



New Account Application

Please do not use this form for IRA accounts.

Mail to: The Olstein Funds
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail to: The Olstein Funds
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 **1-800-799-2113** or visit us on the web at **www.olsteinfunds.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 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

FIRST NAME M.I. LAST NAME DOB (Mo / Dy / Yr)

SOCIAL SECURITY NUMBER DRIVER'S LICENSE OR STATE I.D. NUMBER STATE OF ISSUE

Joint Owner

FIRST NAME M.I. LAST NAME DOB (Mo / Dy / Yr)

SOCIAL SECURITY NUMBER DRIVER'S LICENSE OR STATE I.D. NUMBER STATE OF ISSUE
Registration will be Joint Tenancy with Rights of Survivorship (JTWROS) unless otherwise specified.

Gift to Minor

CUSTODIAN'S FIRST NAME M.I. LAST NAME DOB (Mo / Dy / Yr)
(ONLY ONE PERMITTED)

CUSTODIAN'S SOCIAL SECURITY NUMBER DRIVER'S LICENSE OR STATE I.D. NUMBER STATE OF ISSUE

MINOR'S FIRST NAME M.I. LAST NAME DOB (Mo / Dy / Yr)
(ONLY ONE PERMITTED)

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

Corporation/
Trust *

NAME OF TRUST/CORPORATION/PARTNERSHIP AND STATE OF ORGANIZATION

Partnership*

NAME(S) OF TRUSTEE(S)

Other Entity*

SOCIAL SECURITY NUMBER / TAX ID NUMBER DATE OF AGREEMENT (Mo / Dy / Yr)

* You must supply documentation to substantiate existence of your organization (i.e. Articles of Incorporation / Formation / Organization, Trust Agreements, Partnership Agreement, or other official 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.

5. Telephone Options

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

- o **Redemption** (\$1,000 minimum) - permits the transfer of funds via:
 - o Check to address in section 2
 - o Federal wire to your bank account below (\$15.00 charge for each wire)*
 - o EFT, at no charge, to your bank below (funds are typically credited within two days after redemption)*
- o **Exchange** (\$100 minimum) - permits the exchange of shares between identically registered accounts.

**If you selected any of these options, please attach a voided check or a preprinted savings deposit slip to this application. We are unable to draft or credit your account via EFT if it is a mutual fund or pass-through account.*

6. Systematic Withdrawal Plan

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

Systematic Withdrawal Plan (\$100 minimum and \$10,000 account value minimum) – permits the automatic withdrawal of funds.

NOTE: Systematic withdrawals of Class C shares (or in certain cases, Class A shares) may be subject to a CDSC. Please refer to the Funds’ prospectus or call 1-800-799-2113 for further details.

- o Payments will be mailed to address in Section 2

-OR-

- o Payments will be deposited directly into your bank account. Please attach a voided check or a preprinted savings deposit slip to Section 7 of this application. We are unable to credit mutual fund or pass-through (“for further credit”) accounts.

Make payments o Monthly o Quarterly o Annually starting with the month given here:

<u>A</u>	<u>C</u>		Amount per Withdrawal	SWP Start Month	SWP Start Day
	o (993)	All Cap Value Fund	\$ _____	_____	_____
o (995)	o (2996)	Strategic Opportunities Fund	\$ _____	_____	_____
			\$ _____	_____	_____

7. Voided Check for Bank Information

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions or a systematic withdrawal plan, please attach a voided check or a preprinted 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 Automated Clearing House system (ACH).

**PLEASE ATTACH
VOIDED CHECK OR
PRE-PRINTED SAVINGS
DEPOSIT SLIP HERE**

8. Letter of Intent (Class A Only)

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

