

VILLERE & CO.

Investment Counsel Since 1911

Coverdell Education Savings Account Application

Mail to: Villere Balanced Fund
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: Villere Balanced Fund
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

» In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: full name, date of birth, Social Security number, and permanent street address. 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 for 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 as an age-appropriate distribution at the current day's net asset value.

1 Designated Beneficiary | Account Holder (Minor)

<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	LAST NAME
<input type="text"/>	<input type="text"/>	
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)	CITY / STATE / ZIP	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Check if minor should receive statements.
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	

2 Responsible Party

<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	LAST NAME
<input type="text"/>	<input type="text"/>	
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)	CITY / STATE / ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>
DAYTIME PHONE NUMBER	RELATIONSHIP TO DESIGNATED BENEFICIARY	SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>	
BIRTHDATE (MM/DD/YYYY)	EMAIL ADDRESS	

The following 2 options will be added to your account. If you do not want these options, check the boxes below.

- I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article V of the Coverdell Education Savings Account agreement.
 The responsible party does not wish to control the account after age of majority.
- II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VI of the Coverdell Education Savings Account agreement.
 The responsible party may not change the beneficiary.

3 Account Type

Refer to disclosure statement for eligibility requirements and contribution limits.

Select one of the following account types:

Coverdell Education Savings Account (CESA)

For Tax Year _____

Rollover Account – specify the type of rollover:

Account Holder's CESA to Account Holder's CESA

Qualifying Family Member's CESA to Account Holder's CESA

Transfer Account – a direct transfer from current CESA custodian.

4 Investment Choices

\$2,000 Minimum

By check: Make check payable to the Villere Balanced Fund.

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

By wire: Call 866-209-1129.

Note: A completed application is required in advance of a wire.

Investment Amount \$

5 Automatic Investment Plan (AIP)

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 savings deposit slip to Section 7 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP monthly:

\$100 minimum

AMOUNT PER DRAW

AIP START MONTH

AIP START DAY

Please keep in mind that:

- There is a fee 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.

6 Telephone Options



You may use the telephone to purchase fund shares. These features are automatically established unless you check the box below. Please refer to the prospectus or call our shareholder services department for more information.

I do not wish to utilize the telephone purchase option at this time.

You must attach a voided check in Section 7 to establish the options. These options are generally activated 15 business days after your signed application is processed. If an account has multiple owners, the Fund may rely on the telephone instructions of any one account holder.

7 Voided Check for Bank Information

Please attach a voided check or savings deposit slip to this application if you chose the Automatic Investment Plan. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
VOID	
Pay to the order of _____	\$ _____
_____	DOLLARS
Memo _____	Signed _____
 	

8 Beneficiary Information (Due To Death)

If you need more space, please enclose a separate sheet of paper.

Primary

<small>NAME</small>	<small>RELATIONSHIP</small>	<small>CITY/STATE/ZIP</small>	<small>SOCIAL SECURITY NUMBER</small>	<small>DATE OF BIRTH</small>	<small>%</small>
<small>NAME</small>	<small>RELATIONSHIP</small>	<small>CITY/STATE/ZIP</small>	<small>SOCIAL SECURITY NUMBER</small>	<small>DATE OF BIRTH</small>	<small>%</small>
<small>NAME</small>	<small>RELATIONSHIP</small>	<small>CITY/STATE/ZIP</small>	<small>SOCIAL SECURITY NUMBER</small>	<small>DATE OF BIRTH</small>	<small>%</small>

Secondary

<small>NAME</small>	<small>RELATIONSHIP</small>	<small>CITY/STATE/ZIP</small>	<small>SOCIAL SECURITY NUMBER</small>	<small>DATE OF BIRTH</small>	<small>%</small>
<small>NAME</small>	<small>RELATIONSHIP</small>	<small>CITY/STATE/ZIP</small>	<small>SOCIAL SECURITY NUMBER</small>	<small>DATE OF BIRTH</small>	<small>%</small>
<small>NAME</small>	<small>RELATIONSHIP</small>	<small>CITY/STATE/ZIP</small>	<small>SOCIAL SECURITY NUMBER</small>	<small>DATE OF BIRTH</small>	<small>%</small>

9 Signature

✓ I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Villere Balanced Fund Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for the Villere Balanced Fund (the "Fund"). I understand the Fund's objectives and policies and agree to be bound to the terms of the prospectus. I acknowledge and consent to the householding (i.e. consolidation of mailings) of 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 Villere Balanced Fund within such time period. I certify that I, as the Responsible Party, am of legal age and have the legal capacity to make this purchase.

✓ I understand that the fees relating to my account may be collected by redeeming sufficient shares. The Custodian may change the fee schedule at any time.

✓ Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your State's abandoned property laws.

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

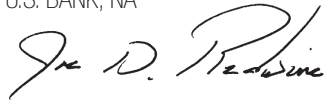
✓ The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Villere Balanced Fund") will not be responsible for banking system delays beyond their control. By completing sections 5 or 6, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. Villere Balanced Fund will not be liable for acting upon instructions 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.

X

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (MM/DD/YYYY)

Appointment as Custodian accepted:
U.S. BANK, NA



10 Dealer Information

DEALER NAME

REPRESENTATIVE'S LAST NAME FIRST NAME M.I.

DEALER'S ID BRANCH ID

REPRESENTATIVE'S ID

DEALER HEAD OFFICE INFORMATION:

REPRESENTATIVE BRANCH OFFICE INFORMATION:

ADDRESS

ADDRESS CODE

CITY / STATE / ZIP

CITY / STATE / ZIP

TELEPHONE NUMBER

TELEPHONE NUMBER

! Before you mail, have you:

- Completed all USA PATRIOT Act required information?
 - Social Security or Tax ID Number in Section 1 & 2?
 - Birth Date in Section 1 & 2?
 - Full Name in Section 1 & 2?
 - Permanent street address in Section 1 & 2?

- Enclosed your check made payable to Villere Balanced Fund?
- Included a voided check, if applicable?
- Signed your application in Section 9?

For additional information please call toll-free 866-209-1129 or visit us on the web at www.villere.com.