



New Account Application – Advisor Class and Service Class

PNC Advantage Institutional Treasury Money Market Fund

IMPORTANT INFORMATION – PLEASE READ

- Please complete the investment selection and account information sections. **Please use blue or black ink. For assistance call 1-800-364-4890 from 8:30 a.m. to 5:30 p.m. Monday through Friday.**
- **New Account Application must be signed or it will be returned as required by Federal law.** Be sure to review and sign section 4.
- **To invest via wire transfer:**
 - 1) Call 1-800-364-4890 to obtain account number and transfer instructions.
 - 2) Send completed account application via overnight mail to address listed below.
- **Overnight mail to:** PNC Advantage Funds, c/o BNY Mellon Investment Servicing (US) Inc., 4400 Computer Drive, Westborough, MA 01581-1722

Items marked with an asterisk (*) are required for your application to be accepted and will be verified as required by the USA Patriot Act.

IMPORTANT NOTICE – THE USA PATRIOT ACT

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 and other information that will allow us to identify you. This information will be verified to ensure identity of all individuals opening a mutual fund account.

1. INVESTMENT SELECTION *(Please select one)*

PNC Advantage Institutional Treasury Money Market Fund*

- Advisor Class (134)** **S Class (734)**

*The minimum investment in PNC Advantage Institutional Treasury Fund is \$3 million.

2. INVESTMENT AMOUNT *(Print clearly in blue or black ink)*

Total Dollars Invested \$ _____ **Initial investment to be sent via wire**

3. ACCOUNT REGISTRATION

INDIVIDUAL/SOLE PROPRIETOR

C CORPORATION

(Attach copy of the certified articles of incorporation and/or business license of the corporation.)

S CORPORATION

(Attach copy of the certified articles of incorporation and/or business license of the corporation.)

PARTNERSHIP

(A copy of the partnership agreement must be attached.)

TRUST/ESTATE

(A copy of the first and last page of the Trust Agreement must be attached.)

LIMITED LIABILITY COMPANY

Enter tax classification

(C = C corporation, S = S corporation, P = partnership): _____

OTHER: _____

Taxpayer ID #: _____

(If applied for, provide copy of application for TIN.)

Indicate Federal Income Tax Classification *(For Corporations, Partnerships, or Other Entities)*. Indicate Federal Income Tax Classification of the Owner *(For Disregarded Entity)*.

S - Corporation C - Corporation Partnership

Type of Entity under State Law, if different

(Please specify): _____

3. ACCOUNT REGISTRATION *(continued)*

ACCOUNT REGISTRATION: _____

(Name of Trust, Partnership or Corporation)

Check if exempt from security verification due to:

Financial Institution regulated by a federal functional regulator.

Publicly traded corporation.

Bank regulated by a state bank regulator.

Symbol _____.

Is your company any of the following (If yes, please provide business classification): a bank organized and located outside the United States; a foreign office, agent or branch of a U.S. covered financial institution; money transmitter; currency dealer or exchanger; or a company that if located in the United States would be required to register as a mutual fund, securities broker-dealer or a futures commission merchant?

_____ No _____ Yes, please explain _____

MAILING ADDRESS

*Address: _____

*City: _____ *State: _____ *Zip: _____

E-mail Address: _____ Daytime Phone: _____

(If mailing address is a post office box, a street address is also required by the USA Patriot Act.)

*Street Address: _____

*City: _____ *State: _____ *Zip: _____

If account is a Trust please provide the following Trustee Information as required by the USA Patriot Act.

*Trustee Last Name: _____

*Trustee First Name: _____ MI: _____

*Date of Birth: _____ *Social Security #: _____

*Date of Trust Agreement: _____

****A copy of the first and last page of the Trust Agreement must be attached and a list that includes the full name, signature, social security number, date of birth, and address for each trustee, as well as for authorized traders.***

Is this account for a financial intermediary¹ as defined by SEC Rule 22c-2? Yes No

If yes, you will be required to enter into a Shareholder Information Agreement with the PNC Funds with respect to the opening of this account. If no, you represent and warrant that if you become a financial intermediary¹ with respect to this or other PNC Fund accounts at any time in the future, you will immediately notify the PNC Funds, and will take steps to comply with the requirement to enter into a Shareholder Information Agreement pursuant to SEC Rule 22c-2.

¹Financial intermediary generally refers to any broker, dealer, bank, or other person that holds shares in nominee name for other investors (e.g., omnibus accounts). The term may also include a unit investment trust, employee benefit/retirement plan, plan administrator, or any person that maintains plan participant records. Financial intermediary does not include individual investors.

4. PERSON(S) AUTHORIZED TO CONDUCT TRANSACTIONS

The following persons ("Authorized Person(s)") are currently officers, trustees, general partner, or other authorized agents of the Shareholder. Any _____* of the Authorized Person(s) is, by lawful and appropriate action of the Shareholder, a person entitled to give instructions regarding purchases and redemptions or to make inquiries, regarding the Account.

Name Title Signature

Social Security Number Date of Birth

Street Address

Name Title Signature

Social Security Number Date of Birth

Street Address

Name Title Signature

Social Security Number Date of Birth

Street Address

4. PERSON(S) AUTHORIZED TO CONDUCT TRANSACTIONS (CONTINUED)

The signature appearing to the right of each Authorized Person is that person's signature that PNC Advantage Funds may without inquiry, act upon the instructions (whether verbal, written, or provided by wire, telecommunication, or any other process) or any person claiming to be an Authorized Person. Neither the Funds nor any entity on behalf of which PNC Advantage Funds are acting shall be liable for any claims or expenses (including legal fees) or for any losses, resulting from actions taken upon any instructions believed to be genuine. The Funds may continue to rely on the instructions made by any person claiming to be an Authorized Person until it is informed through an amended Application that the person is no longer an Authorized Person and it has a reasonable period (not to exceed one week) to process the amended Application. Provisions of this Application shall be equally applicable to any successor of the PNC Advantage Funds.

*If this space is left blank, any one Authorized Person is authorized to give instructions and make inquiries. Verbal instructions will be accepted from any one Authorized Person. Written instructions will require signature of the number of Authorized Person(s) indicated in this space.

5. BROKER/DEALER INFORMATION (To be completed by broker or dealer)

Registered Rep. First Name		Registered Rep. Last Name	
Broker Name			
Branch Address	City	State	Zip
Dealer #	Rep #		
Broker Branch #	Phone #		

6. BANK & WIRE INSTRUCTIONS (OPTIONAL)

Complete this information to buy shares, sell shares or receive cash payments via wire.

*Bank Name: _____ *ABA #: _____

*Street Address: _____

*City: _____ *State: _____ *Zip: _____

Names on Account: _____

*Account #: _____ *Account Type (check one): Checking Savings

7. DIVIDEND & CAPITAL GAIN DISTRIBUTIONS (OPTIONAL)

	<u>Reinvested</u>	<u>Cash</u>	
Dividends:	<input type="checkbox"/>	<input type="checkbox"/>	(ALL DISTRIBUTIONS WILL BE AUTOMATICALLY REINVESTED IF NO BOX IS MARKED)
Capital Gains:	<input type="checkbox"/>	<input type="checkbox"/>	

If cash: By check to address on the application By wire to the bank in **Section 6**

8. SIGNATURE and CERTIFICATION

In compliance with U.S.A. PATRIOT Act, all financial institutions are required to obtain, verify and record the following information for all registered owners or others, who may be authorized to act on behalf of an account: full name, date of birth, social security number and permanent street address. If you do not provide us with this information, we will not be able to open the account. We may also request a copy of your driver's license or other identifying documents. If you are a trust, corporation or other entity, you may be asked to supply documentation to substantiate the existence of your organization: (i.e.: Articles of Incorporation/Formation/Organization, Trust Agreements, Partnership Agreement or other official documents.) If we are unable to verify identity, we reserve the right to close your account or take other steps we deem reasonable.

I have read the current prospectus and this application and agree to all the terms which to the extent applicable shall be binding upon my heirs, representatives and assigns. I certify that I have power and authority to establish the account. I understand that the account is subject to the terms and conditions detailed in the PNC Funds prospectus, as amended from time to time. In addition, I authorize the instructions in this application. I hold harmless and indemnify PNC Funds, and its affiliates or mutual funds managed by such affiliates and each of their respective directors, trustees, officers, employees and agents from any losses, expenses, costs or liability (including attorney fees) which I may incur with these instructions.

8. SIGNATURE and CERTIFICATION (CONTINUED)

Required by Federal tax law to avoid backup withholding:

I certify under penalties of perjury that:

1. The number shown on this form is my correct taxpayer identification number and
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 IRS that I am subject to backup withholding as a result of failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien)
4. I am exempt from FATCA reporting. Please indicate The FATCA Exemption Code(s) _____.
The following codes identify payees that are exempt from backup withholding:
 - 1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
 - 2 - The United States or any of its agencies or instrumentalities
 - 3 - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
 - 4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
 - 5 - A corporation
 - 6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
 - 7 - A futures commission merchant registered with the Commodity Futures Trading Commission
 - 8 - A real estate investment trust
 - 9 - An entity registered at all times during the tax year under the Investment Company Act of 1940
 - 10 - A common trust fund operated by a bank under section 584(a)
 - 11 - A financial institution
 - 12 - A middleman known in the investment community as a nominee or custodian
 - 13 - A trust exempt from tax under section 664 or described in section 4947.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Note to foreign investors: Form w-8BEN must be supplied to ensure applicable backup withholding for your country or residency.

Is your company any of the following (If yes, please provide business classification.): a bank organized and located outside the United States; a foreign office, agent or branch of a U.S. covered financial institution*; money transmitter; currency dealer or exchanger; or a company that if located in the United States would be required to register as a mutual fund, securities broker-dealer or a futures commission merchant?

_____ No _____ Yes, please explain _____

*A "U.S. covered financial institution" is generally any of the following: a bank; a credit union; a savings association; a corporation acting under section 25A of the Federal Reserve Act; a trust bank or company; a securities broker-dealer; a futures commission merchant; an introducing broker; or a mutual fund.

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

NAME _____ TITLE _____

SIGNATURE _____ DATE _____

NAME _____ TITLE _____

SIGNATURE _____ DATE _____

I understand that, if no activity occurs in my account within the time period specified by applicable state law, the assets in my account may be considered abandoned and transferred (also known as "escheated") to the appropriate state regulators. I understand that the escheatment time period varies by state.

PRIVACY NOTICE

PNC FUNDS PRIVACY POLICY

The funds recognize and respect the privacy concerns and expectations of our customers.¹ Federal law gives customers the right to limit some but not all sharing of customer information that we collect. Federal law also requires us to tell you how we collect, share and protect your personal information.

This notice is provided to you so that you will know what kinds of information we collect and the circumstances in which that information may be disclosed to third parties who are not affiliated with the funds.

Collection of Customer Information

The funds collect nonpublic personal information about our customers from the following sources:

- **Account Applications and other forms**, which may include a customer's name, address, social security number, date of birth, and information about a customer's investment goals and risk tolerance;
- **Account History**, including information about the transactions and balances in a customer's accounts; and
- **Correspondence**, written, telephonic or electronic, between a customer and the funds or service providers to the funds.

Disclosure of Customer Information

The funds do not share information about shareholders who are residents of California with affiliates of the funds or with unaffiliated companies under joint marketing agreements.

The funds may disclose all of the information described above to certain third parties who are not affiliated with the funds under one or more of these circumstances:

- **As Authorized** – if you request or authorize the disclosure of the information.

- **As Permitted by Law** – for example, sharing information with companies who maintain or service customer accounts for the funds is permitted and is essential for us to provide shareholders with necessary or useful services with respect to their accounts.

- **Under Joint Agreements** – The funds may also share information with companies that perform marketing services on our behalf or to other financial institutions with whom the funds have joint marketing agreements, such as The PNC Financial Services Group, Inc. and its affiliates.

These third parties must agree to strict confidentiality provisions to assure the protection of your information.

Sharing of Customer Information

We do not share such customer information with affiliates or non-affiliates for use in their marketing activities.

Security of Customer Information

The funds require service providers to the funds:

- to maintain policies and procedures designed to assure only appropriate access to, and use of, information about customers of the funds; and
- to maintain physical, electronic and procedural safeguards that comply with federal standards to guard nonpublic personal information of customers of the funds.

The funds will adhere to the policies and practices described in this notice regardless of whether you are a current or former shareholder of the funds.

If you have any questions concerning this Notice, or about the funds in general, please call: 1-800-364-4890.

¹For purposes of this notice, the terms "customer" or "customers" includes individuals who provide nonpublic personal information to the funds, but do not invest in the funds' shares.