Hancock HORIZON FUNDS

Mail to: Hancock Transfer Agent
2600 Citiplace, Suite 200
Baton Rouge, LA 70808
1-800-738-2625 ext. 7200

1. Account Registration

Please note: Failure to complete all required sections of this application may result in a rejection of your application. The information provided will be verified as required by the USA Patriot Act.

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 you for your name, date of birth and other information that will allow us to identify you. Likewise, prospective individual investors must include with this application a copy of an unexpired driver's license or passport, and copies of any trust documents that may be applicable to the new account's registration. This information will be verified to ensure the identity of all persons opening a mutual fund account.

Notice for Non-U.S. Persons

The Funds generally will not accept investments from foreign investors (e.g. foreign financial institutions; non-U.S. persons). The Funds have instructed its transfer agent accordingly. If the Funds do accept such investments, the Funds are expected to conduct due diligence on such foreign investors as may be required under Section 312 of the USA Patriot Act and applicable Treasury or SEC rules, regulations and guidance (if any).

☐ **Individual** ☐ **Joint**

Your Name: First Middle Last Suffix

Your Social Security Number Date of Birth

Joint Owner Name: First Middle Last

Joint Owner Social Security Number Date of Birth

☐ **Custodial/Gift To Minors**

Custodian's Name: First Middle Last

Custodian's Social Security Number Custodian's State of Residence

Minor's Name: First Middle Last

Minor's Social Security Number Minor's State of Residence

☐ **Corporation, Trust or Partnership**

(Regular Accounts Only – Does Not Apply to IRAs)
Documents provided in connection with your application will be used solely to establish and verify your identity. The fund will have no obligation with respect to the terms of any such document.

Trustee's Name*: First Middle Last

Trustee Social Security Number Date of Birth

☐ **Authorized Trader** ☐ **Partner**

Name^: First Middle Last

Social Security Number Date of Birth

Name of Corporation or Other Entity

Type of Entity

Taxpayer Identification Number

*Attach a separate list for additional trustees, authorized traders and each individual partner of a partnership, including full name, social security number, address and date of birth.

^Enclose a corporate resolution which identifies individuals authorized to conduct transactions on this account.

2. Shareholder Address

☐ I am a U.S. citizen ☐ I am not a U.S. citizen

Street Address or P.O. Box*

City State Zip

( ) ( )

Daytime Phone Evening Phone

Country of Tax Residency

*If mailing address is a Post Office Box other than an army or fleet Post Office Box, a street address is also required by the USA Patriot Act.

3. Hancock Horizon Fund Selection

You may enclose one check for the total amount of your investment.
Minimum Investment: $1,000

Burkenroad Fund, Class D ________
Amount

Method of Payment

☐ Enclosed is my check for the total amount of my investment made payable to Hancock Horizon Funds.

☐ Bank wire sent

Control Number Date

Note: To purchase shares by federal funds or bank wire, call 1-800-738-2625 ext. 7200.

4. Dividends and Capital Gains

Indicate your choice of dividends and capital gains distribution. They will be automatically reinvested unless otherwise indicated.

Dividends are to be: ☐ Paid in cash ☐ Reinvested

Capital gains are to be: ☐ Paid in cash ☐ Reinvested

5. Automatic Investment Plan (Optional)

If you choose this option, you must attach a voided check or deposit slip of the bank account you wish to use or provide full bank account information in Section 8.

The minimum initial investment of $1,000 is reduced to $100 per Fund if the Hancock Horizon Fund(s) account is opened under the automatic investment plan.

☐ I would like to participate in the automatic investment plan.

Attached is an initial check for at least the minimum of $100. I authorize the Fund's Distributor, SEI Investments Distribution Co., or its agents, to periodically draw on my bank account (See Section 8) for investment into my Hancock Horizon Funds account according to the schedule below.

☐ I have attached a voided check or deposit slip.

Preferred Investment Schedule

I would like to invest the following amounts (amount will be invested on the 15th day of the month or the first business day after the 15th) into:

Burkenroad Fund, Class D
Fund Name $ Amount

☐ Monthly ☐ Quarterly

6. Telephone Authorization (Optional)

Check one or more boxes to authorize telephone redemptions, exchanges, ACH and/or wire transfers. You will not be able to exchange into other Hancock Horizon Funds or receive a redemption by mail, wire or ACH via telephone instructions if you fail to select this option.

I authorize the Funds' Distributors to act upon instructions received by telephone from me to perform the following services:

☐ **Telephone Redemptions:** Mail payment.

☐ **Wire Transfers:** I understand that redemptions of Fund shares may be completed by electronic wire to the bank account I specify in Section 8 below. I understand that a fee is charged each time I request a wire redemption.

☐ **ACH Transfers:** By selecting an ACH transfer, I understand that the proceeds will be delivered to the bank account I specify in Section 8 below within four business days from the date of my request. By choosing an ACH transfer, I do not incur any additional wire fees.

7. Automatic Withdrawal Plan (Optional)

If you choose automated payment from your bank account, you must attach a voided check or deposit slip or provide full bank information in Section 8.

☐ I would like to participate in the automatic withdrawal plan.

To establish an Automatic Withdrawal Plan (AWP), an investor must own or purchase shares of Hancock Horizon Funds having a current net asset value of at least $10,000.

Amount and Frequency of Payments
I authorize the Funds and its agents to liquidate the following amount(s) (on the 15^{th} day of the month or the first business day after the 15^{th}) for:

Burkenroad Fund, Class D

Fund Name ______ $ Amount ______ Day ______

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Payment Instructions (check one)

I wish to have payments under the AWP made:

☐ Via automated transfer to my bank account as shown by the attached check or deposit slip.

☐ By check and sent to the address on record.

☐ Directly to my Hancock Horizon Money Market Fund.

☐ To me by check at the following address:

Address ______

City ______ State ______ Zip ______

8. Bank and Wire Instructions

If you wish to redeem shares with payment via wire transfer, ACH, or make use of the automatic investment plan or automatic withdrawal plan, you must attach a voided check for the bank account you wish to use, and provide full bank information as shown below. Any changes in these instructions must be made in writing to Hancock Horizon Funds.

Bank Name ______ Branch Office (If Applicable) ______

Bank Address (Do Not Use P.O. Box) ______

City ______ State ______ Zip ______

Name(s) On Your Bank Account ______

Bank Account No. ______ Bank Branch Phone Number ______

Account Type (check one) ☐ Checking ☐ Savings

9. Shareholder Agreement

In this Agreement, "I", "my", "you" and "your" means each customer individually and/or any two or more customers signing this Agreement.

- I am a U.S. resident (including a U.S. resident alien).
- I am in my state of residence and have full right, power, authority and legal capacity to purchase shares of the Fund(s). I affirm that I have received and read the current prospectus of the Fund(s) selected and agree to its terms. I understand the investment objectives and program, and have determined that the Fund(s) are a suitable investment based upon my investment needs and financial situation. I agree that the Funds' Distributor, the Transfer Agent, Hancock Horizon Funds or any affiliate or their officers, directors or employees will not be liable for any loss, expense or cost for acting upon any instructions or inquiries believed genuine.
- I understand that the authorization(s), with respect to Wire Redemption are subject to the conditions and limitations set forth in the current prospectus. I ratify any instructions given, pursuant to the above authorization(s) and agree that the Funds' Distributor, the Transfer Agent, Hancock Horizon Funds or any affiliate or their officers, directors or employees will not be liable for any loss, expense or cost for acting upon any instructions or inquiries believed genuine.
- I understand and agree that any telephone conversation with the Funds' Distributor, the Transfer Agent or any of their affiliates will be recorded for accuracy.
- I understand and agree that I will receive monthly statements disclosing all activity in my account(s).
- This Agreement shall be governed by the laws of the Commonwealth of Pennsylvania.
- The undersigned consents to allow the Hancock Horizon Funds to share my account information with any Hancock Bank affiliate.

10. Signature

Under the penalties for perjury, I certify the following:

- The number shown on this form is my correct Social Security/Taxpayer I.D. number.
- I am not subject to back-up withholding either because I have not been notified that I am subject to back-up withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Service has notified me that I am no longer subject to back-up withholding, or I am exempt from back-up withholding. Note: The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid back-up withholding.

I understand and acknowledge that the investment return on the Hancock Horizon Funds:

- are not FDIC insured;
- are not guaranteed; and
- may lose value.

X ______
Signature (Individual, Custodian, Trustee, Partner, or Authorized Officer) Date

X ______
Signature (Joint Registrant, if any) Date

X ______
Signature (Corporate Officer, Partner, Trustee, etc.) Date

☐ Check box if you have received IRS notification that you are subject to back-up withholding.

THANK YOU FOR YOUR INVESTMENT. YOU WILL RECEIVE WRITTEN CONFIRMATION SHORTLY.