

ACCOUNT APPLICATION - INSTITUTIONAL CLASS

- Please use this form to establish a non-retirement account with Westcore Funds. **Please do not use this form to establish any type of Westcore IRA account.**
- **Identity Verification Information:** 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. Please see notes on Identity Information in Section 8.
- Please read the prospectus carefully before you invest or send money.

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TYPE OF ACCOUNT

Please complete only one of the following account types below.

Individual or Joint Account¹ *(To establish a Transfer on Death ("TOD") account registration and designate beneficiaries, please complete the Westcore TOD Registration Form.)*

Owner's Name (First, Middle Initial, Last)	Social Security Number	Date of Birth
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Joint Owner's Name (First, Middle Initial, Last)	Social Security Number	Date of Birth
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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's Name (First, Middle Initial, Last)	Social Security Number	Date of Birth
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Minor's Name (First, Middle Initial, Last)	Minor's State of Residence	Social Security Number	Date of Birth
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Trust Account

Name of Trust	Date of Trust Agreement	Tax Identification Number of Trust
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Trustee's Name (First, Middle Initial, Last)	Trustee's Social Security or Tax Identification Number	Trustee's Date of Birth
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Co-Trustee's Name (First, Middle Initial, Last)	Co-Trustee's Social Security or Tax Identification Number	Co-Trustee's Date of Birth
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Please include a copy of the trust document that indicates who is authorized to act on behalf of the trust. For additional trustees, please attach an accompanying sheet including Name, Social Security Number, Date of Birth and Address of Residence for each.

Corporation, Partnership or Other Entity

Name of Corporation or Other Entity	Tax Identification Number
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Authorized Individual's Name (First, Middle Initial, Last)	Social Security Number	Date of Birth
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Authorized Individual's Name (First, Middle Initial, Last)	Social Security Number	Date of Birth
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Please include copies of any certified articles of incorporation, business licenses or partnership agreements. For additional authorized individuals, please attach an accompanying sheet including Name, Social Security Number, Date of Birth and Address of Residence for each.

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, JTWR05." 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.

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ADDRESS

Legal Address of Owner, Custodian, Trust or Corporation:

Address City State Zip Code

Email Address (optional) Telephone Number

Account Mailing Address (if different from legal address):

Address City State Zip Code

If your mailing address is a post office box, you must also provide a street address to invest in Westcore Funds.

Joint Owner's, Minor's, Trustee(s)' or Authorized Individual(s)' Legal Address

(required if different than owner's/custodian's/trustee's/authorized individual's):

Address City State Zip Code

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INVESTMENT SELECTION

Initial purchase minimum is \$500,000 per fund. Please make checks payable to Westcore Funds.

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

Fund Name	Amount	Fund Name	Amount
Westcore Growth Fund - Inst'l (9195)	\$ _____	Westcore Small-Cap Value Fund - Inst'l (9300)	\$ _____
Westcore MIDCO Growth Fund - Inst'l (9200)	\$ _____	Westcore Flexible Income Fund - Inst'l (9213)	\$ _____
Westcore Blue Chip Fund - Inst'l (9204)	\$ _____	Westcore Plus Bond Fund - Inst'l (9198)	\$ _____
Westcore Small-Cap Opportunity Fund - Inst'l (9208)	\$ _____	Total Amount:	\$ _____

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AUTOMATIC INVESTMENT PLAN

This option is subject to the terms set forth in the prospectus. Please see the prospectus for more information.

The Westcore Automatic Investment Plan allows you to make automatic investments (must be the equivalent of at least \$25 per month per fund) into your Westcore account directly from your bank checking or savings account. **Please also complete Bank Information in Section 5.**

Fund Name	Amount	Fund Name	Amount
Westcore Growth Fund - Inst'l (9195)	\$ _____	Westcore Small-Cap Value Fund - Inst'l (9300)	\$ _____
Westcore MIDCO Growth Fund - Inst'l (9200)	\$ _____	Westcore Flexible Income Fund - Inst'l (9213)	\$ _____
Westcore Blue Chip Fund - Inst'l (9204)	\$ _____	Westcore Plus Bond Fund - Inst'l (9198)	\$ _____
Westcore Small-Cap Opportunity Fund - Inst'l (9208)	\$ _____	Total Amount:	\$ _____

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.

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BANK INFORMATION

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

Please attach a voided check or savings deposit slip from your bank account.

Account Type: Checking Savings

Name on Bank Account

Name of Bank

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

Bank Account Number (including branch number)

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SPECIAL ACCOUNT OPTIONS**A. 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 Bank Information in Section 5.)

B. Wire Redemption Option

- Yes, I would like the option to redeem shares by wire (\$1,000 minimum). Please complete Bank Information in Section 5.

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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 Westcore Funds to require a signature guarantee for redemptions greater than \$25,000 from my account.

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SIGNATURES & CERTIFICATIONS**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 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 a mailing address. This consent will become effective when my account is opened and will continue thereafter indefinitely, unless I contact Westcore Funds and revoke my consent.
- I understand that as a Westcore shareholder, I will automatically have access to my accounts via Westcore Funds' automated telephone and online computer services unless I contact Westcore Funds and specifically decline these services.
- 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.

Identity Information:

To help the government deter the funding of terrorism and money laundering activities all financial institutions are required to obtain, verify and record information that identifies each person who opens an account. In order to comply with these requirements, we ask that you provide all information requested in Sections 1 and 2. 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. The information you provide to us will be used solely to attempt to verify your identity and may be shared with third parties for the purpose of validating your identity.

Special Information Concerning the Money Market Portfolio:

If I invest in the BlackRock Money Market Portfolio, I understand that I am authorizing ALPS Fund 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 Fund Services, Inc. Denver Investments receives shareholder servicing fees from the Portfolio as described in the Portfolio's prospectus.

Under penalty of perjury, I certify that:

1. The Social Security Number(s) shown on this application is (are) correct.
2. I am 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.
3. I am a U.S. person (including a U.S. resident alien).

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

Signature of Owner

Date

Signature of Joint Owner

Date

Mail to: Westcore Funds
P.O. Box 44323
Denver, Colorado 80201-4323
Questions: 1.800.392.CORE(2673)



THANK YOU FOR YOUR INVESTMENT IN WESTCORE FUNDS.

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