

PNC FINANCIAL SERVICES GROUP, INC.

EMPLOYEE APPLICATION – I SHARES



PNC Financial Services Group, Inc. Employee Application – I Shares

Complete the account application forms, be sure to sign the application and mail the materials to PNC Funds, P.O. Box 9795, Providence, RI 02940. Overnight mail to: PNC Funds, c/o BNY Mellon Investment Servicing (US) Inc., 4400 Computer Drive, Westboro, MA 01581-1722.

ACCOUNT APPLICATION

Establishing your account is easy. Please complete the investment selection and account information sections. **Please use blue or black ink. For assistance call 1-800-622-FUND (3863) from 8 a.m. to 8 p.m. Monday through Friday.**

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.

INVESTMENT SELECTION

<u>Fund Name</u>		<u>Fund Name</u>	
Balanced Allocation Fund	402	Bond Fund	403
Emerging Markets Equity Fund	460	Government Mortgage Fund	406
International Equity Fund	409	Intermediate Bond Fund	407
International Growth Fund	450	Limited Maturity Bond Fund	413
Multi-Factor All Cap Fund	410	Total Return Advantage Fund	430
Multi-Factor Large Cap Growth Fund	411	Ultra Short Bond Fund	432
Multi-Factor Large Cap Value Fund	412	Intermediate Tax Exempt Bond Fund	408
Multi-Factor Small Cap Core Fund	418	Tax Exempt Limited Maturity Bond Fund	443
Multi-Factor Small Cap Growth Fund	419	Government Money Market Fund	405
Multi-Factor Small Cap Value Fund	428	Treasury Money Market Fund	431
Small Cap Fund	426	PNC Treasury Plus Money Market Fund	434

CORPORATION OR TRUST (CONTINUED)

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.

CORPORATION OR OTHER

***Complete if investor is individual/sole proprietor, corporation, partnership, limited liability company or other entity.**

***Account Registration**

***Taxpayer ID #** -

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 future commission merchant?

_____ No _____ Yes, please explain _____

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.

4 PERSON(S) AUTHORIZED TO CONDUCT TRANSACTIONS

The following persons ("Authorized Person(s)") are currently officers², trustees, general partners, or other authorized agents of the Shareholder. Any _____³ 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

COST BASIS METHOD (CONTINUED)

Primary Method (Select only one)

- Average Cost – averages the purchase price of acquired shares [AC]
- First In, First Out – oldest shares are redeemed first [FI]
- Last In, First Out – newest shares are redeemed first [LI]
- Low Cost – least expensive shares are redeemed first [LO]
- High Cost – most expensive shares are redeemed first [HI]
- Specific Lot Identification [SL] – you must specify the share lots to be sold at the time of redemption.
(First In, First Out method will be applied if share lot is not specified at time of redemption.)

7 DIVIDEND & CAPITAL GAIN DISTRIBUTIONS

	<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:	<input type="checkbox"/> By check to address on the application		<input type="checkbox"/> By ACH to the bank in Section 12

Directed Investment

Reinvest: Dividends Capital Gains Both

From:

Fund #	<input type="text"/> <input type="text"/> <input type="text"/>	Account #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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To:

Fund #	<input type="text"/> <input type="text"/> <input type="text"/>	Account #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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All distributions must be reinvested within the same class of funds.

8 PLANNED INVESTMENT PROGRAM (“PIP”)

This authorizes the Transfer Agent to draw from the designated bank account (as indicated in **Section 12**) on a periodic basis for investment in a PNC Funds transfer account. I understand that if there are insufficient funds in my bank account, bank charges may apply.

My investment will begin in the month of _____ and occur on/about the _____ day.

Fund Number	Amount (\$100 min.) per Draft															
<input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="radio"/> Each Month	OR	Select → <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td><input type="checkbox"/> Jan</td><td><input type="checkbox"/> Feb</td><td><input type="checkbox"/> Mar</td><td><input type="checkbox"/> Apr</td><td><input type="checkbox"/> May</td><td><input type="checkbox"/> Jun</td></tr> <tr><td><input type="checkbox"/> Jul</td><td><input type="checkbox"/> Aug</td><td><input type="checkbox"/> Sep</td><td><input type="checkbox"/> Oct</td><td><input type="checkbox"/> Nov</td><td><input type="checkbox"/> Dec</td></tr> </table>	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
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<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec											

9 TELEPHONE EXCHANGE PRIVILEGE AND/OR TELEPHONE REDEMPTION PRIVILEGE

Unless indicated below, I authorize the Transfer Agent to accept instructions from any person to exchange or redeem shares in my account(s) by telephone, in accordance with the procedures and conditions set forth in the current Prospectus. I understand that the exchange privilege is only available for exchanges within the same class of shares.

I DO NOT want the Telephone Exchange Privilege I DO NOT want the Telephone Redemption Privilege

Redemptions by telephone must be for a minimum amount of \$100 and will be sent by check via U.S. Mail to the address of record, or sent to the bank of record, if **Section 12** is completed with bank instructions. Redemptions of Class C shares may be subject to contingent deferred sales charge, as set forth in the Prospectus.

Neither the Fund nor the Transfer Agent will be liable for properly acting upon telephone instructions believed to be genuine. Should the Fund or its Transfer Agent fail to utilize reasonable procedures, it may be liable for any losses due to unauthorized or fraudulent instructions.

12 BANK & WIRE INSTRUCTIONS

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

*Bank Name

*ABA #

*Address

*City *State *Zip

Names on Account _____

*Account #

*Account Type (check one) Checking Savings

13 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 of 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.

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

(continued on next page)

SIGNATURE and CERTIFICATION (CONTINUED)

Required by Federal tax law to avoid backup withholding (continued):

- 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 basis of each customer relationship at PNC Funds is built on trust. You have chosen to do business with PNC Funds, and we guard that relationship with great care, beginning with the information you share with us. PNC Funds is dedicated to protecting the privacy of your nonpublic personal information. We maintain information about you in order to provide you with the most effective and convenient access to our broad range of financial products and services. We want you to understand what information we collect, and how we use and protect it.

WHAT INFORMATION WE COLLECT

“Nonpublic personal information” is information about you that we obtain in connection with providing our financial products or services. Such information includes, for example, name, address, age, and account balance. We may collect nonpublic personal information about you from the following sources:

- Information that you provide to us, such as on applications or other forms, or
- Information about your transactions with us

OUR SECURITY PROCEDURES

To maintain security of customer information, we restrict access to your personal and account information to persons who need to know that information to provide you products or services. We maintain physical, electronic and procedural safeguards to guard information.

WHAT INFORMATION WE DISCLOSE

PNC Funds does not disclose nonpublic personal information about you to any third party companies, except as permitted by federal law. The confidentiality of your nonpublic personal information will continue to be maintained consistent with this privacy notice even if you decide to close your account(s), your account becomes inactive, or you otherwise cease to do business with us.

PNC Funds works with third parties to bring you financial services. We disclose information about you as necessary to fulfill these third party service agreements. For example, we may disclose information about you to third parties that assist us in servicing or maintaining your mutual fund account, or other business relationship, such as printing checks or providing periodic account statements. We may also disclose information about you to governmental entities, such as sending annual income statements to the IRS.

We may disclose all of the information we collect, as described above, to third parties that perform marketing services on our behalf or to other financial institutions with whom we have joint marketing agreements in order to make a variety of financial services available to you. These third parties must agree to strict confidentiality provisions to assure the protection of your information. Because we already limit the sharing of your nonpublic personal information as outlined above, no action is necessary on your part to ensure this result.

PNC FUNDS' PLEDGE TO YOU

We believe that your privacy should never be compromised. At the same time, we want to offer you the array of financial products and services you need to accomplish your financial goals. We believe we can do both by adhering to the provisions of this privacy notice.

