PNC FUNDS

PNC ADVANTAGE FUNDS

Account Maintenance Form

Please complete this form if you would like to make changes or add options to your existing PNC Funds account(s). Please refer to the Fund prospectus for more detailed information on each of the account options and for medallion signature guarantee requirements. Return completed forms 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, Westborough, MA 01581-1722. For assistance, call **1-800-622-FUND (3863).**

INVESTMENT SELECTION

Fund Name	A Shares	C Shares	I Shares
Balanced Allocation Fund	102	302	402
Emerging Markets Equity Fund	—	—	460
International Equity Fund	109	309	409
International Growth Fund	150	—	450
Multi-Factor All Cap Fund	110	310	410
Multi-Factor Large Cap Growth Fund	111	311	411
Multi-Factor Large Cap Value Fund	112	312	412
Multi-Factor Small Cap Core Fund	118	318	418
Multi-Factor Small Cap Growth Fund	119	319	419
Multi-Factor Small Cap Value Fund	128	328	428
Small Cap Fund*	126	326	426
Bond Fund	103	303	403
Government Mortgage Fund	106	306	406
Intermediate Bond Fund	107	307	407
Limited Maturity Bond Fund	113	313	413
Total Return Advantage Fund	130	330	430
Ultra Short Bond Fund	132	—	432

Fund Name	A Shares	C Shares	I Shares
Intermediate Tax Exempt Bond Fund	108	308	408
Maryland Tax Exempt Bond Fund	141	—	441
Ohio Intermediate Tax Exempt Bond Fund	121	321	421
Tax Exempt Limited Maturity Bond Fund	142	—	442
Government Money Market Fund	105	—	405
Treasury Money Market Fund	131	—	431

Fund Name	Advisor Shares	S Shares	I Shares
Advantage Institutional Treasury Money Market	134	734	434

**Effective July 5, 2016, PNC Small Cap Fund is closed to new investors.*

ACCOUNT INFORMATION (PLEASE PRINT IN CAPITAL LETTERS. This section must be completed.)

Last Name

First Name **MI**

SSN/TIN – – **Birth Date** – –

Fund – Account Number –

Fund – Account Number –

Fund – Account Number –

Fund – Account Number –

Fund – Account Number –

ACCOUNT OPTION SELECTION

Please check appropriate box below and complete the corresponding section. **You need only complete the section relevant to your request.** Once completed, sign the "Shareholder Authorization" in Section 11.

- ☐ Change of Address
- ☐ Additional Mailing Address
- ☐ Telephone Privileges
- ☐ Change of Bank Information
- ☐ Cost Basis Method
- ☐ Distribution Options
- ☐ Designate/Change IRA Beneficiary
- ☐ Planned Investment Program
- ☐ Systematic Withdrawal
- ☐ Systematic Exchange Plan

1 CHANGE OF ADDRESS (NEW ADDRESS)

Address

City **State** **Zip**

Email Address

Daytime Phone - -

Note: For your safety, there is a hold on redemptions for 30 days after an address change.

2 ADDITIONAL MAILING ADDRESS

Please complete this section if you would like copies of your quarterly statements sent to an additional mailing address.

Name of Individual or Corporation

Daytime Phone - -

Address

City **State** **Zip**

3 TELEPHONE PRIVILEGES (NON-RETIREMENT ACCOUNTS ONLY)

For future purchases, please add the Telephone Redemption Privilege to my account. I authorize the Transfer Agent to honor telephonic redemption requests believed to be authentic.

For future redemptions, please add the Telephone Redemption Privilege to my account. I authorize the Transfer Agent to honor telephonic redemption requests believed to be authentic.

For future exchanges, please add the Telephone Exchange Privilege to my account. I authorize the Transfer Agent to honor telephonic redemption requests believed to be authentic.

NOTE: Neither the Fund, nor the Transfer Agent, nor their respective affiliates, will be liable for any loss, damage, cost or expense in acting on such telephone instructions they reasonably believe to be genuine. The affected shareholder(s) will bear the risk of any such loss or damages. The Fund, or the Transfer Agent, or both, will employ reasonable procedures to determine that telephone instructions are genuine. If the Fund and/or the Transfer Agent do not employ such procedures, they may be liable for losses due to unauthorized or fraudulent instructions. These procedures may include, among others, requiring forms of personal identification prior to acting upon telephone instructions, providing written confirmation of the transaction, and/or the tape recording of telephone instructions

4 CHANGE OF BANK INFORMATION

Please change my bank information from:

Name of Bank ☐ **Checking** ☐ **Savings**

Account Owner

Account Owner

Account Number –

ABA Number

(first 10 digits before check number on bottom of check)

New bank information (Please attach a voided check or a savings deposit slip.)

Name of Bank ☐ **Checking** ☐ **Savings**

Account Owner

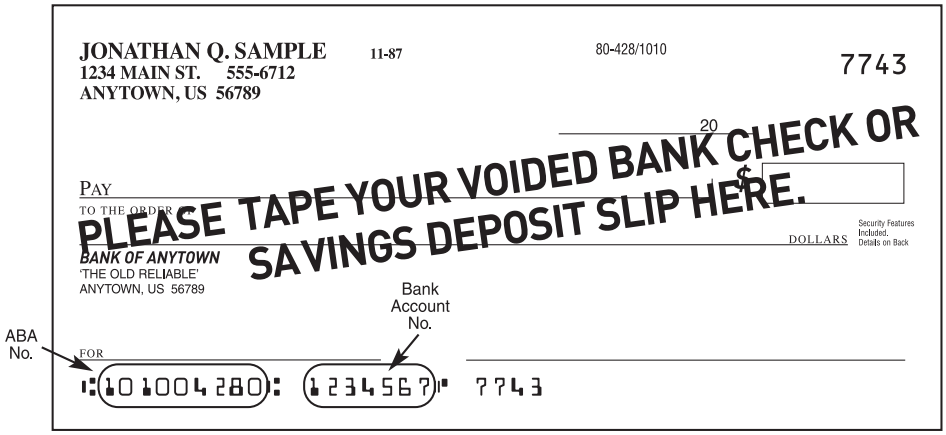
Account Owner

Account Number –

ABA Number

(first 10 digits before check number on bottom of check)

(Medallion Signature Guarantee Required - Please see last page on how to obtain Medallion Signature Guarantee.)



5 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.)

6 DISTRIBUTION OPTIONS

- ☐ **All** distributions will be **reinvested**.
- ☐ **All** distributions will be **paid in cash**.
- ☐ Dividends will be **paid in cash** and capital gains **reinvested**.
- ☐ Dividends will be **reinvested** and capital gains **paid in cash**.
- ☐ **Automatic Dividend Diversification**. Automatically direct your distributions into another PNC account.

FROM:
Fund Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Number ☐☐☐-☐☐☐☐☐☐☐☐☐☐

TO:
Fund Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Number ☐☐☐-☐☐☐☐☐☐☐☐☐☐

Send Distributions/Capital Gains in cash to:

- ☐ Address of Record
- ☐ Bank Account
  (Please attach a voided check or savings deposit slip in the space below. Medallion Signature Guarantee required.)
- ☐ Special Payee:
  (Medallion Signature Guarantee required – Please see last page on how to obtain Medallion Signature Guarantee.)

Name of Individual or Corporation ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Daytime Phone ☐☐☐-☐☐☐-☐☐☐☐

Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐ **State** ☐☐ **Zip** ☐☐☐☐☐

7 DESIGNATE/CHANGE IRA BENEFICIARY

As Depositor, I hereby make the following designation of beneficiary in accordance with the BNY Mellon Investment Servicing Trust Company Traditional Individual Retirement Custodial Agreement, or Roth Individual Retirement Custodial Agreement: In the event of my death, pay any balance I may have in my account to the following Primary Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Primary Beneficiary predeceases me, his share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each surviving Primary Beneficiary.

Primary Beneficiary First Name _____ **MI** ____

Last Name _____

SSN/TIN ___-__-____ **Birth Date** __-__-__

Relationship _____ **Percentage** ___ %

Primary Beneficiary First Name _____ **MI** ____

Last Name _____

SSN/TIN ___-__-____ **Birth Date** __-__-__

Relationship _____ **Percentage** ___ %

If none of the Primary Beneficiaries survives me, pay any balance I may have in my account to the following Alternate Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Alternate Beneficiary predeceases me, his share is to be divided among the Alternate Beneficiaries who survive me in the relative proportions assigned to each surviving Alternate Beneficiary.

Alternate Beneficiary First Name _____ **MI** ____

Last Name _____

SSN/TIN ___-__-____ **Birth Date** __-__-__

Relationship _____ **Percentage** ___ %

Alternate Beneficiary First Name _____ **MI** ____

Last Name _____

SSN/TIN ___-__-____ **Birth Date** __-__-__

Relationship _____ **Percentage** ___ %

IMPORTANT NOTES: *Any amount remaining in the account that is not disposed of by a proper Designation of Beneficiary will be distributed to your estate (unless otherwise required by the laws of your state of residency). You may change the beneficiary(ies) named above at anytime by filing a new IRA Beneficiary Designation with the Custodian. Any subsequent Designation filed with the Custodian will revoke all prior Designations, even if the subsequent designation does not dispose of your entire account.*

The Designation of Beneficiary may have important tax or estate planning effects. Also, if you are married and reside in a community property or marital property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), you may need to obtain your spouse's consent if you have not designated your spouse as your primary beneficiary for at least half of your account. See your lawyer or other tax professional for additional information and advice.

SPOUSAL CONSENT

This section should be reviewed if the Depositor is married and designates a beneficiary other than the spouse. It is the Depositor's responsibility to determine if this section applies. The Depositor may need to consult with legal counsel. Neither the Custodian nor the Sponsor is liable for any consequences resulting from a failure of the Depositor to provide proper spousal consent.

I am the spouse of the above-named Depositor. I acknowledge that I have received a full reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community property interest in this IRA, I have been advised to see a tax professional or legal advisor. I hereby consent to the beneficiary the designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian or Sponsor.

(X) Signature of Spouse Date

I hereby revoke all my prior designations and designate the above-mentioned person or persons to receive any interest remaining in the IRA upon my death.

(X) Signature of IRA Account Participant Date

8 PLANNED INVESTMENT PROGRAM ("PIP")

This authorizes the Transfer Agent to draw from the designated bank account on a periodic basis for investment in a PNC Funds 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 ($50 min.) per Draft $☐☐☐,☐☐☐.☐☐ ○ Each Month OR Select Months → ☐Jan ☐Feb ☐Mar ☐Apr ☐May ☐Jun ☐Jul ☐Aug ☐Sep ☐Oct ☐Nov ☐Dec

Fund Number ☐☐☐ Amount ($50 min.) per Draft $☐☐☐,☐☐☐.☐☐ ○ Each Month OR Select Months → ☐Jan ☐Feb ☐Mar ☐Apr ☐May ☐Jun ☐Jul ☐Aug ☐Sep ☐Oct ☐Nov ☐Dec

Fund Number ☐☐☐ Amount ($50 min.) per Draft $☐☐☐,☐☐☐.☐☐ ○ Each Month OR Select Months → ☐Jan ☐Feb ☐Mar ☐Apr ☐May ☐Jun ☐Jul ☐Aug ☐Sep ☐Oct ☐Nov ☐Dec

9 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 (Please attach a copy of a voided check or savings deposit slip. A Medallion Signature Guarantee is required.)

☐ Send checks to the following third party: (A Medallion Signature Guarantee is required. Please see last page for instructions on obtaining a Medallion Signature Guarantee.)

First Name Middle Initial Last Name

Street Address

City State Zip

Your Signature (as on account)

10 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 ($50 min.) per Draft $☐☐☐,☐☐☐.☐☐ ○ Each Month OR Select Months → ☐Jan ☐Feb ☐Mar ☐Apr ☐May ☐Jun ☐Jul ☐Aug ☐Sep ☐Oct ☐Nov ☐Dec

Fund Number ☐☐☐ Amount ($50 min.) per Draft $☐☐☐,☐☐☐.☐☐ ○ Each Month OR Select Months → ☐Jan ☐Feb ☐Mar ☐Apr ☐May ☐Jun ☐Jul ☐Aug ☐Sep ☐Oct ☐Nov ☐Dec

Fund Number ☐☐☐ Amount ($50 min.) per Draft $☐☐☐,☐☐☐.☐☐ ○ Each Month OR Select Months → ☐Jan ☐Feb ☐Mar ☐Apr ☐May ☐Jun ☐Jul ☐Aug ☐Sep ☐Oct ☐Nov ☐Dec

11 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
   - 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.

SIGNATURE and CERTIFICATION (CONTINUED)

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 that 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.

MEDALLION SIGNATURE GUARANTEE*

To protect you and PNC Funds from fraudulent activities, your signature(s) must be guaranteed if any of these situations apply: If you are instructing us to change your bank information, if the check for a distribution or redemption is being made payable to someone other than the account owner or is being mailed to an address other than address of record.

How to obtain a Medallion Signature Guarantee:

You should be able to obtain a Medallion Signature Guarantee from a bank, broker dealer, credit union (if authorized under state law), securities exchange or association, clearing agency, or savings association.

**Notary Not Accepted*

Medallion Signature Guarantee

Please affix
Medallion Signature Guarantee Stamp