



Account Application

Please complete this form to establish a regular Westcore account. **Do not use this form to establish any type of Westcore IRA account.** For assistance, please call 1-800-392-CORE (2673). **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, we will ask for your name, address, date of birth, **identification number**, and other information that will allow us to identify you. **We may also ask to see your driver's license or other identifying documents. The documents you provide to us will be used solely to attempt to verify your identity. The information you provide may be shared with third parties for the purpose of validating your identity.** Applications without such information may not be accepted. Westcore Funds reserves the right to place limits on the transactions in your account until your identity is verified.

1 Type of Account

Please complete only one of the following account types below.

Individual or Joint Account¹

For an Individual Account please provide information requested in Box A below. For a Joint Account fill in Boxes A and B below. For additional joint owners please attach an accompanying sheet including Name, Social Security Number, Date of Birth and Address of Residence for each.

Joint Owners have right of survivorship unless otherwise specified.

Gift/Transfer To Minor Account²

Custodian Name (only one permitted)

as custodian for _____
Minor's Name (only one permitted)

Please fill in Box A below with the Minor's information and Box B below with the Custodian's information.

Trust Account

Trust Name

Date of Trust Agreement

Tax Identification Number of Trust

Please provide Trustee(s) information in Boxes A and B below (if more than two trustees please attach an accompanying sheet including Name, Social Security Number, Date of Birth and Address of Residence for each). Please include a copy of the trust document that indicates who is authorized to act on behalf of the trust.

Corporation, Partnership or Other Entity

Name of Corporation or Other Entity

Tax Identification Number of Corporation or Other Entity

Please include copies of any certified articles of incorporation, business licenses or partnership agreements. Fill in Boxes A and B below with information about the authorized person(s). For additional authorized individuals please attach an accompanying sheet including Name, Social Security Number, Date of Birth and Address of Residence for each.

A Required Identity Information

Owner, Minor, Trustee, or Authorized Individual:

First Name Middle Initial Last Name

Address of Residence (no P.O. Boxes)

City State Zip

Social Security Number Date of Birth

B Required Identity Information

Joint Owner, Custodian, Additional Trustee, or Other Authorized Individual:

First Name Middle Initial Last Name

Address of Residence (no P.O. Boxes)

City State Zip

Social Security Number Date of Birth

5 Free Checkwriting For Money Market

Checkwriting is available on the **BlackRock Money Market Portfolio**.

Checkwriting Agreement

By signing this form and using the checks, I agree to all the guidelines regarding my checking account including, but not limited to, the policies of ALPS Mutual Funds Services, Inc., and to any conditions and limitations on redeeming checks from the Westcore Funds as set forth in the Prospectus and in the materials which will accompany the checks. I also agree that ALPS Mutual Funds Services, Inc. and Westcore Funds reserve the right to change or terminate my checking account privileges at any time.

The signatures are authentic and, for organizations, represent the individuals with legal capacity and authority to sign on behalf of the organization, which has the legal authority to act under this agreement.

I authorize checkwriting on the BlackRock Money Market Portfolio selected in Section 3.

2 Account Mailing Address

Street Address (P.O. Box allowed)

City State Zip Code

3 Investment Selection

Initial purchase minimum is \$2,500 per fund. If the Automatic Investment Plan in Section 6A is chosen or this is an UGMA/UTMA account, the initial purchase minimum is \$1,000. Please make checks payable to Westcore Funds.

Please indicate the investment amount for the fund(s) you would like to own.

Fund Name	Amount
200 - Westcore MIDCO Growth Fund	\$ _____
195 - Westcore Growth Fund	\$ _____
1289 - Westcore Select Fund	\$ _____
1287 - Westcore International Frontier Fund	\$ _____
204 - Westcore Blue Chip Fund	\$ _____
298 - Westcore Mid-Cap Value Fund	\$ _____
208 - Westcore Small-Cap Opportunity Fund	\$ _____
300 - Westcore Small-Cap Value Fund	\$ _____
205 - Westcore Micro-Cap Opportunity Fund	\$ _____
213 - Westcore Flexible Income Fund	\$ _____
198 - Westcore Plus Bond Fund	\$ _____
219 - Westcore Colorado Tax-Exempt Fund	\$ _____
189 - BlackRock Money Market Portfolio	\$ _____

Total Amount: \$ _____

4 Bank Information

Please complete this section to authorize electronic transfers between your bank and Westcore for future purchases or redemptions via the **automatic investment plan, telephone, or online services.**

A voided check or savings deposit slip from your bank account must be attached to this form.

Please indicate type of account: Checking Savings

Name on Bank Account

Name of Bank

ABA Routing Number (first nine digits at bottom left on check)

Bank Account Number (include branch number)



Money Market Signature Card

Name of Owner, Custodian or Trustee Date

X

Signature

Name of Joint Owner, Co-Trustee, Etc. Date

X

Signature

If a joint account, only one signature will be required on checks unless you check here.

FOR WESTCORE USE ONLY:

Account Number

Fund Name

6 Special Account Options

These options are subject to the terms set forth in the prospectus. Please see the prospectus for more information.

A Automatic Investment Plan

Yes (Please complete below.) No

This option allows you to make automatic investments (must be the equivalent of at least \$100 per month per fund) into your Westcore account directly from your bank checking or savings account. **Please also complete Bank Information in Section 4.**

Fund Name	Amount
200 - Westcore MIDCO Growth Fund	\$ _____
195 - Westcore Growth Fund	\$ _____
1289 - Westcore Select Fund	\$ _____
1287 - Westcore International Frontier Fund	\$ _____
204 - Westcore Blue Chip Fund	\$ _____
298 - Westcore Mid-Cap Value Fund	\$ _____
208 - Westcore Small-Cap Opportunity Fund	\$ _____
300 - Westcore Small-Cap Value Fund	\$ _____
205 - Westcore Micro-Cap Opportunity Fund	\$ _____
213 - Westcore Flexible Income Fund	\$ _____
198 - Westcore Plus Bond Fund	\$ _____
219 - Westcore Colorado Tax-Exempt Fund	\$ _____
189 - BlackRock Money Market Portfolio	\$ _____

How often would you like to invest?

Monthly Quarterly Annually

On or about what day? _____

If no date is specified, investments will be made on the 15th of each month.

B Telephone/Online Transaction Privileges

As a shareholder, you will automatically have access to your accounts via our automated telephone and online computer services unless you specifically decline them below.

- I **DO NOT** want any telephone or online privileges.
- I **DO NOT** want automatic telephone transaction privileges.
- I **DO NOT** want online transaction privileges.

C Wire Redemption

Yes, I would like to redeem shares by wire (\$1,000 minimum). Please complete Bank Information in Section 4.

7 Distribution Option

All dividends and capital gains will be automatically reinvested unless otherwise indicated below.

Pay all (select one or both):

Dividends and Short-Term Capital Gains Long-Term Capital Gains

How you would like it sent:

Check (to address of record)
 Direct Deposit (Please complete Section 4.)

8 Signature Guarantee Option

A Signature guarantee will not be required for redemptions greater than \$25,000 from your account unless you specifically request it below.

Yes, I would like the Funds to require a signature guarantee for redemptions greater than \$25,000 from my account.

9 Signatures & Certification
By signing below:

I certify that I have received, read, and understand the current prospectus for the Fund(s) in which I am investing, and that this account is subject to the terms of the prospectus, as amended from time to time. I understand that past performance is not indicative of future results and that shares of the funds are not bank deposits and are not insured by the FDIC.

I certify that I am of legal age and have the power and authority to establish this account.

I authorize Westcore Funds and its agents to act upon instructions (by phone, in writing, online or other means) believed to be genuine for this account or any account into which exchanges are made. I agree that neither Westcore Funds nor its agents and affiliates will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated by phone or computer are genuine. "Reasonable procedures" might include, for example, recording instructions, providing written confirmation of transactions or requiring a form of personal identification prior to acting on instructions received by telephone or computer. I consent to the recording of telephone conversations.

I understand that unless the boxes declining telephone/online transaction privileges are checked, I will be considered to have authorized telephone/online transaction privileges.

I understand that this application is subject to acceptance or rejection by Westcore Funds and its transfer agent and that authorization for this account shall continue until the Fund receives notice of modification signed by all appropriate parties. I also understand that all terms shall be binding upon heirs, representatives and assignees of the account owners.

Under penalty of perjury, I certify that I am:

1. a **U.S. Citizen** or resident alien and that the Social Security Number or Taxpayer Identification Number shown in Section 1 of this application is correct.

-or-

a **Foreign Person** (If you are a Foreign Person, a Form W-8BEN will be sent to you. Please complete and return the form to the address below).

2. not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Delivery Consent of Investor Documents

Unless otherwise indicated below, I consent to the delivery by Westcore Funds of one copy of each prospectus, shareholder report and (if and when permitted by law) other information to all shareholders who now or hereafter share the same mailing address as this account. This consent will become effective when my account is opened and will continue thereafter indefinitely, unless I revoke my consent, in which case I will begin to receive individual copies within 30 days.

Check here only if you **DO NOT** consent to the foregoing.

Special Information Concerning the Money Market Portfolio

If I invest in the BlackRock Money Market Portfolio, I understand that I am authorizing ALPS Mutual Funds Services, Inc. to effect purchase and redemption orders on my behalf and to act as the custodian and record owner of my shares of that Portfolio. Ownership of those shares will be evidenced on books and records maintained by ALPS Mutual Funds Services, Inc. Denver Investment Advisors LLC receives shareholder servicing fees from the Portfolio as described in the Portfolio's prospectus.

X _____
 Signature: Owner Date

X _____
 Signature: Joint Owner Date

 Daytime Phone Evening Phone E-mail Address (if any)

Mail to: Westcore Funds • P.O. Box 44323 • Denver, CO 80201-4323 • *Thank you for your investment in Westcore Funds!*

¹ Joint Registrants For joint accounts, equal ownership of all shares is presumed. A joint account is not a beneficiary designation. Joint Tenants with Right of Survivorship should be used if two persons purchase shares with the desire that the survivor receive total holdings on the death of the other. Example: "Brian Banks and Jane Banks, JTWROS." Tenants in Common should be used if joint owners want their respective estates to inherit their portion of the account. Example: "Brian Banks and Jane Banks, TEN COM."

² Custodians Under Uniform Gift/Transfer To Minors Act (UGMA/UTMA) The application and subsequent instructions must be signed by the custodian. The custodian must be 18 years of age or older. The application will not be accepted without the minor's Social Security number. The state indicated must be that of the donor. Proceeds of the account may not be transferred to any account held beneficially by any person other than the minor.