



FRONTEGRA FUNDS

Regular Application New Account

Do not use this form for IRA accounts.

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., 3rd Floor
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 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. Investment Choices

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

\$100,000
MINIMUM INITIAL
INVESTMENT

\$1,000
MINIMUM INITIAL
INVESTMENT FOR CLASS Y

<u>Fund Name</u>	<u>Investment Amount</u>
	AMOUNT
<input type="checkbox"/> Frontegra Columbus Core Plus Fund (FT-573)	\$ _____
<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)	\$ _____

1A. Distribution Options

	Capital Gains & Dividends Reinvested	Capital Gains Reinvested & Dividends in Cash*	Capital Gains and Dividends in Cash*
<input type="checkbox"/> Frontegra Columbus Core Plus Fund (FT-573)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Frontegra Columbus Core Fund (FT-577)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Frontegra IronBridge Small Cap Fund (FT-578)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Frontegra Mastholm International Equity Fund (FT-579)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Frontegra IronBridge SMID Fund (FT-580)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Frontegra Netols Small Cap Value Fund (FT-581)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Frontegra Netols Small Cap Value Fund Class Y (FT-1384)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Frontegra IronBridge Global Focus Fund (FT-1393)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Unless otherwise indicated, cash distributions will be mailed to the address in Section 3.

2. Investor Information – *Select one*

Individual

FIRST NAME _____ M.I. _____ LAST NAME _____ SOCIAL SECURITY # _____ BIRTHDATE (Mo/Dy/Yr) _____

Joint Owner

FIRST NAME _____ M.I. _____ LAST NAME _____ SOCIAL SECURITY # _____ BIRTHDATE (Mo/Dy/Yr) _____

Registration will be Joint Tenancy with Rights of Survivorship (JTWROS), unless otherwise specified.

Gift to Minors

CUSTODIAN-S FIRST NAME _____ M.I. _____ LAST NAME _____ SOCIAL SECURITY # _____ BIRTHDATE (Mo/Dy/Yr) _____
(ONLY ONE PERMITTED)

MINORS FIRST NAME _____ M.I. _____ LAST NAME _____ SOCIAL SECURITY # _____ BIRTHDATE (Mo/Dy/Yr) _____
(ONLY ONE PERMITTED)

STATE OF RESIDENCE _____

Corporation/
Trust*

NAME OF TRUSTEE(S) (IF TO BE INCLUDED IN REGISTRATION) _____

Partnership*

NAME OF TRUST/CORPORATION/PARTNERSHIP _____

Other Entity*

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

* **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.

3. Permanent Street Address (*P.O. Box is not acceptable*)

STREET _____ APT/SUITE _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE # _____ EVENING PHONE # _____

Duplicate Confirmation to:

FIRST NAME _____ M.I. _____ LAST NAME _____

STREET _____ APT/SUITE _____

CITY _____ STATE _____ ZIP _____

4. Bank Information for Wire Redemptions

Future redemptions (either partial or full) can only be wired as to previously established directions. Otherwise, payment will be made by check. Please provide wire instructions per the blanks provided:

NAME OF BANK _____

BANK STREET ADDRESS _____ ABA (OR ROUTING NUMBER) _____

CREDIT ACCOUNT _____ ACCOUNT NAME _____

FURTHER CREDIT ACCOUNT _____ ACCOUNT NAME _____

OTHER _____

5. Signature and Certification Required by the Internal Revenue Service

I have received and understood the prospectus for the Frontegra Funds (the "Funds"). I understand the Funds' investment objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each fund. 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 Funds to revoke my consent. 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 their transfer agent shall not be liable if I fail to notify the Funds within such time period. I represent that I am of legal age and have legal capacity to make this purchase.

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. Frontegra Funds will not be liable for acting upon instructions believed genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. 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 a reasonable amount of time to act upon a written notice of revocation.

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, 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 certifications required to avoid backup withholding.

SIGNATURE OF OWNER*

DATE (Mo/Dy/Yr)

SIGNATURE OF JOINT OWNER, if any

DATE (Mo/Dy/Yr)

*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?

Social Security or Tax ID Number in section 2?

Birth Date in section 2?

Full Name in section 2?

Permanent Street Address in section 3?

Enclosed additional documentation, if applicable?

Enclosed your check made payable to Frontegra Funds?

Included a voided check, if applicable?

Signed your application in section 5?