



Coverdell Education Savings Account Application

Mail To: Frontegra Funds
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: Frontegra Funds
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 **888-825-2100**, or visit us on the web at **www.FrontierPartners.com**

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 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 as an age-appropriate distribution at the current day's net asset value.

1. Designated Beneficiary

(Account Holder)

_____	_____	_____
FIRST NAME	M.I.	LAST NAME
_____		_____
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)		CITY / STATE / ZIP
_____		_____
SOCIAL SECURITY NUMBER		BIRTHDATE (Mo / Dy / Yr)

2. Responsible Party

_____	_____	_____
FIRST NAME	M.I.	LAST NAME
_____		_____
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)		CITY / STATE / ZIP
_____		_____
DAYTIME PHONE NUMBER	RELATIONSHIP TO DESIGNATED BENEFICIARY	
_____	_____	
SOCIAL SECURITY NUMBER	BIRTHDATE (Mo / Dy / Yr)	
_____	_____	
DRIVER'S LICENSE OR STATE I.D. NUMBER	STATE OF ISSUE	

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

\$100,000
MINIMUM INITIAL
INVESTMENT

\$1,000
MINIMUM INITIAL
INVESTMENT FOR CLASS Y

- By check: Make check payable to Frontegra Funds. \$ _____
- By wire: Call 888-825-2100. Indicate amount of wire \$ _____ Date _____

<u>Fund Name</u>	<u>Investment Amount</u>
<input type="checkbox"/> Frontegra Columbus Core Plus Fund (FT-573)	AMOUNT \$ _____
<input type="checkbox"/> Frontegra Columbus Core Fund (FT-577)	\$ _____
<input type="checkbox"/> Frontegra IronBridge Small Cap Fund (FT-578)	\$ _____
<input type="checkbox"/> Frontegra Mastholm International Equity Fund (FT-579)	\$ _____
<input type="checkbox"/> Frontegra IronBridge SMID Fund (FT-580)	\$ _____
<input type="checkbox"/> Frontegra Netols Small Cap Value Fund (FT-581)	\$ _____
<input type="checkbox"/> Frontegra Netols Small Cap Value Fund Class Y (FT-1384)	\$ _____
<input type="checkbox"/> Frontegra IronBridge Global Focus Fund (FT-1393)	\$ _____

5. Beneficiary Information (Due To Death) *(If you need more space, please enclose a separate sheet of paper.)*

Primary

NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
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Secondary

NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
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6. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt The Frontegra Funds 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 Frontegra Funds (the "Funds"). I understand the Funds' objectives and policies and agree to be bound to the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I agree to notify the Funds 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 Funds and its transfer agent shall not be liable if I fail to notify The Frontegra Funds 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.

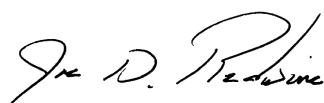
I authorize the Fund to perform a credit check based on the information provided, if necessary.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Frontegra Funds") will not be responsible for banking system delays beyond their control. The Frontegra Funds 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. 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 Funds' transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (Mo / Dy / Yr)

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



7. Dealer / Broker Information

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

DEALER NAME

DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE'S LAST NAME

FIRST NAME

MI

REPRESENTATIVE'S BRANCH OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

Before you mail, have you:

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

- Enclosed your check made payable to The Frontegra Funds Funds?
- Included a voided check, if applicable?
- Signed your application in Section 6?