

## REGULAR ACCOUNT APPLICATION

**IMPORTANT:** 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 for your name, address, date of birth, and information that will allow us to identify you. **Please enclose a copy of your driver's license or other government issued photo identification card. (This will expedite in the processing of your account.)**

Please select one:

☐ **U.S. Citizen**    ☐ **U.S. Resident Alien**    ☐ **Non-Resident Alien**

In general, accounts are available only to U.S. Citizens and U.S. Resident Aliens.

### SECTION 1: Account Registration

☐ **Individual Account**    ☐ **Joint Account**    ☐ **Custodian Account - UTMA/UGMA (please complete section 1A)**

**Note:** Joint ownership means "joint tenants with rights of survivorship" and not "tenants in common," unless you specify otherwise.

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

Owner's Social Security Number

Date of Birth (MM/DD/YY)

Address of Residence - *P.O. Box is not accepted*

City, State, Zip Code

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

City, State, Zip Code

(     )  
Day Phone

(     )  
Evening Phone

E-mail Address

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

Joint Owner's Social Security Number

Date of Birth (MM/DD/YY)

Address of Residence - *P.O. Box is not accepted*

City, State, Zip Code

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

City, State, Zip Code

(     )  
Day Phone

(     )  
Evening Phone

E-mail Address

**1A**    ☐ **Uniform Transfer to Minors Account**    ☐ **Uniform Gift to Minors Account**

**Custodian's Name (Last, First, Middle Initial)**

Custodian's Social Security Number

Date of Birth (MM/DD/YY)

Address of Residence - *P.O. Box is not accepted*

City, State, Zip Code

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

City, State, Zip Code

(     )  
Day Phone

(     )  
Evening Phone

E-mail Address

**Minor's Name (Last, First, Middle Initial)**

Minor's Social Security Number

Date of Birth (MM/DD/YY)

**\*For Corporate or other entity account types, please use the Entity Account Application. You may obtain this application by contacting an Investor Service Representative at 1-800-864-1013 or visit [www.wesmarkfunds.com](http://www.wesmarkfunds.com).**

## SECTION 2: Investment Selection

### How would you like to make your initial fund purchase?

- ☐ **Check** - Make your personal check payable to WesMark Funds and enclose it with your application. We do not accept third party checks (see prospectus for acceptable method of payment).
- ☐ **Electronically** - Make a one-time withdrawal from the bank account listed in Section 5 for amount indicated below.

Expected Trade Date (MM/DD/YY) \_\_\_\_\_

**Investment Minimums:** \$1,000.00

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	\$ _____		_____	%
<b>Total</b>			<b>\$ _____</b>		<b>100</b>	<b>%</b>

## SECTION 3: Automatic Investment Plan

- ☐ Yes (Please complete below) ☐ No

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.

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	\$ _____		_____	%
<b>Total</b>			<b>\$ _____</b>		<b>100</b>	<b>%</b>

**Enter frequency and date of Automatic Investment.** A maximum of two investment days per month is allowed.

How often would you like automatic investment?

- ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually On or about which date? (e.g., 1st, 8th, 15th, 22nd) \_\_\_\_\_

If no date is specified, withdrawals will be made on or about the 5th of the following month, of receipt of your request. \*\*Please note, the date of your first automatic investment should be at least 3 days after this request.\*\*

■ Please provide **bank information** in Section 5, if applicable.

■ 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: Distribution Options

Please complete this section to elect a distribution option. If no option is selected or no bank information is provided, all dividends and capital gains will be reinvested. If ACH to Bank is selected, please complete **bank information** in Section 5.

**Dividend distribution:** ☐ Reinvest ☐ ACH to Bank

**Capital Gains distribution:** ☐ Reinvest ☐ ACH to Bank

## SECTION 5: Bank Information

Please provide bank information if you are establishing an automatic investment plan and/or are having cash distributions deposited into your account.

**Account type:** ☐ Checking ☐ Savings

Name on Bank Account

Bank Name

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 WesMark Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that 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 WesMark Funds. The termination request will be effective as soon as WesMark Funds has had reasonable time to act upon it.

## SECTION 6: Telephone & Online Privileges

As a shareholder, you will automatically have access to your accounts via our automated telephone and online computer services unless you specifically decline from them below.

☐ I **DO NOT** want any telephone privileges.

☐ I **DO NOT** want online privileges.

## SECTION 7: eDelivery

Electronic statement delivery options are available. Please login to your account at [www.wesmarkfunds.com](http://www.wesmarkfunds.com) for more information. (Please have your account number available.)

## SECTION 8: Cost Basis Method Selection

The cost basis of covered shares, generally shares acquired on or after January 1, 2012, is determined using the fund's default method, unless you elect a different method below. Please check one box.

☐ Average Cost (ACST) **Default Cost Basis Method**

☐ First In, First Out (FIFO)

☐ Last In, First Out (LIFO)

☐ Low Cost (LOFO)

☐ High Cost (HIFO)

☐ Loss Gain Utilization (LGUT)

☐ Specific Share Identification (SLID)

Secondary Method\* \_\_\_\_\_

\*If you elect Specific Share Identification, you may also elect a Secondary Method, other than Average Cost, that will apply when lots are not specified. If a Secondary Method is not elected, the default is FIFO.

The method you elect will apply to covered shares for funds established under this account, including funds you may acquire at a later date, unless you instruct us otherwise. If available, cost basis for noncovered shares, generally shares acquired before January 1, 2012, is determined using the Average Cost method. Non-covered shares are redeemed prior to covered shares unless otherwise specified at the time of the redemption.

To determine which cost basis method is appropriate for your tax situation, please consult a qualified tax professional.

## SECTION 9: Signature(s)

I have received and read the Prospectus for the Funds in which I am investing and agree to the terms therein, and acknowledge the receipt of the WesMark Funds Privacy Notice. I am responsible for reading the prospectus and Statement of Additional Information of any fund into which I exchange.

I authorize 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 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.

Per state requirements, property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

I understand the investment is subject to risk that may cause the value of the investment to fluctuate. When the investment is sold, the value may be greater or less than the amount I originally invested.

**SECTION 9: Signature(s) (continued)**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. Citizen or other U.S. person (as defined in the IRS Form W-9 instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Item 4 above does not apply if you are submitting this form for an account maintained in the United States.

If you do not provide a correct taxpayer identification number, you may be subject to a \$100 IRS penalty.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**Please enclose a copy of your driver's license or other government issued photo identification card. (This will expedite in the processing of your account)**

Signature

Date (MM/DD/YY)

Signature (if applicable)

Date (MM/DD/YY)

Distributor: ALPS Distributors, Inc. for the WesMark Funds

Shares of the WesMark Funds are offered by the Distributor. The Distributor is not a bank, and shares of the Fund are not deposits, obligations of, guaranteed, or endorsed by any bank, nor are they federally insured or otherwise supported by the FDIC, the Federal Reserve Board or any other agency.

**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](http://www.wesmarkfunds.com).

**INTERNAL USE ONLY:**

Registered Rep's Name (Last, First, Middle Initial)

Broker Dealer Name

Address

City, State, Zip Code

Representative #

(      )  
Phone

Broker Number

Representative Signature

Principal Approval

## FACTS

### WHAT DOES WESBANCO DO WITH YOUR PERSONAL INFORMATION?

#### Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

#### What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- § Social Security number and income
- § Assets and account balances
- § Payment history and credit history

#### How?

All financial companies need to share customer personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customer personal information; the reasons WesBanco chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does WesBanco share?	Can you limit this sharing?
<b>For our everyday business purposes –</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	<b>Yes</b>	<b>No</b>
<b>For our marketing purposes –</b> to offer our products and services to you	<b>Yes</b>	<b>Yes</b>
<b>For joint marketing with other financial companies</b>	<b>Yes</b>	<b>Yes</b>
<b>For our affiliates' everyday business purposes –</b> information about your transactions and experiences	<b>Yes</b>	<b>No</b>
<b>For our affiliates' everyday business purposes –</b> information about your creditworthiness	<b>No</b>	<b>We don't share</b>
<b>For our affiliates to market to you</b>	<b>Yes</b>	<b>Yes</b>
<b>For nonaffiliates to market to you</b>	<b>No</b>	<b>We don't share</b>
<b>To limit our sharing</b>	Mail the <b>form</b> below <b>Please note:</b> If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.	
<b>Questions?</b>	Call 1-800-905-9043	

#### Mail-in Form

If you have a joint account, your choice(s) will apply to everyone on your account unless you mark below.  <input type="checkbox"/> <b>Apply my choices only to me.</b>	Mark any/all you want to limit: <input type="checkbox"/> Do not use my personal information to market to me. <input type="checkbox"/> Do not share my personal information with other financial institutions to jointly market to me. <input type="checkbox"/> Do not allow your affiliates to use my personal information to market to me.		
	<b>Name</b>		<b>Mail to:</b>  WesBanco Attn: Bank Operations 1 Bank Plaza Wheeling, WV 26003
	<b>Address</b>		
	<b>City, State, Zip</b>		
	<b>Account #(s)</b>		

## Who we are

**Who is providing this notice?**

**WesBanco Bank, Inc., WesBanco Bank Community Development Corporation, WesBanco Securities, Inc., WesBanco Insurance Services, Inc., WesBanco Title Agency, LLC, and WesMark Funds**

## What we do

**How does WesBanco protect my personal information?**

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

**How does WesBanco collect my personal information?**

We collect your personal information, for example, when you

§ Open an account or apply for a loan

§ Give us your contact information or give us your income information

§ Provide identifying information

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

**Why can't I limit all sharing?**

Federal law gives you the right to limit only

§ sharing for affiliates' everyday business purposes — information about your creditworthiness

§ affiliates from using your information to market to you

§ sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

**What happens when I limit sharing for an account I hold jointly with someone else?**

Your choices will apply to everyone on your account — unless you tell us otherwise.

## Definitions

**Affiliates**

Companies related by common ownership or control. They can be financial and nonfinancial companies.

§ *Our affiliates include companies with a WesBanco name and investment companies such as WesMark Funds.*

**Nonaffiliates**

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

§ *WesBanco does not share with nonaffiliates so they can market to you.*

**Joint marketing**

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

§ *Our joint marketing partners include credit card companies.*

