

# KEELEY FUNDS ACCOUNT APPLICATION

Multi-Class Application for Class A and I Shares

Do not use this form for IRAs

DO NOT remove mailing label

## 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 to you: When you open an account, we will ask your name, address, date of birth, and other information that will allow us to identify you. ***THIS APPLICATION WILL BE REJECTED IF INFORMATION CANNOT BE VERIFIED.***

Sections 1, 2 and 6 must be completed and will be verified as required by the USA Patriot Act.

### 1. WHO OWNS THIS ACCOUNT (Please check only one box)

**INDIVIDUAL OR JOINT TENANTS**

First Name	Initial	Last Name	Social Security Number	Date of Birth
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First Name	Initial	Last Name	Social Security Number	Date of Birth
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**GIFT/TRANSFER TO A MINOR**

Custodian's Name (Only one permitted)	Social Security Number	Date of Birth
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As Custodian For \_\_\_\_\_ under the \_\_\_\_\_ Uniform Gift/Transfer to Minors Act.  
Minor's Name State of Donor

Minor's Social Security Number	Minor's Date of Birth
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**TRUSTS**

Name of Trustee(s)	Social Security Number	Date of Birth
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Name of Trustee(s)	Social Security Number	Date of Birth
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Name of Trust	Taxpayer Identification Number	Date of Trust Agreement
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Please enclose a copy of the first and last pages of the trust agreement.

**CORPORATIONS, PARTNERSHIPS OR OTHER ENTITIES**

<input type="checkbox"/> (C) Corporation	<input type="checkbox"/> (S) Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Estate	<input type="checkbox"/> Nominee
<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Governmental Agency or Instrumentality		<input type="checkbox"/> Other _____	

Name of Corporation or other Entity	Taxpayer Identification Number
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Authorized Representative	Title	Social Security Number	Date of Birth
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Authorized Representative	Title	Social Security Number	Date of Birth
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A copy of the certified articles of incorporation or a copy of the partnership agreement must be attached. If applicable, please send a copy of the letters of testamentary/court appointments of Executors, Administrators, or Personal Representatives. *A Certification of Beneficial Owner Form is required except for Estate accounts.*

**Customer Identification Exemption** Check if exempt from identification verification due to:

- |   |  |
|---|--|
| <input type="checkbox"/> Publicly Traded Entity (Symbol) _____  | <input type="checkbox"/> Financial Institution Regulated by a Federal Functional Regulator |
| <input type="checkbox"/> Bank regulated by state bank regulator | <input type="checkbox"/> Retirement Plan Covered by ERISA                                  |

## 2. WHERE WOULD YOU LIKE YOUR STATEMENTS MAILED?

Your permanent address must be within the United States, an APO/FPO, or in a U.S. Territory

Mailing Address	City	State	Zip	Country
Permanent Street Address of Owner (Cannot be a P.O. Box)				
Day-Time Phone	Evening Phone	Email Address		

## 3. ADVISOR/DEALER INFORMATION

Representative Name	Dealer Number	Branch Number	Rep Number
Company	Day-time Phone	Email Address	
Street Address	City	State	Zip

## 4. WHICH KEELEY FUND(S) DO YOU WANT TO INVEST IN?

Please list Fund(s):	Circle Class of Shares		
<u>KEELEY Small-Mid Cap Value Fund</u>	A	I	\$
<u>KEELEY Small Cap Dividend Value Fund</u>	A	I	\$
<u>KEELEY Mid Cap Dividend Value Fund</u>	A	I	\$

\$ \_\_\_\_\_  
Total Amount Enclosed

Class A Shares minimum initial investment: \$2,500. Class I Shares minimum initial investment: \$1.0 million.

## 5. WHAT SHOULD WE DO WITH ANY DIVIDENDS AND/OR DISTRIBUTIONS?

Please check one. If none of the boxes are checked all dividends and/or distributions will be reinvested

- Full Reinvestment** - Reinvest all dividends and distributions at net asset value.
- Capital Gains Reinvestment** - Reinvest capital gains only; income dividends are to be paid in cash.
- Cash** - All income dividends and capital gain distributions (when paid) are to be paid in cash and sent to the address of record.
- Cash Direct Deposit** - All income dividends and capital gain distributions (when paid) will be sent to my bank checking account.  
(Please attach a voided check to authorize this service).

## 6. COST BASIS REPORTING METHOD

Please review the list of available options and select your preferred reporting method. Your selection will only report on covered shares (shares purchased after 1/1/2012). If you do not select an option, the Funds default method of Average Cost will be selected as your cost basis method. If option #7 (SLID) is chosen, a secondary reporting method must be selected in the event the lots you have chosen are not available.

Average Cost (ACST)

Low Cost First Out (LOFO)

First In First Out (FIFO)

Loss/Gain Utilization (LGUT)

Last In First Out (LIFO)

Specific Lot Identification (SLID)

High Cost First Out (HIFO)

Secondary Reporting Method for SLID \_\_\_\_\_

## 7. SIGNATURE(S) OF NEW ACCOUNT OWNERS

I (We) am (are) of legal age in the state of my (our) residence and wish to purchase shares of the Fund(s) as described in the current Prospectus (a copy of which I (we) have received). By the execution of the Account Application, the undersigned represents and warrants that the investor has full right, power and authority to make this investment and the undersigned is (are) duly authorized to sign this Application and to purchase or redeem shares of the Fund(s) on behalf of the investor. I (We) hereby appoint State Street Bank and Trust Co. as agent to receive dividends and distributions for automatic reinvestment in additional shares of the Fund(s).

**TAXPAYER IDENTIFICATION NUMBER CERTIFICATION** (check appropriate box, if applicable)

Under penalties of perjury, I certify that (1) the number shown on this form is my current taxpayer identification number; and (2) I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, or (c) I am exempt from backup withholding. (You must line out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding). **(You must line out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding).**

I further certify that I am a U.S. citizen (including a U.S. Resident Alien) and that I am exempt from FACTA reporting.

**ESCHEATMENT NOTICE:** Your mutual fund account may be escheated to your state of residence if no activity occurs with your account during the inactivity period specified in your state's abandoned property laws.

Signatures must be exactly as name(s) appear in Section 1 (NEW Account Registration). If your account is the account of an individual, the individual should sign; if joint owners; all should sign; if a custodian for a minor, the custodian should sign; if a corporation or other organization, an officer should sign (indicating corporate office or title); if a trust or other fiduciary, the trustee or fiduciaries should sign (including capacity).

### SIGN HERE:

\_\_\_\_\_  
Individual/Custodian/Investor Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Registrant, if any

\_\_\_\_\_  
Date

Please see account options in Sections 8-10, which follows.

**Please mail completed form to: KEELEY Funds, P.O. Box 219204, Kansas City, MO 64121-9204 or use enclosed Business Reply Envelope.**

## ACCOUNT OPTIONS SECTIONS 8 - 10

### 8. RIGHT OF ACCUMULATION/ LETTER OF INTENT (Reduction of sales charge for load funds only)

I/we qualify for the right of accumulation sales charge discount described in the Prospectus. Listed below are the account number(s) and full registration(s) of each Fund account(s) I/we own.

#### LIST OF FUND ACCOUNTS

ACCOUNT NUMBERS

FULL ACCOUNT REGISTRATIONS

**Click here if attaching Letter of Intent:** By initially investing at least \$1,000 and submitting a Letter of Intent to the Distributor, a "single purchaser" may make purchases of shares of the Fund during a 13-month period at the reduced sales charge rates applicable to the aggregate amount of the intended purchases stated in the Letter. The Letter may apply to the purchases made up to 90 days before the date of the letter.

## 9. TRANSFER ON DEATH OPTION

If you want to appoint beneficiaries to your account, you may designate the individual(s) below as the one(s) to whom the investment shall pass after the account owner(s) is/are deceased:

Name of Beneficiary	Social Security Number	Beneficiary's Date of Birth
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Name of Beneficiary	Social Security Number	Beneficiary's Date of Birth
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**SPOUSAL CONSENT:** If you open the account individually and are married (or established this account jointly and are not married to the joint applicant) and name someone other than your spouse as beneficiary, spousal consent is required.

Print Name of Spouse	Signature of Spouse
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## 10. ONLINE, TELEPHONE AND OTHER SERVICES

Please check one. If none of the boxes are checked all dividends and/or distributions will be reinvested

**PERIODIC TELEPHONE/INTERNET PURCHASES AND REDEMPTIONS:** This service will allow you to purchase or redeem shares by telephone at 800-442-3554 or online at [www.KeeleyFunds.com](http://www.KeeleyFunds.com) via Automated Clearing House (ACH) from your designated checking account with a U.S. bank. Funds purchased in this manner will not be available for up to 15 days following the purchase date.

**AUTOMATIC INVESTMENT PLAN:** This service automatically purchases shares in your KEELEY Fund account by transferring money from your bank account via ACH on a monthly basis. The default date is the 15th of each month if no date is indicated. Monthly minimum is \$50 for Class A Shares and \$10,000 for Class I Shares.

Name of Fund(s) To Purchase	Monthly Amount(s)	Purchase To Take Place On
_____	_____	_____ day of each month
_____	_____	_____ day of each month
_____	_____	_____ day of each month

**BANK WIRE REDEMPTIONS:** This service will allow you to redeem shares and have the proceeds wired to your bank. Each wire request is subject to a \$1,000 minimum amount per transaction. Your bank may charge a fee for receiving a wire transaction.

**IMPORTANT: A voided check must be attached to authorize the above services.** In addition, any co-signer of your checking account who is not a joint owner of the mutual fund account(s) must authorize this service by signing below.

\_\_\_\_\_  
Co-Signer Name

\_\_\_\_\_  
Co-Signer Signature

\_\_\_\_\_  
Date

**I DO NOT WANT TELEPHONE/INTERNET REDEMPTION PRIVILEGES:** Telephone and Internet redemption privileges are automatically established for your KEELEY Fund accounts *unless you check this box.*

**CONSENT FOR E-DELIVERY:** You can go paperless by consenting to receive statements and/or other important documents via the Internet instead of by mail. If you consent to e-delivery, you will be sent e-mail notifications alerting you that documents are available for viewing online. Please note that confidential account information will not be sent by e-mail. If an e-mail notification is returned as undeliverable, your account will be reset to receive traditional statements and/or documents by mail. You can change your delivery preference

Quarterly Account Statements

Transaction Confirmations

Prospectuses, Financial Reports, Manager Commentaries

Your current email address: \_\_\_\_\_

**Please mail completed form to: KEELEY Funds, P.O. Box 219204, Kansas City, MO 64121-9204 or use enclosed Business Reply Envelope.**