checks are not accepted.

By wire: Call (866) 236-0050.

		Investment Amount \$5,000 Minimum	Capital Gains		Dividends	
			Reinvest	Cash*	Reinvest	Cash*
<input type="checkbox"/>	Osterweis Fund	1038 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Osterweis Strategic Income Fund	1039 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Osterweis Strategic Investment Fund	1037 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If nothing is selected, capital gains and dividends will be reinvested.

*If a cash distribution option is selected, please choose distribution method below:

Please mail cash distributions to the address in Section 2.

Please deposit cash distributions directly into my bank account. If you choose this option, funds will be automatically transferred to your bank account. Please attach a voided check or a preprinted savings deposit slip to Section 7 of this application.

5 Automatic Investment Plan (AIP)

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

Automatic Investment Plan (\$250 minimum) permits regularly scheduled automatic investment of funds.

If you choose this option, funds will be automatically transferred from your bank account. 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.

Draw money for my AIP (check one): Monthly Quarterly

If no option is selected, the frequency will default to monthly.

<input type="checkbox"/>	Osterweis Fund	1038	_____	_____	_____
			<small>AMOUNT PER INVESTMENT</small>	<small>AIP START MONTH</small>	<small>AIP START DAY</small>
<input type="checkbox"/>	Osterweis Strategic Income Fund	1039	_____	_____	_____
			<small>AMOUNT PER INVESTMENT</small>	<small>AIP START MONTH</small>	<small>AIP START DAY</small>
<input type="checkbox"/>	Osterweis Strategic Investment Fund	1037	_____	_____	_____
			<small>AMOUNT PER INVESTMENT</small>	<small>AIP START MONTH</small>	<small>AIP START DAY</small>

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.

6 Telephone and Internet Options

You automatically have the ability to make telephone and/or internet purchases*, redemptions* or exchanges per the prospectus, unless you specifically decline below. Internet transaction privileges are not available if you decline telephone privileges. Please see the prospectus for minimum and maximum amounts. To access your account online, after your account is established please visit www.osterweis.com and click on the Mutual Funds Login.

* You must provide bank instructions and a voided check in Section 7.


Please check the box below if you wish to decline these options. If the options are not declined, you are acknowledging acceptance of these options.

- I decline telephone redemption privileges. (If this option is selected you will not have internet transaction privileges.)
- I decline telephone purchase or exchange privileges. (If this option is selected you will not have internet transaction privileges.)
- I decline all internet transaction privileges.

7 Bank Information

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions, a systematic withdrawal plan, or cash distributions, a voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required. **We are unable to debit or credit mutual fund or pass-through accounts.**

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

John Doe	53289
Jane Doe	
123 Main St.	
Anytown, USA 12345	
Pay to the order of _____	\$ _____
_____	_____ DOLLARS
Memo _____	Signed _____
	
⑆ 1 2 3 4 5 6 7 8 ⑆ ⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆	

8 Transfer on Death Beneficiary (Optional)

FIRST NAME

M.I. LAST NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

STREET

CITY / STATE / ZIP

9 Signature and Certification Required by the Internal Revenue Service

✓ I have received and understand the prospectus for Osterweis Funds (the "Funds"). I understand the Funds' investment objectives and policies and agree to be bound by the terms of the prospectus. I acknowledge and consent to the householding (i.e. consolidation of mailings) of regulatory 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 Fund 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 Fund and its transfer agent shall not be liable if I fail to notify the Funds within such time period. I certify that I am of legal age and have legal capacity to make this purchase.

✓ The Funds, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Osterweis Funds") will not be responsible for banking system delays beyond their control. By completing Sections 5, 6, 7 or 8, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Funds. The Osterweis 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.

✓ Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your State's abandoned property laws.

✓ I authorize the Funds to perform a credit check based on the information provided, if necessary.

✓ **Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or 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).** (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends)

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

SIGNATURE OF OWNER*

DATE (MM/DD/YYYY)

SIGNATURE OF JOINT OWNER*

DATE (MM/DD/YYYY)

* If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided for the Joint Owner.

10 Dealer Information (Optional)

DEALER NAME

REPRESENTATIVE'S LAST NAME

FIRST NAME

M.I.

DEALER'S ID

BRANCH ID

REPRESENTATIVE'S ID

DEALER HEAD OFFICE INFORMATION:

REPRESENTATIVE BRANCH OFFICE INFORMATION:

ADDRESS

ADDRESS

CODE

CITY / STATE / ZIP

CITY / STATE / ZIP

TELEPHONE NUMBER

TELEPHONE NUMBER

Before you mail, have you completed the applicable sections below?

- | | |
|---|--|
| <input type="checkbox"/> Completed all USA PATRIOT Act required information?
– Social Security or Tax ID Number in Section 1?
– Birth Date in Section 1?
– Full Name in Section 1?
– Permanent street address in Section 2? | <input type="checkbox"/> Enclosed your personal check made payable to the Osterweis Funds?
<input type="checkbox"/> Included a voided check, if applicable?
<input type="checkbox"/> Signed your application in Section 9?
<input type="checkbox"/> Enclosed additional documentation, if applicable? |
|---|--|

For additional information please call toll-free (866) 236-0050 or visit us on the web at www.osterweis.com.

PRIVACY NOTICE

The Funds collect non-public information about you from the following sources:

- Information we receive about you on applications or other forms;
- Information you give us orally; and
- Information about your transactions with us or others.

The Funds do not disclose any non-public personal information about our customers or former customers without the customer's authorization, except as permitted by law or in response to inquiries from governmental authorities. The Funds may share information with affiliated parties and unaffiliated third parties with whom we have contracts for servicing the Funds. The Funds will provide unaffiliated third parties with only the information necessary to carry out their assigned responsibility and require third parties to treat your non-public information with the same high degree of confidentiality. The Funds maintain physical, electronic and procedural safeguards to guard your non-public personal information and require third parties to treat your non-public information with the same high degree of confidentiality.

In the event that you hold shares of a Fund through a financial intermediary, including, but not limited to, a broker-dealer, bank, or trust company, the privacy policy of your financial intermediary would govern how your non-public personal information would be shared by those entities with unaffiliated third parties.