



Ave Maria Money Market Account Check Order Form and Signature Card

Note: We comply with Section 326 of the USA Patriot Act. This law requires us to verify certain information about you while processing your application.

Not FDIC/NCUSIF insured • May go down in value • Not financial institution guaranteed
Not a deposit • Not insured by any federal government agency

Send these completed forms to:
Ave Maria Mutual Funds
c/o Ultimus Fund Solutions, LLC
P.O. Box 46707
Cincinnati, OH 45246-0707

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The information you provide below will be printed on your checks. **Please type or print clearly with black ink** the following information exactly as you would like it to appear on your checks. (Maximum of 30 characters per line)

Ave Maria Fund: Automated Government Cash Reserves

6	9	2	0	0										
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Account Number (For office use only)

Overnight Delivery

- ☐ Check this box if you would like to request that the signature of the addressee (or a representative of the addressee) be required for delivery. Please note your account will be assessed a fee for this service

Checkbook Order Form

Full Name

Co-owner/Other

Driver's License Number

Starting Check Number (1001)

Street Address

Shipping Address (if different than check address)

City

State

Zip Code

City

State

Zip Code

Telephone Number

Routing and Transit Number 101218856

Checkwriting Signature Card

1. Primary Shareowner(s) Name(s) as Registered

2. Joint Shareowner(s) Name

Street Address

City

State

Zip Code

Social Security Number or Taxpayer Identification Number

Social Security Number

Authorized Signature(s)

Joint Accounts: ☐ Either owner is authorized to sign Redemption Checks.

Automated Government Cash Reserves

Fund Name

6	9	2	0	0										
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Account Number (For office use only)

Checkwriting Account Agreement

Each person signing the Checkwriting Signature Card on the above (an "Applicant") certifies that his or her signature thereon represents such Applicant's legal signature. Each Applicant guarantees the genuineness of any other Applicant's signature appearing on the Signature Card. The Fund from which Applicant's checks are to be paid, Applicant's Broker (if any), and UMB Bank, n.a. or its bank affiliates (collectively, the "Bank") and any of their successors are authorized to recognize such signature in the payment of checks, drafts and other instruments ("Checks") against Applicant's investment account ("Account"), **any (1) of the signatures on the Signature Card, standing alone, being sufficient.**

Each Applicant agrees to be bound by the Terms and Conditions for Check Writing (the "Terms"), which may be forwarded to Applicant by Bank from time to time. The Terms may be amended by the Bank, and shall be binding on Applicant and the Account when an Applicant receives notice of any such changes.

Each Applicant hereby appoints the Bank as Applicant's agent for purposes of this Checkwriting Account Agreement. The Bank is authorized, upon the presentment of Checks or other electronic debits drawn on the Account (collectively, "Debits"), to transmit such Debits to the Fund or its Transfer Agent or to the Broker (as appropriate) as requests to redeem shares in the Account in an amount sufficient to pay such Debits, and to effect their payment. Applicant agrees that Bank may honor electronic payments to or from the Account as authorized by Applicant, when such payments are processed in accordance with law and the applicable payment system rules.

Applicant agrees that the Account is subject to the applicable terms and restrictions, including charges for check writing and payment processing services, as set forth in the current Prospectus or in a separate fee schedule for each Fund.

Applicant agrees that payments made from the Account under this Checkwriting Account Agreement are governed by the laws, including the Uniform Commercial Code, as enacted in the State of Missouri, as amended from time to time. Applicant consents to the jurisdiction of the state or federal courts in Missouri over any dispute or claim arising out of the provision of check writing or other payment services under this Agreement. Applicant agrees to examine the statement for the Account promptly. **Applicant agrees to report any claim that a Check or other payment made from the Account was forged, altered, or otherwise not authorized within thirty (30) days of receipt of the statement by any account holder. Failure to notify the Fund, the Broker or the Bank within that time will preclude any claim against the Fund, the Broker and the Bank by reason of any unauthorized or missing signature, alteration, or error of any kind.** In the event the Fund, the Broker or the Bank is deemed liable for any unauthorized payment or any failure to honor a stop payment order that has been properly given, such liability shall not exceed the face amount of the Check or other payment improperly made.



Ave Maria Mutual Funds Investment Account Application

For assistance in completing this application or if you need additional forms, such as retirement plan account applications, visit avemariafunds.com or call **1-888-726-9331**

Important Information About Procedures For Opening A New Account: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions 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 that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Please remember that any documents or information we gather in the verification process will be maintained in accordance with the Shareholder Privacy Policy. Thank you for investing with us.

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ACCOUNT TYPE (Select ONLY ONE Account Type: A,B,C or D)

SELECT ONLY ONE ACCOUNT TYPE

☐ A. Individual and/or Joint Owner (Registration will be JTWR0S, unless otherwise specified.)

First Name	M.I.	Last Name
Social Security #		Birthdate
Mother's Maiden Name		
Joint Owner's First Name	M.I.	Last Name
Joint Owner Social Security #		Birthdate

☐ B. Gift/Transfer to Minor (UGMA/UTMA, only one custodian and one minor permitted.)

Custodian's First Name	M.I.	Last Name
Custodian's Social Security #		Birthdate
State of Residency		
Minor's First Name	M.I.	Last Name
Minor's Social Security #		Birthdate

☐ C. Trust, Profit Sharing, or Pension Plan Account (Please attach a copy of trust or resolution documents establishing authority to act with respect to this account.)

Name of Entity	Date Established	Taxpayer ID #
Authorized Signer(s)		
Authorized Signer(s) Social Security #		Authorized Signer(s) Birthdate

☐ D. Corporation, Partnership, or Other Legal Entity

☐ C-Corporation (NOT subject to IRS reporting by the funds) ☐ Government Agency/Instrumentality

Name of Entity	Date Established	Taxpayer ID #
Authorized Signer(s)		
Authorized Signer(s) Social Security #		Authorized Signer(s) Birthdate

Please attach a copy of resolution documents establishing authority to act with respect to this account.

To help the government fight financial crime, Federal regulation requires certain financial institutions, including mutual funds, to obtain, verify, and record information about the beneficial owners of legal entity customers. Please complete section entitled **Certification Regarding Beneficial Owners of Legal Entity Customers** if the account is to be established on behalf of a legal entity, which includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

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CONTACT INFORMATION

Street Address	City	State	Zip
Phone #	E-mail Address		

Legal Address (if different from above – No P.O. Boxes permitted)

Street Address	City	State	Zip
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☐ Send Duplicate Confirmations to: Name

Street Address	City	State	Zip
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INVESTMENT SELECTION

\$2,500 minimum investment for each Fund; \$10,000 for Money Market Account. Please indicate the amount to be invested in each Fund. **Make checks payable to Ave Maria Mutual Funds.**

- ☐ **Ave Maria Value Fund** \$ _____
- ☐ **Ave Maria Growth Fund** \$ _____
- ☐ **Ave Maria Rising Dividend Fund** \$ _____
- ☐ **Ave Maria World Equity Fund** \$ _____
- ☐ **Ave Maria Bond Fund** \$ _____
- ☐ **Ave Maria Money Market Account** \$ _____
- Total Investment \$ _____

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DISTRIBUTION OPTIONS

All capital gains and income distributions will be automatically reinvested unless specified below.

- ☐ **Reinvest** All capital gains and income distributions will be reinvested.
- ☐ **Income Only** Capital gains distributions will be reinvested, but income distributions will be paid in cash. A check will be sent to the address of record.
- ☐ **Cash** All capital gains and income distributions will be paid in cash. A check will be sent to the address of record.

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BANK ACCOUNT INFORMATION (Optional)

Please complete this section if you want distributions wired to your bank account or to establish an Automatic Investment Plan. Please telephone Ultimus Fund Solutions, LLC, the Funds' Transfer Agent, at 1-888-726-9331 for wire instructions. Please attach a voided check or deposit slip from your bank account.

Bank Name _____ Bank Address _____

Type of Account: ☐ Checking ☐ Savings Bank Account # _____ Bank Routing # _____

As a convenience, I hereby request and authorize the above-named institution to pay and charge to my account electronic payments orders drawn on my account and payable to any Ave Maria Fund. This authority is to remain in effect until revoked by me, in writing. I further agree that if any such payment order be dishonored, whether with or without cause, and whether intentionally or inadvertently, the above bank shall be under no liability whatsoever.

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SIGNATURES AND CERTIFICATION

Application must be signed in order to establish an account. Unless otherwise noted, each joint owner shall have full authority to act on behalf of the account. By signing below, I certify that I have received a copy of the Ave Maria Funds (the "Fund") current prospectus, that I am of legal age, and that I have the full authority and legal capacity of the organization named below, to make this investment and to use the options selected above. I appoint Ultimus Fund Solutions, LLC as my agent to enter order for shares, to receive dividends and distributions for automatic reinvestment in additional shares of the Fund for credit to my account and to surrender for redemption shares held in my account in accordance with any of the procedures elected above or for payment of service charges incurred by me. I further agree that Ultimus Fund Solutions, LLC can cease to act as such an agent upon ten days notice in writing to me at the address listed in this application. I hereby ratify any instructions given pursuant to this Application and for myself and my successors and assigns do hereby release the Fund, Schwartz Investment Counsel, Inc., Ultimus Fund Solutions, LLC, Ultimus Fund Distributors, LLC, and their respective officers, employees, and agents and affiliates from any and all liability in the performance of the acts instructed herein; provided, however, that such entities will be excluded from liability only if such entities have acted within applicable standards of reasonable care. If reasonable procedures are not followed by such entities, they will not be excluded from liability. I understand that my property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

Under the penalty of perjury, I certify that: (1) the Social Security Number or Taxpayer Identification Number shown on this form is my correct Social Security Number or Taxpayer Identification Number; (2) I am not subject to backup withholding either because I am exempt from backup withholding, 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 the IRS has notified me that I am no longer subject to backup withholdings; 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 currently are subject to backup withholding.) The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Individual, Trustee, Authorized Signer _____ Date _____

Signature of Joint Owner, Co-Trustee, Authorized Signer _____ Date _____

BROKER/DEALER USE ONLY

Broker/Dealer Name **INTERNET** Firm # _____

Home Office Number _____

Branch Address _____ Branch # _____

Representative Name _____ Rep # _____

Representative Signature _____

MAIL APPLICATION TO

Ave Maria Mutual Funds
c/o Ultimus Fund Solutions, LLC
P.O. Box 46707
Cincinnati, OH 45246-0707

OVERNIGHT DELIVERY

Ave Maria Mutual Funds
c/o Ultimus Fund Solutions, LLC
225 Pictoria Drive, Suite 450
Cincinnati, OH 45246
1-888-726-9331

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AUTOMATIC INVESTMENT PLAN

For monthly transfers from your bank account to your mutual fund account(s), please complete this section and Bank Account Information (Section 7) below. Minimum of \$50 each month per fund.

- ☐ **Ave Maria Value Fund** \$ _____
- ☐ **Ave Maria Growth Fund** \$ _____
- ☐ **Ave Maria Rising Dividend Fund** \$ _____
- ☐ **Ave Maria World Equity Fund** \$ _____
- ☐ **Ave Maria Bond Fund** \$ _____
- ☐ **Ave Maria Money Market Account** \$ _____

Date of Transfer: ☐ 15th of each month ☐ Last business day of each month

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COST BASIS SELECTION (As of January 1, 2012)

Cost basis calculation method for all funds under the account number listed above:

- ☐ **Average Cost** (Default method, if not specified)
- ☐ **First-In, First-Out (FIFO)***
- ☐ **Last-In, First Out (LIFO)***
- ☐ **Highest-Cost, First-Out (HIFO)***
- ☐ **Specific Share Identification****

(Non-Covered shares: shares acquired prior to 1/1/12; Covered shares: shares acquired after 1/1/12)

*All Non-Covered shares will be liquidated first. If you wish to make a separate cost basis election for each of your mutual fund holdings, or if you have any questions, please contact our shareholder services group at 1-888-726-9331 for assistance.

** If Specific Share Identification is selected and no instruction is provided as to which shares should be redeemed, First-In, First-Out (FIFO) will be used.



Ave Maria Mutual Funds

Certification Regarding Beneficial Owners of Legal Entity Customers

1 GENERAL INSTRUCTIONS/DEFINITIONS

In compliance with the Customer Due Diligence requirements issued by the Financial Crimes Enforcement Network (FinCEN), financial institutions must identify and verify the identity of the beneficial owners of all legal entity customers.

This form must be completed by the person opening a new account on behalf of a legal entity customer. For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by filing a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening account on their own behalf.

This form requires you provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of non-U.S. Persons) for the following individuals (i.e., the beneficial owners):

Section 2

Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and

Section 3

An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under Section 2, depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified in Section 2, you must provide the identifying information of one individual under Section 3. It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of ACME, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under Section 3), and up to five individuals (i.e., one individual under Section 3 and four 25 percent equity holders under Section 2).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

2 CERTIFICATION OF BENEFICIAL OWNER(S)

Name & Title of Natural Person opening account

Name of Legal Entity

Address

Entity Type: ☐ **Corporation** ☐ **Limited Liability Company** ☐ **Limited Partnership** ☐ **General Partnership**
☐ **Business Trust** ☐ **Other entity created by filing with a state office**

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. If no individual meets this definition, please write, "Not Applicable."

Name	Birthdate	Address (No PO Boxes)	U.S. PERSONS Social Security #	NON-U.S. PERSONS Social Security #, Passport # & Country of Issuance, or other similar ID #

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MANAGER DESIGNATION

Complete the following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

Name	Birthdate	Address (No PO Boxes)	U.S. PERSONS Social Security #	NON-U.S. PERSONS Social Security #, Passport # & Country of Issuance, or other similar ID #

I, _____ (name of natural person opening account),
hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature

Date



Ave Maria Mutual Funds

Client Privacy Notice

YOUR PERSONAL INFORMATION

What does Ave Maria Mutual Funds (the “Fund”) do with your personal information?

WHY?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

WHAT?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number
- Assets
- Retirement Assets
- Transaction History
- Checking Account Information
- Purchase History
- Account Balances
- Account Transactions
- Wire Transfer Instructions

When you are *no longer* our customer, we continue to share your information as described in this notice.

HOW?

All financial companies need to share your personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons the Funds choose to share; and whether you can limit this sharing.

Reasons We Can Share Your Personal Information	Do The Funds Share?	Can You Limit This Sharing?
For Our Everyday Business Purposes To process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	YES	NO
For Our Marketing Purposes To offer our products and services to you	NO	WE DON'T SHARE
For Joint Marketing with other Financial Companies	NO	WE DON'T SHARE
For Our Affiliates' Everyday Business Purposes Information about your transactions and experiences	NO	WE DON'T SHARE
For Our Affiliates' Everyday Business Purposes Information about your creditworthiness	NO	WE DON'T SHARE
For Nonaffiliates To Market To You	NO	WE DON'T SHARE

WHO IS PROVIDING THIS NOTICE?

Ave Maria Mutual Funds
Ultimus Fund Distributors, LLC (Distributor)
Ultimus Fund Solutions, LLC (Administrator)

HOW DO THE FUNDS PROTECT MY PERSONAL INFORMATION?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. Our service providers are held accountable for adhering to strict policies and procedures to prevent any misuse of your nonpublic personal information.

HOW DO THE FUNDS COLLECT MY PERSONAL INFORMATION?

We collect your personal information, for example, when you:

- Open an account
- Provide account information
- Give us your contact information
- Make deposits or withdrawals from your account
- Make a wire transfer
- Tell us where to send the money
- Tell us who receives the money
- Show your government-issued ID
- Show your driver's license

We also collect your personal information from other companies.

WHY CAN'T I LIMIT ALL SHARING?

Federal law gives you the right to limit only:

- Sharing for affiliates' everyday business purposes – information about your creditworthiness
- Affiliates from using your information to market to you
- Sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

DEFINITIONS

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- Schwartz Investment Counsel, Inc., the investment adviser to the Fund, could be deemed to be an affiliate.

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- The Fund does not share with non-affiliates so they can market to you.

Joint Marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- The Fund does not jointly market.

FURTHER QUESTIONS?

Please call 1-888-726-9331