

If you have any questions about completing this form, please contact Shareholder Services at 888.885.8859.

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

BCM Focus Funds
PO Box 2175
Milwaukee WI 53201-2175

Overnight Delivery

BCM Focus Funds
C/O UMB Fund Services, Inc
235 W. Galena Street
Milwaukee WI 53212

SECTION 1: CURRENT ACCOUNT INFORMATION

Changes will apply to the following accounts:

Fund: _____ Account Number: _____

Fund: _____ Account Number: _____

Fund: _____ Account Number: _____

Fund: _____ Account Number: _____

Names(s) on Account: _____

Social Security/Tax ID Number: _____

SECTION 2: BANK INFORMATION

Note: This form must be received at least 14 days prior to your initial transaction to establish and confirm your bank information. You must attach a blank, voided check from your bank account to this form. A Medallion signature guarantee is required to add bank instructions to your account.

I would like to: Add Change Bank Information

Bank Name: _____

Bank Address: _____

ABA Routing Number: _____ Account Number: _____

Account Type:

Checking Account Savings Account

I authorize the bank listed above for:

Electronic Funds Transfer (takes 2 – 3 business days to receive proceeds)

Wire (\$20 Fee – takes 1 business day to receive proceeds)

SECTION 3: TELEPHONE OPTIONS

Note: A Medallion signature guarantee is required to add telephone exchange or redemption privileges to your account. Telephone redemption is permitted to a maximum of \$50,000.00

Please add telephone exchange and redemption privileges to my account

Please remove telephone exchange and redemption privileges to my account

SECTION 4: AUTOMATIC INVESTMENT PLAN

This option provides an automatic investment into your account by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. Bank information is required in order to establish an automatic investment plan. If you do not currently have bank account information associated with your BCM Focus Funds account, please provide your bank account information in Section 2 of this form. Minimum additions to the Fund for auto investments are \$500.00.

I would like to:

- Add Change my current Automatic Investment Plan

Frequency:

Choose one*: Monthly or Quarterly

Choose one*: 5th 10th 15th 20th or 25th Begin date (month/year): _____

**If no time frame or date is specified, investments will be made monthly on the 15th.*

Your automatic investment will be withdrawn directly from your checking or savings account named in Section II on the date you have selected or the first business day thereafter. You will be assessed a \$25 fee if the automatic investment cannot be made for any reason.

Fund Name	Amount
_____ BCM Small Micro-Cap Fund _____	\$ _____

SECTION 5: SYSTEMATIC WITHDRAWAL PLAN

Minimum withdrawal for a Systematic Withdrawal Plan is \$500.00.

Frequency:

Choose one*: Monthly Quarterly Semi-Annually Annually

Choose one*: 5th 10th 15th 20th or 25th Begin date (month/year): _____

Fund Name	Share Class (if applicable)	Amount
_____	_____	\$ _____

Payment Method (check one):

- Check to Address of Record
 Bank Information Currently on Account
 New Bank Information provided in Part II of this form

Provisions of the Systematic Withdrawal Plan:

BCM Focus Funds Systematic Withdrawal Plan is available for any shareholder account worth at least \$10,000.00.

By completing this form, you are appointing BCM Focus Funds as your agent to redeem shares in your account to make periodic payments.

Payments will be made by redeeming the appropriate number of shares in your account at the then current net asset value. Redemptions will be made on the 5th 10th 15th 20th or 25th of each month, or the next business day, and will be paid as specified in the prospectus.

Withdrawal payments should not be regarded as income or yield on your investment, since part of each payment will normally consist of a return of capital. Depending on the size and frequency of your withdrawals and the fluctuations in value of the fund portfolio, using the Plan may reduce or even exhaust your account.

SECTION 6: SIGNATURE(S) AND CERTIFICATIONS

I (we) certify that I (we) am (are) the account owner(s) authorized to make these elections and that all information provided by me (we) is true and accurate. I (we) authorize the above changes to my (our) BCM Focus Funds account. I am (we are) of legal age, have received and read the prospectus and privacy policy and agree to the terms therein.

All registered owners, officers, partners, trustees or custodian must sign.

Signature: _____ Date: _____ Tel: _____

Name (Please Print): _____ Capacity (Owner, Trustee, Custodian, Executor, etc): _____

Signature of Joint Owner, Co-Trustee, Partner: _____ Date: _____

Name (Please Print): _____ Capacity (Owner, Trustee, Custodian, Executor, etc): _____

Signature of Joint Owner, Co-Trustee, Partner: _____ Date: _____

Name (Please Print): _____ Capacity (Owner, Trustee, Custodian, Executor, etc): _____

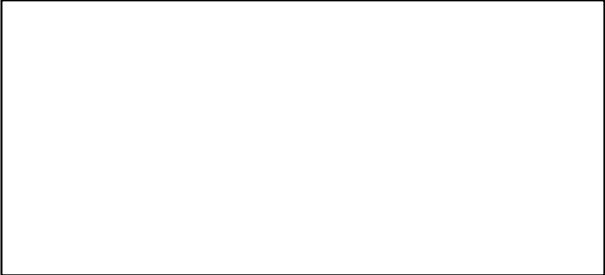
Signature of Joint Owner, Co-Trustee, Partner: _____ Date: _____

Name (Please Print): _____ Capacity (Owner, Trustee, Custodian, Executor, etc): _____

SECTION 7: MEDALLION SIGNATURE GUARANTEE

A Medallion signature guarantee may be obtained from a member of a national securities exchange, a U.S. commercial bank, trust company or federally chartered savings and loan, or other eligible guarantor institution.

A notarization from a notary public or a signature guarantee is not acceptable.



Medallion Signature Guarantee (if required)