



New Account Application – Retail Shares

ACCOUNT APPLICATION

Please complete the investment selection and account information sections. **Please use blue or black ink.**

• **For assistance please call:**

1) 1-800-622-FUND (3863) from 8 a.m. to 8 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 Sections 4 and 16.

• **To invest via wire transfer:**

- 1) Call 1-800-622-3863 to obtain account number and transfer instructions.
- 2) Send completed account application via overnight mail to address listed below.

• **Overnight mail to:** PNC Funds, c/o BNY Mellon Investment Servicing (US) Inc., 4400 Computer Drive, Westborough, MA 01581-1722

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>A Shares</u>	<u>C Shares</u>	<u>Fund Name</u>	<u>A Shares</u>	<u>C Shares</u>
Balanced Allocation Fund	102	302	Government Mortgage Fund	106	306
International Equity Fund	109	309	Intermediate Bond Fund	107	307
International Growth Fund	150	—	Limited Maturity Bond Fund	113	313
Multi-Factor All Cap Fund	110	310	Total Return Advantage Fund	130	330
Multi-Factor Large Cap Growth Fund	111	311	Ultra Short Bond Fund	132	—
Multi-Factor Large Cap Value Fund	112	312	Intermediate Tax Exempt Bond Fund	108	308
Multi-Factor Small Cap Core Fund	118	318	Tax Exempt Limited Maturity Bond Fund	142	—
Multi-Factor Small Cap Growth Fund	119	319	Government Money Market Fund	105	—
Multi-Factor Small Cap Value Fund	128	328	Treasury Money Market Fund	131	—
Small Cap Fund	126	326			
Bond Fund	103	303			



ACCOUNT APPLICATION

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

1 INVESTMENT AMOUNT (Print clearly in blue or black ink)

Total Dollars Invested \$, , .

Make checks payable to: PNC Funds. Third-party checks, starter checks, credit cards, credit card checks and cash and cash equivalents – such as traveler’s checks, cashier’s checks, certified checks and money orders – cannot be accepted to purchase shares.

2 INVESTMENT SELECTION

Minimum initial investment: \$1,000 per fund. If you choose to enroll in the Planned Investment Program (PIP), the minimum initial investment is \$100 per fund, with a subsequent monthly minimum investment of \$100. “Class A” shares are sold subject to a front-end sales charge. “Class C” shares are sold with a CDSC of 1.00% if redeemed within 12 months of purchase.

Fund Name (Include Class)	Fund Number	\$ Amount Invested (\$1,000 minimum)
<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="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="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="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="text"/>
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<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="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="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

3 TYPE OF ACCOUNT (Sections 3 and 5 must be completed)

Attach separate list for additional registrants including full name, social security number, and date of birth. All must sign.

INDIVIDUAL JOINT REGISTRANT UGMA/UTMA

*Registrant First Name *MI

*Registrant Last Name

*SS# - - *Birth Date - -

If applied for, provide copy of application for SSN or TIN

You **must** check one: U.S. Citizen Resident Alien

3 TYPE OF ACCOUNT (CONTINUED) (Sections 3 and 5 must be completed)

*Joint Registrant First Name *MI

*Joint Registrant Last Name

*SS# - - *Birth Date - -

If applied for, provide copy of application for SSN or TIN

You **must** check one: U.S. Citizen Resident Alien

UNIFORM GIFT OR TRANSFER TO MINORS

*Adult Custodian First Name MI

*Adult Custodian Last Name Suffix

*SS# - - *Birth Date - -

*Minor First Name MI

*Minor Last Name Suffix

*SS# - - *Birth Date - -

If applied for, provide copy of application for SSN or TIN

Under the Uniform Gifts/Transfers to Minors Act (Minor's State of Residence)

CORPORATION OR TRUST

INDIVIDUAL/SOLE PROPRIETOR

C CORPORATION*
(A copy of the certified articles of incorporation and/or business license of the corporation must be attached).

S CORPORATION*
(A copy of the certified articles of incorporation and/or business license of the corporation must be attached).

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.)

*Section 4 must be completed.

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):

Check if exempt from verification due to:

Financial institution regulated by a federal functional regulator.

Bank regulated by a state bank regulator.

Publicly traded corporation. Symbol .

Retirement plan covered by ERISA.

TRUST

***Complete if investor is a Trust/Estate.**

*Trustee First Name (if Trust) [] MI []

*Trustee Last Name (if Trust) []

*Date of Birth [] [] - [] [] - [] [] [] [] [] *SS# [] [] [] - [] [] - [] [] [] []

*Date of Trust Agreement (if Trust) [] [] - [] [] - [] [] [] [] [] *Trader SS# [] [] [] - [] [] - [] [] [] []

*Authorized Trader First Name [] MI []

*Authorized Trader Last Name [] Suffix [] [] [] []

*Date of Birth [] [] - [] [] - [] [] [] [] [] ****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.

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 BENEFICIAL OWNER(S) OF BUSINESS ENTITY

Name of Individual Opening Account* Title*

Name of Legal Entity*

Physical Address (cannot be P.O. Box)*

City* State* Zip Code*

Individual Owner(s) of Business Entity

To open this account we are required under Federal law to collect information on, and verify the identity of each Individual, if any, who own(s), directly or indirectly, 25% or more of the equity interests of the legal entity listed above (e.g. each natural person that owns more than 25% or more of the shares of a corporation). If no individual meets this definition, please write "Not Applicable".

Name and Title* Date of Birth (mm/dd/yyyy)*

Physical Address (cannot be P.O. Box)*

City* State* Zip Code*

For U.S. Persons: SSN* For Non-U.S. Persons: Identification Number**

Name and Title* Date of Birth (mm/dd/yyyy)*

Physical Address (cannot be P.O. Box)*

City* State* Zip Code*

For U.S. Persons: SSN* For Non-U.S. Persons: Identification Number**

Name and Title* Date of Birth (mm/dd/yyyy)*

Physical Address (cannot be P.O. Box)*

City* State* Zip Code*

For U.S. Persons: SSN* For Non-U.S. Persons: Identification Number**

Name and Title* Date of Birth (mm/dd/yyyy)*

Physical Address (cannot be P.O. Box)*

City* State* Zip Code*

For U.S. Persons: SSN* For Non-U.S. Persons: Identification Number**

4 BENEFICIAL OWNER(S) OF BUSINESS ENTITY (CONTINUED)

Control Person of Business Entity

Please provide the below information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

Name and Title*

Date of Birth (mm/dd/yyyy)*

Physical Address (cannot be P.O. Box)*

City*

State*

Zip Code*

For U.S. Persons: SSN*

For Non-U.S. Persons: Identification Number**

*Note: We are required to have this information in order to open your account and verify your identity pursuant to the USA Patriot Act.

**For Non-U.S. Persons: Include Copy of Passport, Alien Identification Card or other Government-Issued Document with Application AND provide passport number or other similar identification number. Any government-issued document other than a passport or alien identification card must evidence nationality and residence and bear a photograph or similar safeguard (including number).

I, _____ (name of natural person opening account),
hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature

Date

Legal Entity Identifier (Optional)

5 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

Name Title Signature

Social Security Number Date of Birth

Street Address

The signature appearing to the right of each Authorized Person is that person's signature that PNC 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 Fund nor any entity on behalf of which PNC Funds is 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 PNC Funds.

² Social Security Number may be waived for officers of corporations.

³ If this space is left blank, any Authorized Person is authorized to give instructions and make inquiries. Verbal instructions will be accepted from any Authorized Person. Written instructions will require signature of the number of Authorized Person(s) indicated in this space.

6 MAILING ADDRESS

Email Address

Shareholder reports will be sent via electronic delivery to the above email address unless indicated by checking this box.
If you do not provide an email address shareholder reports will be sent in hard copy.

(APO and FPO addresses will be accepted)

*Address

*City *State *Zip

Daytime Phone -- To ensure timely processing of your account, please provide your daytime phone number.

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

*Street Address (if different)

*City *State *Zip

7 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 --

8 COST BASIS METHOD

For shares acquired on or after January 1, 2012, the Cost Basis Method you elect applies to all existing and future accounts you may establish. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and the Internal Revenue Service (IRS). **Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation.**

If you do not elect a Cost Basis Method, your account will default to Average Cost.

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.)

9 DIVIDEND & CAPITAL GAIN DISTRIBUTIONS

Dividends: Reinvested Cash (ALL DISTRIBUTIONS WILL BE AUTOMATICALLY REINVESTED IF NO BOX IS MARKED)
 Capital Gains: Reinvested Cash

If cash: By check to address on the application By ACH to the bank in **Section 15**

Directed Investment Reinvest: Dividends Capital Gains Both

From: Fund # Account #

To: Fund # Account #

All distributions must be reinvested within the same class of funds.

10 LETTER OF INTENT (Class A Shares only – see terms and conditions in Prospectus)

Over a 13-month period, it is my intention to invest in shares of one or more of the funds below an aggregate amount at least equal to: \$25,000 \$50,000 \$100,000 \$250,000 \$500,000
 \$1,000,000 or more

Each purchase will be made at the then reduced offering price applicable to the amount checked above, as described in the Prospectus. By completing this Letter of Intent and signing this application, I agree to the terms and conditions of the Letter of Intent set forth in the Prospectus. In making purchases under this letter, the following are the related accounts on which reduced offering prices are to apply:

Fund Number	Account Number	Fund Number	Account Number
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

11 PLANNED INVESTMENT PROGRAM (“PIP”)

This authorizes the Transfer Agent to draw from the designated bank account (as indicated in section 15) 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="radio"/> Each Month OR <input type="radio"/> Select Months →	<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
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Fund Number	Amount (\$100 min.) per Draft	<input type="radio"/> Each Month OR <input type="radio"/> Select Months →	<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
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Fund Number	Amount (\$100 min.) per Draft	<input type="radio"/> Each Month OR <input type="radio"/> Select Months →	<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
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

12 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 15** 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.

13 SYSTEMATIC EXCHANGE PLAN

Each fund's initial investment amount must total at least \$1,000. (The monthly investment amount will be calculated automatically by dividing the total amount per fund by the time period indicated below.)

Originating Money Market Fund account number, if known:

Fund Number Account Number

Total Investment Amount to be exchanged: \$, . # of Payments

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

Fund Number Amount (\$100 min.) per Draft Each Month OR Select Months →

 \$, . Jan Feb Mar Apr May Jun
 Jul Aug Sep Oct Nov Dec

Fund Number Amount (\$100 min.) per Draft Each Month OR Select Months →

 \$, . Jan Feb Mar Apr May Jun
 Jul Aug Sep Oct Nov Dec

Fund Number Amount (\$100 min.) per Draft Each Month OR Select Months →

 \$, . Jan Feb Mar Apr May Jun
 Jul Aug Sep Oct Nov Dec

14 SYSTEMATIC WITHDRAWAL

Please redeem sufficient shares on the specified day of the month or the following business day. Quarterly and annual withdrawals will be processed on the specific day or the following business day of the month following the quarter or year end.

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

Fund Number Amount (\$100 min.) Each Month OR Select Months →

 \$, . Jan Feb Mar Apr May Jun
 Jul Aug Sep Oct Nov Dec

Fund Number Amount (\$100 min.) Each Month OR Select Months →

 \$, . Jan Feb Mar Apr May Jun
 Jul Aug Sep Oct Nov Dec

Fund Number Amount (\$100 min.) Each Month OR Select Months →

 \$, . Jan Feb Mar Apr May Jun
 Jul Aug Sep Oct Nov Dec

Check one:

- Send checks to the address of record
- Deposit proceeds into my bank account (**Section 15** of this application must be completed)
- Send checks to the following third party:

First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Your Signature (as on account) _____

15 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

16 SIGNATURES

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
 - 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

(continued on next page)

SIGNATURE and CERTIFICATION (CONTINUED)

Required by Federal tax law to avoid backup withholding (continued):
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: 1-800-622-3863.

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.