

ACCOUNT OPTIONS FORM

SECTION 1: Account Information

Account Number

Owner's Name (Last, First, Middle Initial)

Owner's Social Security Number

Date of Birth (MM/DD/YY)

Joint Owner's Name (Last, First, Middle Initial) (if applicable)

Joint Owner's Social Security Number

Date of Birth (MM/DD/YY)

Check here if new address

Address of Residence (Required) - P.O. Box not accepted

City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

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Day Phone

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Evening Phone

Check here if new phone number

E-mail Address

Check here if new e-mail address

SECTION 2: Name Change Instructions

Please indicate your former name and what your new legal name has changed to.

Former Name

One and the same as:

New Name

If your name is different from what is currently shown on your account, your signature must be guaranteed in Section 9.

SECTION 3: Automatic Investment Plan

An Automatic Investment Plan deposits money directly into your WesMark Funds account from your checking or savings account on a monthly, quarterly, or annual basis. There is a \$100 requirement per term per fund.

Please complete this section if you would like to:

Establish

Modify or

Discontinue an automatic investment plan

SECTION 3: Automatic Investment Plan (continued)

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
WesMark Large Company Fund	16803	WMKGX	\$ _____		_____	%
WesMark Government Bond Fund	16804	WMBDX	\$ _____		_____	%
WesMark Balanced Fund	16805	WMBLX	\$ _____		_____	%
WesMark West Virginia Municipal Bond Fund	16802	WMKMX	\$ _____		_____	%
WesMark Small Company Fund	16801	WMKSX	\$ _____		_____	%
WesMark Tactical Opportunity Fund	16806	WMKTX	\$ _____		_____	%
Total			\$ _____		100	%

How often would you like automatic investments?

Monthly Quarterly Semi-Annually Annually

On or about which date? (e.g., 1st, 8th, 15th, 22nd) _____

If no date is specified, deposits will be made on or about the 5th business day of the following month, of receipt of your request.

**** The date of your first automatic investment should be at least 3 days after receipt of this request.****

■ Please provide bank information in Section 7, if applicable.

■ Please Note:

- Attach a separate letter of instruction if the bank account holder is different than the WesMark Funds account holder.
- For IRA accounts (including Coverdells), contributions made through an automatic investment plan will be considered contributions for the year in which shares are purchased.
- A signature guarantee is required if shares are redeemed within 30 days of adding or changing bank information.
- If the date of the automatic investment falls on a holiday or weekend, then the automatic investment will be at the next available business/market day.

SECTION 4: Systematic Withdrawal Plan

A systematic withdrawal plan withdraws money from your WesMark Funds account and deposits into your checking or savings account on a monthly, quarterly, or annual basis.

Please complete this section if you would like to:

Establish Modify or Discontinue a systematic withdrawal plan.

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
WesMark Large Company Fund	16803	WMKGX	\$ _____		_____	%
WesMark Government Bond Fund	16804	WMBDX	\$ _____		_____	%
WesMark Balanced Fund	16805	WMBLX	\$ _____		_____	%
WesMark West Virginia Municipal Bond Fund	16802	WMKMX	\$ _____		_____	%
WesMark Small Company Fund	16801	WMKSX	\$ _____		_____	%
WesMark Tactical Opportunity Fund	16806	WMKTX	\$ _____		_____	%
Total			\$ _____		100	%

How often would you like automatic withdrawals?

Monthly Quarterly Annually

On or about which date? (e.g., 2nd, 15th) _____

If no date is specified, withdrawals will be made on or about the 20th business day of the following month, of receipt of your request.

Money is to be sent by: ACH Check or Cross-Invest

Fund _____

Account Number _____

■ Please provide bank information in Section 7.

■ Please note, the cost basis method on your account will be used for redemptions.

SECTION 5: Distribution Options

Please complete this section if you would like to change your current distribution option.

Dividend distribution:	Cash	Reinvest
Capital Gains distribution:	Cash	Reinvest

Check here if you would like cash distributions deposited directly to your bank account. Please complete Section 7 if you do not have bank information listed on your account.

SECTION 6: Telephone & Online Privileges

Telephone/online privileges allow transactions to be placed via the telephone with a Shareholder Services Representative, using the automated service line, or on the website at www.wesmarkfunds.com.

Telephone privileges:	Add	Remove
Online privileges:	Add	Remove

Adding telephone/online transaction privileges with purchase and redemption capabilities requires bank information. Please complete Section 7 if you do not have bank information listed on your account.

SECTION 7: Bank Information

Please provide bank information if you are establishing or modifying any of the following: an automatic investment plan, a systematic withdrawal plan, telephone/online transaction privileges, and/or are having cash distributions deposited into your account.

I would like to add bank information to this account to authorize purchase and redemptions via ACH transfer. I understand this authorization will allow me to make such transactions via telephone with a Shareholder Services Representative, using the automated service line, or on the website at www.wesmarkfunds.com.

I would like to modify my current bank information on this account for purchases and redemptions via ACH transfer.

I would like to remove bank information on this account for purchases and redemptions via ACH transfer.

Account type: Checking Savings

Name on Bank Account	Bank Name
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ABA Routing Number *(First 9 digits at the bottom of the check or deposit slip)*

Bank Account Number *(Second set of numbers at the bottom of check or deposit slip)*

Please attach a voided check or savings deposit slip from the specified bank account.

I authorize the WesMark Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that the WesMark Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to the WesMark Funds. The termination request will be effective as soon as the WesMark Funds has had reasonable time to act upon it.

SECTION 8: Signatures

I authorize the WesMark Funds to make the changes indicated to my account.

I authorize the WesMark Funds and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither the WesMark Funds nor its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

ALL owners of this account must sign below:

Signature	Date (MM/DD/YY)
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Signature <i>(if applicable)</i>	Date (MM/DD/YY)
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SECTION 9: Signature Guarantee (If Required)

A signature guarantee is required if redeeming within 30 days of changing bank information or address, in addition to sending ACHs and checks to instructions other than that on record for this account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

Eligible guarantor's:

- Commercial Banks
- Credit Unions
- Member Firms of a domestic stock exchange
- National Securities Exchange & Savings (STAMP, SEMP, NYSE-MSP participation)
- Savings Associations
- Trust Companies

Medallion Signature Guarantee Stamp (*ID Required*)

Bank or Dealer Firm

Officer's Title

Officer's Signature

Date (*MM/DD/YY*)

[STAMP]

Please mail completed form to:

Mailing Address

WesMark Funds
One Bank Plaza, Fourth Floor
Wheeling, WV 26003

Overnight Address

WesMark Funds
1290 Broadway, Suite 1000
Denver, CO 80203

If you have any questions, please contact an Investor Service Representative at 1-800-864-1013 or visit www.wesmarkfunds.com.