

REYNOLDS BLUE CHIP GROWTH FUND

Purchase Application

Mail completed application to: Reynolds Blue Chip Growth Fund, c/o U.S. Bancorp Fund Services, LLC, P.O. Box 701, Milwaukee, WI 53201-0701

Overnight Express Mail to: Reynolds Blue Chip Growth Fund, c/o U.S. Bancorp Fund Services, LLC, 3rd Floor, 615 E. Michigan Street, Milwaukee, WI 53202-5207

Use this form for individual, custodial, trust, profit sharing or pension plan accounts. Do not use this form for **Reynolds Blue Chip Growth Fund-sponsored** IRA, SEP IRA, SIMPLE IRA, Defined Contribution (Keogh or Corporate Profit-Sharing and Money-Purchase), 401(k) or 403(b)(7) plans which require forms available from the Reynolds Blue Chip Growth Fund. For information please call **1-800-773-9665** (1-800-7REYNOLDS) or 414-765-4124. In compliance with the USA PATRIOT Act, all 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 must 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.**

A. Investment The minimum initial investment is \$1,000 for shares in the Reynolds Blue Chip Growth Fund. Minimum additions to the Fund are \$100 (except \$50 for the Automatic Investment Plan).

Wiring instructions: U.S. Bank, N.A., 777 E. Wisconsin Ave., Milwaukee, WI 53202, ABA: 075000022, For credit to U.S. Bancorp Fund Services, LLC, Account # 112-952-137, For further credit Reynolds Blue Chip Growth Fund (shareholders name) & (account number). **You must notify U.S. Bancorp Fund Services, LLC at 1-800-773-9665 or 414-765-4124 prior to sending the wire.**

Payment by

Amount

Check Wire (180) Reynolds Blue Chip Growth Fund \$ _____

(A completed application is required in advance of your wire)

B. Registration

Individual NAME _____ SOCIAL SECURITY # _____ CITIZEN OF U.S. OTHER _____ BIRTHDATE (Mo/Dy/Yr) _____

Joint Owner* NAME _____ SOCIAL SECURITY # _____ CITIZEN OF U.S. OTHER _____ BIRTHDATE (Mo/Dy/Yr) _____
(Cannot be a minor) * Registration will be Joint Tenancy with Rights of Survivorship (JTWS), unless otherwise specified.

Gift to Minor CUSTODIAN'S NAME (only one permitted) _____ SOCIAL SECURITY # _____ CITIZEN OF U.S. OTHER _____ BIRTHDATE (Mo/Dy/Yr) _____

MINOR'S NAME (only one permitted) _____ CITIZEN OF U.S. OTHER _____

MINOR'S SOCIAL SECURITY # _____ MINOR'S BIRTHDATE (Mo/Dy/Yr) _____ STATE OF RESIDENCE _____

Corporation** (including Corporate Pension Plans) NAME OF TRUSTEE(S) (if to be included in registration) _____

Trust, Estate or Guardianship** NAME OF TRUST / CORPORATION** / PARTNERSHIP _____

Partnership** SOCIAL SECURITY # / TAX ID # _____ DATE OF AGREEMENT (Mo/Dy/Yr) _____

Other Entity** ** You must supply documentation to substantiate existence of your organization, (i.e., Trust Agreements, Corporate Resolution, Partnership Agreement or other official IRS 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.

C. Permanent Street Address (P.O. Box is not acceptable)
(Residential Address or Principal Place of Business)

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.

NAME _____

STREET _____ APT/SUITE _____

CITY _____ STATE _____ ZIP CODE _____

D. Telephone Options

Telephone Purchases. Electronic Fund's Transfer (EFT) (\$100 minimum) – permits the purchase of shares for the Fund from your bank account below.

Telephone Exchanges. Allows exchanges between identically registered accounts in the Fund and the First American Treasury Obligations Fund. A \$1,000 minimum applies to exchanges. Please refer to the Prospectus for additional details, conditions and limitations pertaining to the telephone exchange privilege.

Telephone Redemption. Permits the redemption of a minimum of \$1,000 from the Fund or First American Treasury Obligations Fund.

The proceeds will be mailed to the address in Section C.

The proceeds of any redemption may be wired to your bank*. A wire fee of \$15.00 will be charged.

The proceeds of any redemption may be transferred via Electronic Funds Transfer ("EFT"). This transfer may take up to 3 business days to reach your bank*.

*** An unsigned voided check (for checking accounts) or a savings account deposit slip is required with your application. Your signed application must be received at least 15 business days prior to the initial transaction.**

E. Distribution Options

Capital gains & dividends will be reinvested if no option is selected.

- Capital Gains & Dividends Reinvested Capital Gains & Dividends in Cash Capital Gains in Cash & Dividends Reinvested Capital Gains Reinvested & Dividends in Cash

If the distribution is to be paid in cash, specify payment method below:

- Send check to mailing address in Section C.
 Automatic deposit to my bank account via EFT. This transfer may take up to 3 business days to reach your bank account*.

* An unsigned voided check (for checking accounts) or a savings account deposit slip is required with your application. Your signed application must be received at least 15 business days prior to the initial distribution transaction.

F. Systematic Withdrawals

I would like to withdraw from the Fund

Account Number _____ \$ _____ (\$100 minimum) as follows:

- I would like to have payments made to me on or about the _____ day of each month, Or
 I would like to have payments made to me on or about the _____ day of the months that I have circled below:
Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.
 To have payments automatically deposited to your bank account, attach a copy of an unsigned voided check or savings account deposit slip. (A check will be mailed to the address from section C if this selection is not marked).

G. Automatic Investment Plan

Your signed application must be received at least 15 business days prior to initial transaction. **Attach an unsigned voided check (for checking accounts) or a savings account deposit slip.** I would like to establish an Automatic Investment Plan for the Fund as described in the Prospectus. Based on these instructions, U.S. Bancorp Fund Services, LLC as Transfer Agent for the Fund, will automatically transfer money directly from my checking, NOW or savings account to purchase shares in the Fund. I understand if the automatic purchase cannot be made due to insufficient funds, stop payment or any other reason, a \$25 fee will be assessed.

Please indicate the day of debit from bank account _____ (if not indicated then the 25th of the month will be selected)

Start Date (month & year) _____ Monthly Quarterly Annually

Account Number _____

Indicate amount to be withdrawn from my bank account \$ _____ (minimum \$50)

H. Signature and Certification Required by the Internal Revenue Service

Neither the Fund nor its transfer agent will be responsible for the authenticity of transaction instructions received by telephone, provided that reasonable security procedures have been followed.

By selecting the options in Section (D, E, F or G), I hereby authorize the Fund to initiate debits/credits to my account at the bank indicated and for the bank to debit/credit the same to such account through the Automated Clearing House ("ACH") system.

Under the 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, (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 and (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 certifications required to avoid backup withholding.

DATE (Mo/Dy/Yr) _____

SIGNATURE OF OWNER* _____

DATE (Mo/Dy/Yr) _____

SIGNATURE OF JOINT OWNER, if any _____

*If shares are to be registered in (1) joint names, both persons should 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 space provided below.

PRINT NAME AND TITLE OF OFFICER SIGNING FOR A CORPORATION OR OTHER ENTITY.

Before you mail, have you:

- Completed all PATRIOT Act required information?
Social Security or Tax ID Number in section B? Enclosed your check made payable to Reynolds Blue Chip Growth Fund?
Birth Date in section B? Included a voided check, if applicable?
Full Name in section B? Signed your application in section H?
Permanent Street Address in section C?
Enclosed additional documentation, if applicable?

I. Dealer Information

(Please be sure to complete representative's first name and middle initial.)

DEALER NAME _____

REPRESENTATIVE'S LAST NAME _____

FIRST NAME _____

M.I. _____

DEALER HEAD OFFICE _____

REPRESENTATIVE'S BRANCH OFFICE _____

ADDRESS _____

ADDRESS _____

CITY/STATE/ZIP _____

CITY/STATE/ZIP _____

TELEPHONE NUMBER _____

TELEPHONE NUMBER _____

REP'S AE NUMBER _____

PLEASE ATTACH UNSIGNED VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP HERE