



New Account Application

Please do not use this form for IRA accounts.

Mail to: Akre Focus Fund
c/o U.S. Bancorp Fund Services, LLC
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail to: Akre Focus Fund
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St. FL 3
Milwaukee, WI 53202-5207

For additional information, please call toll-free **877-862-9556** or visit us on the web at **www.akrefund.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.

2. Permanent Street Address (P.O. Box is not acceptable)
Residential Address or Principal Place of Business – No Foreign Addresses

STREET _____ APT / SUITE _____
 CITY _____ STATE _____ ZIP CODE _____
 DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

Mailing Address (if different from Permanent):
If completed, this address will be used as the Address of Record for all statements, checks, and required mailings.

STREET _____ APT / SUITE _____
 CITY _____ STATE _____ ZIP CODE _____

Duplicate Statement #1
Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

FIRST NAME _____ M.I. _____ LAST NAME _____
 STREET _____ APT / SUITE _____
 CITY _____ STATE _____ ZIP CODE _____

Duplicate Statement #2
Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

FIRST NAME _____ M.I. _____ LAST NAME _____
 STREET _____ APT / SUITE _____
 CITY _____ STATE _____ ZIP CODE _____

3. Investment Amount By check: Make check payable to Akre Focus Fund. \$ _____

Institutional Class:
\$250,000 Minimum

Note: Generally cashier's checks of \$10,000 or less, money orders of any amount and third party checks are not accepted.

Retail Class:
\$2,000 Minimum

By wire: Call 877-862-9556. Indicate amount of wire: \$ _____
A completed application must be received prior to acceptance of a wire.

4. Distribution Options

Dividend distributions: Reinvest in additional shares
 Cash by check to the address in Section 2
 Cash via ACH to my bank (complete Section 8)

Capital Gains distributions: Reinvest in additional shares
 Cash by check to the address in Section 2
 Cash via ACH to my bank (complete Section 8)

If nothing is selected, all distributions will be reinvested. Cash distributions will be sent via check to the Address of Record as given in Section 2 unless banking information is provided in Section 8.

5. Automatic Investment Plan (Retail Class ONLY)

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

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or preprinted savings deposit slip to Section 8 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Please keep in mind that:

- There is a fee, currently \$25, if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

Monthly Amount
(\$250 minimum per draw)

AIP Start Month

AIP Start Day

\$ _____

6. Telephone Options

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

- Redemption** - permits the transfer of funds via:
 - Please send check to address in Section 2
 - Federal wire to your bank account below (charge for each wire, currently \$15, will apply)*
 - EFT, at no charge, to your bank below (funds are typically credited within two days after redemption)*
- Purchase (EFT)** (\$25,000 minimum for the Institutional Class and \$250 for the Retail Class) permits the on-demand purchase of shares from your bank account.*

** 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.*

7. Systematic Withdrawal Plan (Retail Class ONLY)

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

The Systematic Withdrawal Plan permits the automatic withdrawal of funds at regular intervals
There is a \$100 minimum withdrawal and \$10,000 minimum account value to enroll.

- Payments will be mailed to address in Section 2
- Payments will be deposited directly into your bank account. Please attach a voided check or a preprinted savings deposit slip to Section 8 of this application. We are unable to credit mutual fund or pass-through (“for further credit”) accounts.

Make payments monthly starting with the month given here:

Amount per Withdrawal	SWP Start Month	SWP Start Day
\$ _____	_____	_____

8. Voiced Check for Bank Information

If you selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions, a systematic withdrawal plan, or dividends and/or capital gains via EFT to your bank account, 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**

9. Signature and Certification Required by the Internal Revenue Service

I have received and understand the prospectus for the Akre Focus Fund (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I acknowledge and consent to the householding (i.e. consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to make this purchase.

The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Akre Focus Fund") will not be responsible for banking system delays beyond their control. By completing the sections of 5, 6, 7, and/or 8 that require a bank transaction, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. The Akre Focus Fund will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

I authorize the Fund to perform a credit check based on the information provided, if necessary.

Under penalty of perjury, I certify that (1) the Social Security number or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding either 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 withholding. (3) I am a U.S. person (including a U.S. resident alien).

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

SIGNATURE OF OWNER*

DATE (Mo / Dy / Yr)

SIGNATURE OF OWNER*

DATE (Mo / Dy / Yr)

*If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided for the Joint Owner.

Before you mail, have you:

- Completed all USA PATRIOT Act required information?
 - Social Security or Tax ID number in Section 1?
 - Birth date in Section 1?
 - Full name in Section 1?
 - Permanent street address in Section 2?
- Enclosed your check made payable to Akre Focus Fund?
 - Included a voided check, if applicable?
- Signed your application in Section 9?
- Enclosed additional documentation, if applicable?