

First American Funds

(To Be Used in Connection with an existing or simultaneous investment in the Quaker Funds.)

IRA Application

For Traditional, Roth, SEP, and SIMPLE IRAs

Mail to: **Quaker Funds**
c/o US Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail to: **Quaker Funds**
c/o US Bancorp Fund Services, LLC
615 E. Michigan St. FL 3
Milwaukee, WI 53202-5207

For additional information, please call toll-free **1-800-220-8888** or visit us on the web at **www.quakerfunds.com**.

In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: **full name, date of birth, Social Security number, and permanent street address**. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information for you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

1. Investor Information

FIRST NAME _____ M.I. _____ LAST NAME _____
SOCIAL SECURITY NUMBER _____ BIRTHDATE (Mo / Dy / Yr) _____
DRIVER'S LICENSE OR STATE ID NUMBER _____ STATE OF ISSUE _____

2. Permanent Street Address

(Residential Address or Principal Place of Business –
No PO Box addresses or foreign addresses)

STREET _____ APT / SUITE _____
CITY _____ STATE _____ ZIP CODE _____
DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

Mailing Address (No foreign addresses)

If completed, this address will be used as the Address of Record for all statements, checks, and required mailings.

STREET _____ APT / SUITE _____
CITY _____ STATE _____ ZIP CODE _____

3. Type of IRA

If no tax year is indicated, we will assume it is for the current tax year.

Refer to disclosure statement for eligibility requirements and contribution limits.

Choose ONE of the following account types:

- Traditional IRA Account**
 Contribution for tax year _____
 IRA to IRA Transfer (please complete IRA Transfer Form)
 Rollover (shareholder had receipt of funds)
 Inherited IRA - Name of Decedent _____ Date of Death _____ Date of Birth _____
- Traditional IRA Rollover Account**
 Rollover IRA to Rollover IRA
 Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator.
Please check the type of qualified plan:
 Corporate Pension Profit Sharing Plan 401(k) 403(b) Other _____
- Roth IRA Account**
 Contribution for tax year _____
 Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form) – Original Roth IRA funding year _____
 Traditional IRA to Roth IRA – Year of conversion from Traditional IRA to Roth IRA _____
 Rollover from Roth IRA (shareholder had receipt of funds) – Original Roth IRA funding year _____
 Inherited Roth IRA - Name of Decedent _____ Date of Death _____ Date of Birth _____
 Rollover from a Roth 401K
- SEP (Simplified Employee Pension Plan)** -- Each employee must complete an *IRA Application*.
 Contribution
 Transfer from another SEP IRA Account
 Rollover (shareholder had receipt of funds)
- SIMPLE IRA** (Be sure to complete Section 10)
 Contribution
 Transfer from another SIMPLE IRA Account
 Rollover (shareholder had receipt of funds)

4. Investment Amount

\$2,500 minimum initial investment per fund. \$100 minimum additional investment per fund.
Investment:

QK 1910 First American Retail Prime Obligations Class A \$ _____

QK 1912 First American Retail Prime Obligations Class C-A \$ _____

By check: Make check payable to the **Quaker Funds**. Total investment. \$ _____

By wire: Call 1-800-220-8888. Indicate amount of total investment by wire. \$ _____

5. Telephone Options

Shareholders may also make fund-to-fund exchanges over the telephone. Neither the transfer agent nor the fund(s) will be responsible for the authenticity of instructions received by telephone if it reasonably believes those instructions to be genuine. The fund(s) and transfer agent will each employ reasonable procedures to confirm that telephone instructions are genuine, and may be liable for losses resulting from unauthorized or fraudulent telephone instructions if it does not employ these procedures. Such procedures may include taping of telephone conversations.

Exchange – Permits the exchange of shares between identically registered accounts.

I do not want the telephone exchange and redemption privileges indicated above.

6. Beneficiary Information *(If you need more space, please enclose a separate sheet of paper.)*

Primary

NAME _____ RELATIONSHIP _____ CITY / STATE / ZIP _____ SOCIAL SECURITY NUMBER _____ DOB _____ % _____

NAME _____ RELATIONSHIP _____ CITY / STATE / ZIP _____ SOCIAL SECURITY NUMBER _____ DOB _____ % _____

NAME _____ RELATIONSHIP _____ CITY / STATE / ZIP _____ SOCIAL SECURITY NUMBER _____ DOB _____ % _____

Secondary

NAME _____ RELATIONSHIP _____ CITY / STATE / ZIP _____ SOCIAL SECURITY NUMBER _____ DOB _____ % _____

NAME _____ RELATIONSHIP _____ CITY / STATE / ZIP _____ SOCIAL SECURITY NUMBER _____ DOB _____ % _____

NAME _____ RELATIONSHIP _____ CITY / STATE / ZIP _____ SOCIAL SECURITY NUMBER _____ DOB _____ % _____

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

X _____
SIGNATURE OF SPOUSE

DATE

7. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the **Quaker Funds Custodial Account Agreement**, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for the **Quaker Funds** (the "Fund"). I understand the Fund's objectives and policies and agree to be bound to the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e. consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the **Quaker Funds** within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

CUSTOMER AGREEMENT: Under penalties of perjury, I certify: (1) that the number shown on this application is the correct taxpayer identification number; (2) that the taxpayer is not subject to backup withholding because (i) it is exempt from backup withholding; (ii) it has not been notified by the Internal Revenue Service that it is subject to backup withholding as a result of failure to report all interest and dividends; or (iii) the Internal Revenue Service has notified it that it is no longer subject to backup withholding (If the taxpayer has been notified by the Internal Revenue Service that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return, cross out item (2).); and (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Failure to provide a correct taxpayer identification number with this application will result in backup withholding.

Below, I certify and agree that the information provided in this application is complete and correct. I have received and reviewed of the Class A shares of the Prime Obligations Fund, a series of First American Funds, Inc., in which I am investing and agree to the contained therein. I have read and understood the terms set forth in this application, including the Customer Agreement. I understand options and features available to investors, such as Automatic Investment Plan and Systematic Withdrawal Plan options may not be available. I provide the **Quaker Funds**, with additional information. I understand that these investment products are not FDIC insured, are not guaranteed, and are not insured or guaranteed by any bank, and involve investment risks, including possible loss of the principal invested. I agree that Quasar Financial Services, Inc., or any affiliate or their officers, directors or employees will not be liable for any loss, expense or cost for acting on or inquiries believed genuine and I understand my mutual fund account may be transferred to my state of residence if no activity occurs during the inactivity period specified in my State's abandoned property laws.

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (Mo / Dy / Yr)

Appointment as Custodian accepted:
U.S. Bank, NA



Before you mail, have you:

- Completed all USA PATRIOT Act required information? Enclosed your check made payable to the **Quaker Funds**?
- Social Security or Tax ID number in Section 1? Included a voided check, if applicable?
- Birth date in Section 1? Signed your application in Section 7?
- Full name in Section 1?
- Permanent street address in Section 2?