



**NEW ACCOUNT APPLICATION**

**The Wright  
Managed  
Investment Funds**

MAIL TO:  
Wright Managed Investment Funds  
c/o Atlantic Fund Services  
P.O. Box 588  
Portland, ME 04112

**Instructions**  
(PLEASE PRINT)

**1. Account  
Registration**

Enter name or names exactly as you wish the account to be registered in the appropriate spaces. Be sure to include the correct tax identification (social security) number. If you do not have a tax identification number, please call customer service at 1-800-555-0644 for guidance.

**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 you 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 government-issued document with photo identification. We may also seek information about you from other sources, such as public databases.

**Individual**

Name \_\_\_\_\_  
First MI Last Date of Birth Social Security Number

Co-Owner\* \_\_\_\_\_  
First MI Last Date of Birth Social Security Number

\* "Joint Tenants with right of survivorship" unless you specify otherwise.

**Gift/Transfer to Minor (UGMA/UTMA)**

Custodian \_\_\_\_\_  
First MI Last Date of Birth Social Security Number

Minor \_\_\_\_\_  
First MI Last Date of Birth Social Security Number

**A Trust**

Name of Trust \_\_\_\_\_  
Date of Trust Agreement Taxpayer ID Number

Name of Trustee \_\_\_\_\_  
First MI Last Date of Birth Social Security Number

**A Corporation  Partnership  or Other Entity**

Name of Organization \_\_\_\_\_  
Date of Establishment Taxpayer ID Number

Name of Individual \_\_\_\_\_  
First MI Last Date of Birth Social Security Number

**Important: Please attach a copy of the documentation required for your entity type as specified below:**

- CORPORATION.....Articles of Incorporation or state-issued Certificate of Good Standing
- TRUST OR ENDOWMENT ..... Pages in trust document that show the name of the endowment and a listing of all trustees
- ESTATE ..... A certified copy of the court appointment of fiduciary such as Letters of Testamentary or Letters of Administration
- FOUNDATION.....Articles of Incorporation
- PARTNERSHIP ..... Partnership Agreement
- PROFESSIONAL ASSOCIATION OR CORPORATION OR LIMITED LIABILITY CORPORATION ..... Articles of Association, Certificate of Organization or similar document
- SOLE PROPRIETORSHIP ..... Document filed to form the proprietorship
- UNINCORPORATED ENTERPRISE..... Document evidencing the existence of the enterprise such as charter or resolution



<p><b>4. Distribution Options</b></p> <p><i>See Shareholder Manual</i></p>	<p>All distributions will be automatically invested in additional shares of the fund unless you check below:</p> <p><input type="checkbox"/> Pay dividends in cash      <input type="checkbox"/> Pay capital gains in cash</p> <hr/> <p>I would like to receive cash dividends:</p> <p><input type="checkbox"/> By check to address of record shown in Section 1      <input type="checkbox"/> By check to the following Third Party:</p> <p><input type="checkbox"/> By electronic transfer to my bank account shown in Section 7      _____</p> <p><input type="checkbox"/> By investing in the following Wright Fund: _____</p> <p style="text-align: right;">Address</p> <p>_____</p> <p>_____</p>
<p><b>5. Redemption Options</b></p> <p><i>Select redemption option or options</i></p>	<p><b>BY TELEPHONE</b> (check one box)</p> <p>You may redeem shares from your account by calling 800-555-0644. Unless the box is checked, the telephone redemption service will be established.</p> <p><input type="checkbox"/> I do <b>not</b> want the telephone redemption service.</p> <p><i>Only amounts under \$100,000 can be redeemed by phone. Redemptions over this amount must be by written correspondence.</i></p> <p><b>BY ELECTRONIC TRANSFER TO YOUR BANK ACCOUNT</b></p> <p><input type="checkbox"/> I/We authorize Atlantic Shareholder Services, LLC, acting as my/our fiscal agent, in fact, to surrender for redemption shares held for my/our account, <b>pursuant to any telephone, telegraph, TWX or other request</b>, whether from me/us or from any other person directing redemption; provided, however, that the proceeds of such redemption are to be sent only to my/our account at the commercial bank or trust company identified in Section 7.</p> <p><b>SYSTEMATIC WITHDRAWAL PLAN</b></p> <p><input type="checkbox"/> I/We would like to establish a systematic withdrawal plan. I/we wish to receive payments of \$ _____</p> <p style="text-align: center;"><input type="checkbox"/> Monthly      <input type="checkbox"/> Quarterly      <input type="checkbox"/> Semi-Annually      <input type="checkbox"/> Annually</p> <p>Please make payments: <input type="checkbox"/> By check to address of record shown in Section 1</p> <p style="padding-left: 100px;"><input type="checkbox"/> By electronic transfer to my bank account shown in Section 7</p> <p style="padding-left: 100px;"><input type="checkbox"/> By investing in the following Wright Fund: _____</p>
<p><b>6. Internet Access</b></p> <p><i>You can access your account on the Internet's World Wide Web.</i></p>	<p>If you have access to the Internet, you may access your account through the Wright Managed Investment Funds Website (<a href="http://www.wisi.com">http://www.wisi.com</a>). Visit the First Time User Page to learn how to get a user identification number (user ID) and password. Your user ID and password will permit you to electronically <b>inquire</b> to determine your current share balance and their current value.</p>

## 7. Bank Account Information

*Electronic funds transfer is available for accounts at Automated Clearing House (ACH) banks only. It is not available for passbook savings accounts.*

Complete this section if you wish to have funds deposited into or withdrawn from your bank account. You must complete this section if you have checked electronic transfer options in Sections 3, 4, B/5. **Also, please attach a voided check for your bank account.**

Checking Account       Savings/Money Market Account

\_\_\_\_\_  
Name of Your Bank      Your Bank Account Number

\_\_\_\_\_  
Address of Bank      ABA Routing Number

\_\_\_\_\_  
Registration on Bank Account

\_\_\_\_\_  
Bank Account Owner(s) Address (only if different from address in section III)      City      State      Zip

As a convenience to me/us, I/we hereby request and authorize the above-named banks to pay and charge to my account electronic payment orders drawn on my account and payable to Atlantic Shareholder Services, LLC. 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.

## 8. Investment Dealer

*(if any)*

Investment Dealer (if any):

\_\_\_\_\_  
(Firm Name)      (Firm Number)

\_\_\_\_\_  
(Branch Office, Name & Number, if Applicable)      (Representative's Name)      (Representative's Number)

## 9. Signature(s) of Applicant(s)

*We are committed to insuring your financial privacy. No information about you will be disclosed to anyone except as required by law and to employees servicing your account.*

Your Account will be subject to the telephone exchange and redemption privilege described in the Fund's current prospectus unless you check the appropriate box in Section 5. Redemption Options. The Fund, its Principal Underwriter and affiliates, and its transfer agent will not be responsible for the authenticity of exchange instructions received by telephone reasonably believed by them to be authentic.

The undersigned and my/our assigns and successors release Atlantic Shareholder Services, LLC and the Wright Managed Investment Funds and their respective officers, directors, trustees, and employees from any and all liability in connection with the performance of the special redemption options.

The undersigned also agree that the certifications, authorizations, appointments, and restrictions herein will continue until Atlantic Shareholder Services, LLC receives written notice to the contrary. Any such written notice will require a signature guarantee. It is further agreed that Atlantic Shareholder Services, LLC may cease to act as such fiscal agent upon 10 days notice in writing to me/us at the address noted herein or on any amendment thereto.

I/we certify that I/we have full right, power, authority and legal capacity to purchase shares of the Wright Managed Investment Funds and affirm that I/we have received a current prospectus of said Fund and that I/we agree to be bound by its terms.

**If I/we are a U.S. citizen, a U.S. resident alien, or a representative of a U.S. entity, I/we certify under penalty of perjury that:**

1. **The Social Security number or employer identification numbers given on this form are correct.**
2. **I/We are not subject to backup withholding because (a) I/we are exempt from backup withholdings, or (b) I/we have not been notified by the Internal Revenue Service that I/we are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I/we are no longer subject to backup withholding. Important: Cross out item "2" if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.**
3. **I/We are a U.S. person.**

**If I am a nonresident alien, I am required to complete the appropriate Form W-8 to certify my foreign status. I understand that I am not under penalty of perjury for certifying the above information.**

**The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Individual Owner      Signature of Joint Owner

\_\_\_\_\_  
Signature of Authorized Officer, Trustee, etc.      Title

\_\_\_\_\_  
Signature of Authorized Officer, Trustee, etc.      Title

Corporations must furnish "Corporate Resolutions."

Blank resolution forms are available from Wright Investors' Service Distributors, Inc., the Principal Underwriter.