

# Application/Registration I Shares and Institutional Shares

Return completed and signed original form to:

RidgeWorth Funds  
P.O. Box 182091  
Columbus, OH 43218-2091  
For assistance, call 1-888-784-3863  
Fax: 1-800-451-8377



PLEASE COMPLETE THIS APPLICATION CAREFULLY. INCOMPLETE OR UNREADABLE APPLICATIONS CANNOT BE ACCEPTED.

## 1 Account Registration Do not use this form for a retirement account, contact 1-888-784-3863 to obtain the appropriate forms.

### A. Type of Registration (check one)

- Corporation\*                     
  Charitable Organization\*                     
  Nonprofit\*  
 Partnership\*                     
  Trust\*                     
  Other (Specify)\* \_\_\_\_\_

\*Attach a copy of the appropriate bylaws, corporate resolutions, a list of authorized traders or trust documents establishing authority to open this account. In addition, provide a copy of the IRS Issuance Letter for your Employer Identification or Tax Identification Number. If any such agreements or resolutions are not in existence, please contact RidgeWorth Funds at 1-888-784-3863 for further assistance.

### 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, you are required to provide your name, residential address, date of birth and identification number. We may require other information that will allow us to identify you.

### B. Account Name

Individual (Legal Name: First/Middle/Last)

M M D D Y Y Y Y

Date of Birth

Social Security Number

Joint Owner--if any (Legal Name: First/Middle/Last)

Date of Birth

Social Security Number

Name of Trust/Corporation/Partnership/Other Entity

Date of Trust

Tax ID Number

Name of Trustee(s)

Trust Date

### C. Other Account Information

Street Address: Residential/Business, Number and Street

Apt#/Suite

City

State

Zip

Mailing Address (If different from above)

Daytime Telephone Number

Evening Telephone Number

Email Address

For joint accounts, please provide the street address for additional owners if different from the primary address.

Street Address: Residential/Business, Number and Street

Apt#/Suite

City

State

Zip

Mailing Address (If different from above)

Daytime Telephone Number

Evening Telephone Number

Email Address

Citizenship     U.S. Citizen     Resident Alien

Are you or an immediate family member affiliated with or working for a member firm of a stock exchange or the National Association of Securities

Dealers, Inc.?     No     Yes    Name of Institution \_\_\_\_\_

**2 Fund Selection** If you wish to invest in more than one Fund, be sure to indicate the amount you wish to invest in each Fund. The Funds offer I Shares only to financial institutions. Refer to prospectus for acceptable forms of payment and minimum initial investment amounts. You may invest only in a Fund for which you have a current prospectus.

**Equity Funds - I Shares**

Aggressive Growth Stock Fund (558)	\$	_____
Emerging Growth Stock Fund (593)	\$	_____
International Equity 130/30 Fund (242)	\$	_____
International Equity Fund (540)	\$	_____
International Equity Index Fund (530)	\$	_____
Large Cap Core Equity Fund (983)	\$	_____
Large Cap Growth Stock Fund (510)	\$	_____
Large Cap Quantitative Equity Fund (624)	\$	_____
Large Cap Value Equity Fund (512)	\$	_____
Mid-Cap Core Equity Fund(520)	\$	_____
Mid-Cap Value Equity Fund (412)	\$	_____
Real Estate 130/30 Fund (262)	\$	_____
Select Large Cap Growth Stock Fund (622)	\$	_____
Small Cap Growth Stock Fund (614)	\$	_____
Small Cap Quantitative Equity Fund (103)	\$	_____
Small Cap Value Equity Fund (588)	\$	_____
U.S. Equity 130/30 Funds (252)	\$	_____
Other	\$	_____

**Fixed Income Funds - I Shares**

Corporate Bond Fund (414)	\$	_____
Georgia Tax-Exempt Bond Fund (526)	\$	_____
High Grade Municipal Bond Fund (524)	\$	_____
High Income Fund (615)	\$	_____
Intermediate Bond Fund (850)	\$	_____
Investment Grade Bond Fund (506)	\$	_____
Investment Grade Tax-Exempt Bond Fund (508)	\$	_____
Limited Duration Fund (811)	\$	_____
Limited Term Federal Mortgage Securities Fund (534)	\$	_____
Maryland Municipal Bond Fund (979)	\$	_____
North Carolina Tax-Exempt Bond Fund (721)	\$	_____
Seix Floating Rate High Income Fund (203)	\$	_____
Seix Global Strategy Fund (989)	\$	_____
Seix High Yield Fund (855)	\$	_____
Short-Term Bond Fund (516)	\$	_____
Short-Term U.S. Treasury Securities Fund (514)	\$	_____
Total Return Bond Fund (800)	\$	_____
U.S. Government Securities Fund (532)	\$	_____
Ultra-Short Bond Fund (935)	\$	_____
U.S. Government Securities Ultra Short Fund (932)	\$	_____
Virginia Intermediate Municipal Bond Fund (977)	\$	_____
Other	\$	_____

**Assets Allocation Funds - I Shares**

Life Vision Aggressive Growth Fund (973)	\$	_____
Life Vision Conservative Fund (714)	\$	_____
Life Vision Growth and Income Fund (972)	\$	_____
Life Vision Moderate Growth Fund (971)	\$	_____
Other	\$	_____

**Money Market Funds - I Shares and Institutional Shares**

Institutional Municipal Cash Reserve Money Market Fund (901)	\$	_____
Institutional U.S. Treasury Securities Money Market Fund (595)	\$	_____
Institutional Cash Management Money Market Fund (594)	\$	_____
Institutional U.S. Government Securities Money Market Fund (970)	\$	_____
Prime Quality Money Market Fund (500)	\$	_____
Tax-Exempt Money Market Fund (504)	\$	_____
U.S. Government Securities Money Market Fund (502)	\$	_____
U.S. Treasury Money Market Fund (974)	\$	_____
Virginia Tax Free Money Market Fund (975)	\$	_____
Other	\$	_____

<b>Total: \$</b>
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### 3 Account Options

**A. Telephone Redemption and Exchange** (If left blank, you will automatically receive telephone privileges.)

I elect the telephone privileges as described in the prospectus.  Yes  No

**B. Distribution Selection** (Your dividends and capital gains will automatically be reinvested into your account unless you indicate otherwise.)  
 (If you choose the Cash Payment Option and do not specify, a check will be sent to your address of record.)

Distribution Options: Reinvest  Cash  Directed  Account # \_\_\_\_\_ Cash Payment Method  
 Dividends:     Bank Wire (Bank of record)  
 Capital Gains:    Account # \_\_\_\_\_  Check (Sent to address of record)

**C. Duplicate Statements & Confirmations** (Unless indicated, duplicate statements and confirmations will be sent to the address of record.)

Please send duplicate  statements and/or  confirmations to:

Name	Company
Address	City
	State
	Zip

### 4 Payment

**To:** Institution: **SunTrust Bank**  
 ABA Number: **061000104**  
 Account Name: **RidgeWorth Subscription Account**  
 Account Number: **1000008141391**  
 Reference: **(Fund, Account Number)**

**\*\* Institutional Cash Management  
 Money Market Fund (594) Only**

**To:** Institution: **Citibank, N.A. New York**  
 ABA Number: **021000089**  
 Account Name: **Brown Brothers Harriman & Co.**  
 Account Number: **09250276**  
**RidgeWorth Funds Money Market A/C 6188718**  
 Reference: **(Fund 594, Account Number)**

### 5 Redemption and Dividend Wire Instructions - Required

Proceeds of any redemptions and dividend disbursements (if applicable) should be wired to my/our bank as follows. Any changes to your redemption or dividend wire instructions must be accompanied by a medallion signature guarantee. If instructions are not indicated, all cash dividends and redemptions will be paid by check to the address indicated under Section 1 (Mailing Address).

**Primary Bank Instructions**

Registered Account Name	Name of Bank
Address/Branch	Account Number
Bank Phone Number	Bank Routing Number

*Note: Alternate bank instructions may be provided if, on occasion, you would like wires sent to an alternate bank. Please attach alternate instructions if you would like this option. At the time of wire, you must specify use of the alternate bank.*

### 6 Authorizations

I/we authorize the following persons to instruct Citi, the Funds' Transfer Agent, or the investment advisor on this account to (a) place purchases and redemptions orders and/or (b) to submit or change redemption and dividend wire instructions. I/we certify that each signature is the authentic signature of the authorized person.

(Please check boxes accordingly)

Name	Signature	Capacity
		<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> both
		<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> both
		<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> both

## 7 Your Signature *(All registered shareholders must sign.)*

I have received and read the current prospectus(es) and privacy notice for the Fund(s) selected, and this Account Registration Form, and agree to be bound by their terms.

I certify under penalties of perjury that:

- 1) The taxpayer identification number shown on this application is correct (or I am waiting for a number to be issued to me); and
- 2) I am NOT subject to backup withholding because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest and dividends. (CROSS OUT the word "NOT" above if you have received IRS notification.); 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 certification required to avoid backup withholding.

BY SIGNING BELOW, I REPRESENT THAT I HAVE READ THE TERMS AND CONDITIONS GOVERNING THIS ACCOUNT AND AGREE TO BE BOUND BY SUCH TERMS AND CONDITIONS AS ARE CURRENTLY IN EFFECT AND AS MAY BE AMENDED FROM TIME TO TIME, AND I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE DISCLOSURE WITH RESPECT TO NON-DEPOSIT INVESTMENT PRODUCTS AT THE INTRODUCTION TO THIS AGREEMENT.

X  
\_\_\_\_\_  
Signature Date

X  
\_\_\_\_\_  
Signature Date

X  
\_\_\_\_\_  
Signature Date

X  
\_\_\_\_\_  
Signature Date

### **BROKER-DEALER USE ONLY**

Broker/Dealer Name:

Broker/Dealer #:

Branch Name:

Branch #:

Rep. Name:

Rep. #: