



New Account Application

Do not use this form for IRA accounts.

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

Overnight Express Mail To: Empiric Funds, Inc.
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., 3rd Floor
Milwaukee, WI 53202-5207

For additional information please call toll-free 888-839-7424 or visit our website at www.empiricfunds.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 Address.** Corporate, trust and other 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. Investment Choices**
- By check: Make check payable to Empiric Funds, Inc. \$ _____
- By wire: Call 888-839-7424. Indicate amount of wire \$ _____
- \$2,000.00
MINIMUM INVESTMENT

<u>Fund Name</u>	<u>Investment Amount</u>
<input type="checkbox"/> Core Equity Fund Class A (TC-425)	\$ _____
<input type="checkbox"/> Core Equity Fund Class C (TC-426)	\$ _____

1A. Distribution Options

Capital Gains & Dividends Reinvested	Capital Gains Reinvested & Dividends in Cash*	Capital Gains and Dividends in Cash*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Unless otherwise indicated, cash distributions will be mailed to the address in Section 3.

2. Investor Information – Select one

- Individual
- _____
FIRST NAME *M.I.* *LAST NAME* *SOCIAL SECURITY #* *BIRTHDATE (Mo/Dy/Yr)*
- Joint Owner
- _____
FIRST NAME *M.I.* *LAST NAME* *SOCIAL SECURITY #* *BIRTHDATE (Mo/Dy/Yr)*
- Registration will be Joint Tenancy with Rights of Survivorship (JTWROS), unless otherwise specified.
- Gift to Minors
- _____
CUSTODIAN'S FIRST NAME (ONLY ONE PERMITTED) *M.I.* *LAST NAME* *SOCIAL SECURITY #* *BIRTHDATE (Mo/Dy/Yr)*
- _____
MINORS FIRST NAME (ONLY ONE PERMITTED) *M.I.* *LAST NAME* *SOCIAL SECURITY #* *BIRTHDATE (Mo/Dy/Yr)*
- _____
STATE OF RESIDENCE
- Corporation/
Trust*
- _____
NAME OF TRUSTEE(S) (IF TO BE INCLUDED IN REGISTRATION)
- Partnership*
- _____
NAME OF TRUST/CORPORATION/PARTNERSHIP
- Other Entity*
- _____
SOCIAL SECURITY #/TAX ID# _____
DATE OF AGREEMENT (Mo/Dy/Yr)

* You must supply documentation to substantiate existence of your organization. (i.e., Trust Agreements, Corporate Resolution, Partnership Agreement or other official IRS Documents.)

Remember to include a separate sheet detailing the Full Name, Date of Birth, Social Security Number and Permanent Street Address for all authorized individuals.

3. Permanent Street Address (P.O. Box is not acceptable)

STREET _____	APT/SUITE _____
CITY _____	STATE _____ ZIP _____
DAYTIME PHONE # _____	EVENING PHONE # _____

Duplicate Confirmation to:

FIRST NAME _____	M.I. _____	LAST NAME _____
STREET _____	APT/SUITE _____	
CITY _____	STATE _____	ZIP _____

4. Telephone Options

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

Please include a voided bank check or savings deposit slip.

- Redemption** – permits the transfer of funds via:
 - Check to address in section 3
 - Federal wire to your bank account below (\$15.00 charge for each wire transfer)
 - EFT, at no charge, to your bank account below (funds are typically credited within two days after redemption)
- Purchase (EFT)** (\$100.00 minimum) – permits the purchase of shares from your bank account below

5. Automatic Investment Plan

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

Please include a voided bank check or savings deposit slip.

Based on the instructions below, funds will be automatically transferred from the checking or savings account provided in Section 6.

- \$25.00 fee will be assessed if the automatic purchase cannot be made.
- Participation in the plan will be terminated automatically upon redemption of all shares.

AMOUNT (\$100 MINIMUM)	AIP START MONTH	DAY OF MONTH
_____	_____	_____

6. Voided Check for Bank Information

If you have selected an automatic investment plan, wire redemption, EFT purchases or EFT redemptions, please attach a voided check or savings deposit slip in this space. 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 Automatic Clearing House system (ACH). Changes or terminations should be made five days prior to the effective date.

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

7. Letter of Intent

Applicable to Class A Only.

- I agree to the terms of the Letter of Intent set forth in the prospectus. Although I am not obligated to do so, it is my intention to invest over a 13-month period in shares of the Empiric Funds, Inc. on which a sales load has been paid an aggregate amount equal to at least:
 - \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

8. Rights of Accumulation

Applicable to Class A Only.

A reduced sales load applies to any purchase of the Empiric Funds, Inc. shares, sold with a sales load, where then-current investment is \$50,000.00 or more. I/We own shares of one or more of Empiric Funds, Inc.:

Existing Account Number(s): _____

9. Signature and Certification Required by the Internal Revenue Service

I have received and understood the prospectus for the Empiric Funds, Inc. (the "Funds"). I understand the Funds' investment objectives and policies and agree to be bound by 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 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 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 their transfer agent shall not be liable if I fail to notify the Funds within such time period. I represent that I am of legal age and have legal capacity to make this purchase.

The Funds, the applicable Fund, its transfer agent and any officers, directors, employees, or agents of these entities (collectively "Empiric Funds, Inc."), will not be responsible for banking system delays beyond their control. By completing sections 4 or 5, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, National Association, on behalf of the applicable Fund. Empiric Funds, Inc. will not be liable for acting upon instructions believed 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 personally by me. 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 a reasonable amount of time to act upon a written notice of revocation.

Under the penalty of perjury, I certify that (1) the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, and (2) I am not subject to backup withholding either as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (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 certifications required to avoid backup withholding.

SIGNATURE OF OWNER*

DATE (Mo/Dy/Yr)

SIGNATURE OF JOINT OWNER, if any

DATE (Mo/Dy/Yr)

*If shares are to be registered in (1) joint names, both persons should 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 space provided below.

PRINT NAME AND TITLE OF OFFICER SIGNING FOR A CORPORATION OR OTHER ENTITY

10. Dealer Information

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

DEALER NAME

DEALER HEAD OFFICE

ADDRESS

CITY/STATE/ZIP

()

TELEPHONE NUMBER

REPRESENTATIVE'S LAST NAME

FIRST NAME

MI

REPRESENTATIVE'S BRANCH OFFICE

ADDRESS

CITY/STATE/ZIP

()

TELEPHONE NUMBER

REP'S A.E. NUMBER

Before you mail, have you:

Completed all Patriot Act required information?

Social Security or Tax ID Number in section 2?

Birth Date in section 2?

Full Name in section 2?

Permanent Street Address in section 3?

Enclosed additional documentation, if applicable?

Enclosed your check made payable to Empiric Funds, Inc.?

Included a voided check, if applicable?

Signed your application in section 9?