

New Account Application – (Institutional)

For initial purchase request or assistance in completing the form call: 1-(800) 992-0444



Mail completed form to:

Regular Mail:

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

Overnight Delivery:

Ambassador Funds
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan Street, Third Floor
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.

Step 1: ACCOUNT REGISTRATION

PERMANENT STREET ADDRESS

Principal Place of Business – Foreign addresses and P.O. Boxes are not allowed for a permanent street address.

_____			_____		
Account Name			Tax ID Number		
_____			_____		
Street Address			Telephone Number		
_____			_____		
City	State	Zip	Fax Number (if any)		

Attention					

Mailing 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 Address		City	State	Zip	

Step 2: REDEMPTION INSTRUCTIONS

The signers of this Account Information Form hereby authorize the Ambassador Funds and its employees and agents to act upon telephone, fax or other instructions to redeem shares, provided that the proceeds are transmitted either to the following bank account, or the above address. (Accounts not completing this section must submit redemption requests in writing with signature(s) guaranteed by a domestic bank or stock exchange member firm.)

_____			_____		
Bank Name			Bank Routing Number		
_____			_____		
Street Address		City	State	Zip	
_____			_____		
Account Name			Bank Account Number		

Special Instructions (if any)					

_____			_____		
Bank Name			Bank Routing Number		
_____			_____		
Street Address		City	State	Zip	
_____			_____		
Account Name			Bank Account Number		

Special Instructions (if any)					

Step 3: OPTIONS

FUND SELECTIONS

Ambassador Money Market Fund \$ _____ (MO18)

DIVIDENDS Reinvest Receive in Cash

* If neither option is selected dividend distributions will be reinvested.

Step 4: ADDITIONAL SUB-ACCOUNTS (INSTITUTIONAL/MUNICIPALITY)

Additional sub-accounts must have redemption instructions, mailing instructions, and Tax ID numbers identical to those shown on this form, or another application will be required. Please indicate a unique name by which each additional account should be identified. A separate account number will be assigned to each additional account.

Step 5: SIGNATURES

By execution of this Account Information Form the undersigned representatives of the registered owner warrant that they are duly authorized to sign this Form and to purchase and redeem shares on behalf of the registered owner and that the registered owner has full right, power, and authority to make the investments applied for pursuant to this Form and is acting for itself or in some fiduciary capacity in making such investments.

The Undersigned may ratify any instruction, including telephone instructions given on this account and agree that neither the Ambassador Funds nor its employees and agents will be liable for any loss, cost, or expense for acting upon any instruction believed by it to be genuine and in accordance with reasonable procedures designed to prevent unauthorized transactions. The Fund Company can redeem shares from my account(s) to reimburse a fund for any loss due to non-payment or other indebtedness. The undersigned certify that they have received and read a current Fund prospectus and agree to the terms of the prospectus.

Under penalties of perjury the undersigned certify:

- (1) that the Taxpayer Identification Number provided is correct.
(2) that the investor is not subject to Internal Revenue Service ("IRS") backup withholding because: (a) it is exempt from backup withholding; or (b) it has not been notified by the IRS that it is subject to backup withholding as a result of a failure to report all interest or dividends; or (c) it has been notified by the IRS that it is no longer subject to backup withholding. (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an Individual Retirement Account, and payments other than interest and dividends), and;
(3) I am a U.S. person (including a U.S. resident alien). CERTIFICATION INSTRUCTIONS-YOU MUST CROSS OUT ITEM (2) ABOVE IF YOU ARE SUBJECT TO BACKUP WITHHOLDING.

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

Authorized Signature Print name Title
Authorized Signature Print name Title
Authorized Signature Print name Title

Indicate below if more than one signature is required for written instructions or changes in instructions. If you do not indicate the number of required signatures, any one of the individuals listed may sign.

Check here if all signatures are required

Check here if any two signatures are required