

LETTER OF INSTRUCTION FORM

Please use this form to change your WesMark Funds account options or provide general instructions. All shareholders must sign before any changes will be made; some changes will require a medallion guarantee.

SECTION 1: Account Information		
Name of Shareholder or I	Entity (Please Print)	
Shareholder's Social Security Number or Tax ID Number		Date of Birth (MM/DD/YY)
Name of Joint Sharehold	er (if any)	
Joint Shareholder's Social Security Number		Date of Birth (MM/DD/YY)
Fund Number and Share	Class	Account Number
()	()	
Day Phone	Evening Phone	
SECTION 2: Please V	Write Instructions Below	
SECTION 3: Required	d Signature(s)	
All shareholders listed on	the current account registration must con	nplete this section. By signing this Letter of Instruction Form, I certify that: 1) I understand
that it is my responsibility	y to read the current prospectus for the V	VesMark Funds in which I choose to invest; 2) I am of legal age; 3) I allow the WesMark
		ease the WesMark Funds, the transfer agent, their affiliates and agents from all liability ling reasonable attorney's fees) or expenses for acting upon instructions if they follow
reasonable procedures d	esigned to prevent unauthorized transact	tions; 4) If a trustee, executor, administrator, guardian, committee, custodian, agent, or
-		nis or her capacity following the signature. Please call our Investor Services Department nts; 5) I understand that some privileges require a medallion guarantee and will not be
0 0	olders have their original signatures meda	, ,
Signature of Shareholder		Date (MM/DD/YY)
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Signature of Shareholder		Date (MM/DD/YY)
Title Capacity (i.e. Trustee	, executor, etc.)	
	[Place	Medallion Guarantee Here
		•

Please mail completed form to:

Mailing AddressOvernight AddressWesMark FundsWesMark FundsOne Bank Plaza, Fourth Floor1290 Broadway, Suite 1000Wheeling, WV 26003Denver, CO 80203

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