



NEW ACCOUNT APPLICATION

**The Wright
Managed
Investment Funds**

MAIL TO:
Wright Managed Investment Funds
c/o Atlantic Fund Services, LLC
P.O. Box 588
Portland, ME 04112

Instructions
(PLEASE PRINT)

**1. Account
Registration**

Enter name or names exactly as you wish the account to be registered in the appropriate spaces. Be sure to include the correct tax identification (social security) number. If you do not have a tax identification number, please call customer service at 1-800-555-0644 for guidance.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other government-issued document with photo identification. We may also seek information about you from other sources, such as public databases.

Individual

Name _____
First MI Last Date of Birth Social Security Number

Co-Owner* _____
First MI Last Date of Birth Social Security Number

* "Joint Tenants with right of survivorship" unless you specify otherwise.

Gift/Transfer to Minor (UGMA/UTMA)

Custodian _____
First MI Last Date of Birth Social Security Number

Minor _____
First MI Last Date of Birth Social Security Number

A Trust

Name of Trust _____
Date of Trust Agreement Taxpayer ID Number

Name of Trustee _____
First MI Last Date of Birth Social Security Number

A Corporation Partnership or Other Entity _____

Name of Organization _____
Date of Establishment Taxpayer ID Number

Name of Individual _____
First MI Last Date of Birth Social Security Number

Important: Please attach a copy of the documentation required for your entity type as specified below:

- CORPORATION.....Articles of Incorporation or state-issued Certificate of Good Standing
- TRUST OR ENDOWMENT Pages in trust document that show the name of the endowment and a listing of all trustees
- ESTATE A certified copy of the court appointment of fiduciary such as Letters of Testamentary or Letters of Administration
- FOUNDATION.....Articles of Incorporation
- PARTNERSHIP..... Partnership Agreement
- PROFESSIONAL ASSOCIATION OR CORPORATION
OR LIMITED LIABILITY CORPORATION Articles of Association, Certificate of Organization or similar document
- SOLE PROPRIETORSHIP Document filed to form the proprietorship
- UNINCORPORATED ENTERPRISE..... Document evidencing the existence of the enterprise such as charter or resolution

2. Address

A P.O. Box or Rural Route Number is **not** acceptable as the street address. Correspondence and statements will be sent to the mailing address if entered. Otherwise it will be sent to the street address.

Street Address or APO/FPO (a P.O. Box is not acceptable)	Apartment
City	State
	Zip

Mailing Address if Different from Above

City	State	Zip
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Photo Identification Documents Inspected (if any)

DRIVERS LICENSE:

State: _____ Number _____ Expires: _____

PASSPORT:

Country & Place of Issue: _____ Number _____ Expires: _____

OTHER:

Description: _____ Number _____ Expires: _____

Check if photocopy attached.

3. Initial Investment

\$1,000 minimum

See Shareholder Manual

Initial Investment	EQUITY FUNDS	Initial Investment	FIXED INCOME FUND
\$	Wright Selected Blue Chip Equities	\$	Wright Current Income Fund
\$	Wright Major Blue Chip Equities		
\$	Wright International Blue Chip Equities		

Listed funds were available at time form was printed. Check with your broker or the Principal Underwriter for additions or changes to this list.

Total Amount \$ _____

Check enclosed payable to Wright Managed Investment Funds
[Atlantic will assign a Fund Account Number upon receipt.]

Automatic Investment Program. Please transfer \$ _____ (minimum \$100) from the checking account identified in Section 7 on the 1st 10th 15th 20th 30th of each Month Quarter (Jan-Apr-Jul-Oct) Quarter (Feb-May-Aug-Nov) Quarter (Mar-Jan-Sep-Dec)
Complete Section 7 if you have chosen this option.

Electronic transfer from the bank account shown in Section 7.

Payment wired on _____ to _____
Date Name Account

(Before wiring money, call 800-555-0644, for wire instructions and assignment of account number.)

<p>4. Distribution Options</p> <p><i>See Shareholder Manual</i></p>	<p>All distributions will be automatically invested in additional shares of the fund unless you check below:</p> <p><input type="checkbox"/> Pay dividends in cash <input type="checkbox"/> Pay capital gains in cash</p> <hr/> <p>I would like to receive cash dividends:</p> <p><input type="checkbox"/> By check to address of record shown in Section 1 <input type="checkbox"/> By check to the following Third Party:</p> <p><input type="checkbox"/> By electronic transfer to my bank account shown in Section 7 _____</p> <p><input type="checkbox"/> By investing in the following Wright Fund: _____</p> <p style="text-align: right;">_____ Address</p> <p>_____</p>
<p>5. Redemption Options</p> <p><i>Select redemption option or options</i></p>	<p>BY TELEPHONE (check one box)</p> <p>You may redeem shares from your account by calling 800-555-0644. Unless the box is checked, the telephone redemption service will be established.</p> <p><input type="checkbox"/> I do not want the telephone redemption service.</p> <p><i>Only amounts under \$100,000 can be redeemed by phone. Redemptions over this amount must be by written correspondence.</i></p> <p>BY ELECTRONIC TRANSFER TO YOUR BANK ACCOUNT</p> <p><input type="checkbox"/> I/we authorize Atlantic Shareholder Services, LLC, acting as my/our fiscal agent, in fact, to surrender for redemption shares held for my/our account, pursuant to any telephone, telegraph, TWX or other request, whether from me/us or from any other person directing redemption; provided, however, that the proceeds of such redemption are to be sent only to my/our account at the commercial bank or trust company identified in Section 7.</p> <p>SYSTEMATIC WITHDRAWAL PLAN</p> <p><input type="checkbox"/> I/we would like to establish a systematic withdrawal plan. I/we wish to receive payments of \$ _____</p> <p style="text-align: center;"><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually</p> <p>Please make payments: <input type="checkbox"/> By check to address of record shown in Section 1 <input type="checkbox"/> By electronic transfer to my bank account shown in Section 7 <input type="checkbox"/> By investing in the following Wright Fund: _____</p>
<p>6. Internet Access</p> <p><i>You can access your account on the Internet's World Wide Web.</i></p>	<p>If you have access to the Internet, you may access your account through the Wright Managed Investment Funds Website (http://www.wisi.com). Visit the First Time User Page to learn how to get a user identification number (user ID) and password. Your user ID and password will permit you to electronically inquire to determine your current share balance and their current value, to exchange or transfer assets between your existing accounts within our Fund family, and to redeem shares from your account and have a check for the proceeds mailed to you.</p> <p>If you would like to purchase shares electronically or have redemption proceeds sent directly to your bank account, please check the box below and complete Section 7. Bank Account Information.</p> <p><input type="checkbox"/> Please allow the purchase of shares electronically over the Internet using Automated Clearing House (ACH) electronic funds transfer procedures. It is understood that Bank Account information is never transmitted over the Internet.</p>

