

PART 1. INVESTOR INFORMATION (continued)

UNIFORM GIFT TO MINOR'S ACT OR UNIFORM TRANSFER TO MINOR'S ACT (UGMA OR UTMA)

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Custodian's Name* (First M.I. Last)	Date of Birth*	Social Security Number*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address* (Physical Address) Apt. #	City*	State*	Zip Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different from above)	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Minor's Name* (First M.I. Last)	Date of Birth*	Social Security Number*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address* (Physical Address) Apt. #	City*	State*	Zip Code*
	<input type="text"/>	<input type="text"/>	
	Daytime Phone*	Evening Phone*	

NOTE: Please list all individuals who will have authority to open and/or transact business for this account on behalf of the legal entity in whose name this account will be registered. You must provide the following information for each person listed on the account. Each individual's full name, date of birth, personal Taxpayer Identification Number (TIN), and physical residential address (a Post Office box is not acceptable).

TRUST UNDER AGREEMENT OR WILL

Required –A copy of the trust or the trust document pages that identify the name of the trust, the date of the trust, the trustee(s) name, street, and mailing address, and the signature page of the trust.

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of Trust*	Date of Trust*	Tax Identification Number*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of Trustee* (First M.I. Last)	Date of Birth*	Social Security Number*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address* Apt. #	City*	State*	Zip Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different from above)	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	
	Daytime Phone*	Evening Phone*	

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of Trustee* (First M.I. Last)	Date of Birth*	Social Security Number*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address* Apt. #	City*	State*	Zip Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different from above)	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	
	Daytime Phone*	Evening Phone*	

PART 1. INVESTOR INFORMATION (continued)

CORPORATION, PARTNERSHIP, RETIREMENT PLAN, OR OTHER BUSINESS ENTITY

Required – All registrations require documentation confirming the existence of the entity and proof of the individuals who have authorization to act on behalf of this account along with these individuals identifying information. Please refer to the instruction sheet on the first page of this application for all other required identifying documentation.

This application must be signed and completed for **all** corporate officers whose signatures are required under the corporate by-laws and anyone authorized to place transactions on this account. If you require additional space, please include information on a separate sheet of paper.

Corporation

Retirement Plan (Non-Unified Financial Services, LLC sponsored retirement accounts only)

Partnership

Other: (specify)

If publicly traded,

Exchange Number

CUSIP

Ticker Symbol

Name of Corporation, Partnership or Other Entity*

Entity's Tax Identification Number*

Street Address (Physical Address)* Apt. #

City*

State*

Zip Code*

Mailing Address (if different from above)

City

State

Zip Code

Name of First Authorized Signor* (First M.I. Last)

Date of Birth*

Social Security Number*

Street Address (Physical Address)* Apt. #

City*

State*

Zip Code*

Name of Second Authorized Signor* (First M.I. Last)

Date of Birth*

Social Security Number*

Street Address (Physical Address)* Apt.

City*

State*

Zip Code*

Daytime Phone*

PART 2. API FUNDS MASTER ALLOCATION PORTFOLIO MODEL SELECTION

COMPLETE THIS SECTION ONLY IF YOU WISH TO ALLOCATE ASSETS TO ONE OR MORE OF API FUND'S MASTER ALLOCATION MODEL PORTFOLIOS

I elect to have my API Funds allocated according the following API Model (Class A Shares will be purchased if no share class or fund number is indicated, where applicable.):

**Choose Only One
Master Allocation Model**

- All Equity
- Growth
- Moderate
- Balanced
- Conservative
- Preservation

Each Master Allocation Model is an asset allocation model that can be customized, and is not an actual mutual fund. Each model is for general guidance only and does not constitute a recommendation or any advice for you or any investor. We recommend you obtain advice from an independent financial advisor before making investment decisions.

You should choose your own investments based on your particular objectives and situation. You may change how your account is invested at any time.

Choose a Share Class: A L I (Class A, Class L and Institutional Class shares are available for all API Funds)

PART 3. CUSTOM PORTFOLIO ALLOCATIONS: API FUNDS OR YORKTOWN FUNDS

COMPLETE THIS SECTION ONLY IF YOU WISH TO CREATE A CUSTOMIZED PORTFOLIO USING ONE OR MORE API FUNDS AND/OR YORKTOWN FUNDS

You should choose your own investments based on your particular objectives and situation.
 We recommend you obtain advice from an independent financial advisor before making investment decisions.
 You may change how your account is invested at any time.

I elect to allocate my initial and subsequent investments among the funds indicated below. (Class A Shares will be purchased if no share class or fund number is indicated, where applicable.):

API FUNDS		YORKTOWN FUNDS	
<i>Fund</i>	<i>Percent</i>	<i>Fund</i>	<i>Percent</i>
<input type="checkbox"/> API Short Term Bond Fund	<input style="width: 60px;" type="text"/>	<input type="checkbox"/> Yorktown Small Cap Fund	<input style="width: 60px;" type="text"/>
<input type="checkbox"/> API Multi-Asset Income Fund	<input style="width: 60px;" type="text"/>	<input type="checkbox"/> Yorktown Mid Cap Fund	<input style="width: 60px;" type="text"/>
<input type="checkbox"/> API Capital Income Fund	<input style="width: 60px;" type="text"/>	<input type="checkbox"/> Money Market Account	<input style="width: 60px;" type="text"/>
<input type="checkbox"/> API Growth Fund	<input style="width: 60px;" type="text"/>		
<input type="checkbox"/> API Master Allocation Fund	<input style="width: 60px;" type="text"/>		
<input type="checkbox"/> Money Market Account	<input style="width: 60px;" type="text"/>		
Total Funds Must Equal 100%			<input style="width: 60px;" type="text"/>

Choose a Share Class:

For API Funds: A L I

For Yorktown Funds: A L I

PART 4. API FUNDS PORTFOLIO REBALANCING

The completion of this section is **OPTIONAL**. Either Part 2 or Part 3 above must be completed to elect this feature.

Note: When rebalancing, you may incur a taxable event. Please check with your tax advisor.

By checking this box, I authorize API Funds and Portfolios to rebalance the funds in my portfolio to match my original selection of funds.

Choose one: Quarterly Semi-Annually Annually

Day Of Month: 15th Last Business Day

PART 5. REDUCED SALES CHARGE

If you purchase Share Class A, you may be subject to Rights of Accumulation or Letter of Intent for reduced shares charge

- Rights of Accumulation- I qualify for the Right of Accumulation privilege based on existing accounts owned by my immediate family (my own, spouse and dependent children under 21). Listed below are the fund and account numbers of the accounts that should be combined with this new account.
- Letter of Intent- To qualify for a reduced sales charge, I agree to the Letter of Intent, including the escrow agreement, as described in the prospectus and statement of additional information. Although I am not obligated, it is my intention to invest the following amount within the next 13-months:

\$25,000 \$50,000 \$100,000
More than: \$250,000 \$500,000 \$750,000 \$1,000,000

Listed on the line below are the fund and account numbers for existing accounts to be applied toward the Letter of Intent:

Note: If the amount indicated in the Letter of Intent is not invested within 13 months, regular sales charge rates will apply to shares purchased and any difference in the sales charge owed versus the sales charge previously paid will be deducted from escrowed shares. Please refer to the Prospectus for terms and conditions.

Process the enclosed purchase for NAV purchases. I certify that this account is eligible to purchase shares at NAV according to the terms set forth in the fund prospectus, and I have completed the Net Asset Value Form.

PART 6. DIVIDEND AND CAPITAL GAINS OPTIONS

The completion of this section is **REQUIRED**.

All dividends and capital gains will be reinvested in the same fund that paid them, unless you signify otherwise below:

- Dividends** Pay in CASH to my address of record
 Automatically deposit into my bank account (complete bank account Part IX)
- Short-Term Capital Gains** Pay in CASH to my address of record
 Automatically deposit into my bank account (complete bank account Part IX)
- Long-Term Capital Gains** Pay in CASH to my address of record
 Automatically deposit into my bank account (complete bank account Part IX)

PART 7. WAIVER OF TELEPHONE TRANSACTION PRIVILEGES

The completion of this section is **optional**.

- By checking this box, I elect NOT to authorize the API Funds to accept and act upon telephone instructions from any registered owner or the broker/dealer of record for the redemption of shares and/or the exchange of shares between one or more of the API Funds having identical registrations.

Telephone instructions may be provided by any registered owner or the broker/dealer of record. Telephone requests for investments or withdrawals can be made on any day the Fund(s) are open for business. Requests must be received by the close of trading of the NYSE, normally 4 p.m. (Eastern) (Redemption proceeds of shares purchased by check are not available until payments for those shares are collectible. This may take up to fifteen (15) calendar days.) To allow for on demand telephone investments or withdrawals by transferring money directly between your mutual fund and your bank account via ACH (Automated Clearing House) please Complete Bank Account Information Part IX.

Your account automatically includes the telephone redemption and exchange privileges. In the case of telephone redemptions, a check will be mailed to the address and owners listed on your account, unless instructed to go via ACH to the bank information provided in *Part IX*.

PART 8. AUTOMATIC INVESTMENT PROGRAM

The completion of this section is **optional**.

- Automatic Investment Program** - This option provides an automatic investment into your portfolio by transferring money directly from your bank account via ACH* (Automated Clearing House) on a scheduled basis. Automatic investment plan must be established with a \$100 minimum. Please refer to the prospectus for other account restrictions. Please provide all of your bank account information **AND** attach a voided check or deposit slip where requested in *Part 10*.

I authorize the API Funds to initiate investments into account according to the following frequency:

- MONTHLY QUARTERLY DAY OF MONTH: 15th Last Business Day
- SPECIFIC MONTHS (specify below)
- January March May July September November
- February April June August October December

- Using the Information listed above please allocate investment amounts to my Fund account(s) as follows:

API FUNDS		YORKTOWN FUNDS	
<i>Fund</i>	<i>Amount</i>	<i>Fund</i>	<i>Amount</i>
<input type="checkbox"/> API Short Term Bond Fund	<input type="text"/>	<input type="checkbox"/> Yorktown Small Cap Fund	<input type="text"/>
<input type="checkbox"/> API Multi-Asset Income Fund	<input type="text"/>	<input type="checkbox"/> Yorktown Mid Cap Fund	<input type="text"/>
<input type="checkbox"/> API Capital Income Fund	<input type="text"/>	<input type="checkbox"/> Money Market Account	<input type="text"/>
<input type="checkbox"/> API Growth Fund	<input type="text"/>		
<input type="checkbox"/> API Master Allocation Fund	<input type="text"/>		
<input type="checkbox"/> Money Market Account	<input type="text"/>		

Choose a Share Class:

- For API Funds:** A L I **For Yorktown Funds:** A L I

- Using the Information listed above please allocate amounts to my API Portfolio as follows:

Portfolio Amount

Note: Redemption proceeds of fund shares purchased via ACH are not available for a period of fifteen (15) calendar days.

PART 9. SYSTEMATIC WITHDRAWAL PROGRAM

The completion of this section is optional.

Systematic Withdrawal Program - This option provides an automatic withdrawal of money from your portfolio. Money can be sent to your address of record or transferred to your bank account via ACH (Automated Clearing House). For transfers sent to your bank account please provide all or your bank account information AND attach a voided check or deposit slip where Part 10.

Systematic Withdrawal Program to Address of Record (Systematic Withdrawal Program via ACH (complete Part 10)

I authorize the API Funds to initiate withdrawals from my mutual fund account according to the following frequency:

MONTHLY QUARTERLY DAY OF MONTH: 15th Last Business Day

SPECIFIC MONTHS (specify below)

January March May July September November

February April June August October December

Using the Information listed above please withdraw the following amount(s) from my API Funds account(s)

API FUNDS

<i>Fund</i>	<i>Amount</i>
<input type="checkbox"/> API Short Term Bond Fund	<input type="text"/>
<input type="checkbox"/> API Multi-Asset Income Fund	<input type="text"/>
<input type="checkbox"/> API Capital Income Fund	<input type="text"/>
<input type="checkbox"/> API Growth Fund	<input type="text"/>
<input type="checkbox"/> API Master Allocation Fund	<input type="text"/>
<input type="checkbox"/> Money Market Account	<input type="text"/>

YORKTOWN FUNDS

<i>Fund</i>	<i>Amount</i>
<input type="checkbox"/> Yorktown Small Cap Fund	<input type="text"/>
<input type="checkbox"/> Yorktown Mid Cap Fund	<input type="text"/>
<input type="checkbox"/> Money Market Account	<input type="text"/>

Choose a Share Class:

For API Funds: A L I

For Yorktown Funds: A L I

I understand that the value of my account(s) must exceed \$10,000 and the total minimum withdrawal amount is \$100.

PART 10. BANK ACCOUNT INFORMATION

It is strongly recommended that all applicants complete Part 10 at this time even if you are not establishing a Systematic Investment or Systematic Withdrawal Program.

Bank Name

Street Address

City

State

Zip Code

Name(s) on Bank Account

ABA Number (if known)

Bank Account Number

Please attach one voided check or deposit ticket: Checking Savings

John and Jane Doe
123 Any St.
Anytown USA 12345

Date _____ 10001

PAY TO THE ORDER OF _____

Tape your voided check or pre-printed deposit slip here.
Please **do not** use staples to attach it.

_____ DOLLARS

BANK NAME _____
BANK ADDRESS _____

MEMO _____

0:123456789 0:12345678900 : 1001

PART 11. DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate account statement to:

Name

Street Address

City

State

Zip Code

PART 12. SIGNATURE

The completion of this section is REQUIRED.

By signing this form, I represent and warrant that: (a) I am of legal age in my state of residence and wish to purchase shares of the Fund as described in the current Prospectus; and (b) I have the full right, power and authority to invest in the Fund; and (c) I have received a current Prospectus of the Fund and agree to be bound by its terms; and (d) I understand that no certificates will be issued and that my confirmation statement will be evidence of my ownership of fund shares.

Under penalties of perjury, I certify that:

- (1) the number shown on this form is my correct taxpayer identification number
- (2) I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) 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 (iii) the IRS has notified me that I am no longer subject to backup withholding
- (3) I am a U.S. person (including a U.S. resident alien).

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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividend, you are not required to sign the Certification, but you must provide your correct TIN. (See IRS Form W-9, which is available from the Fund, for more information).

Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are certifying that each person listed below are authorized to effect securities transactions on behalf of the Investor (alternatively, the secretary or designated officer of the organization must certify the authority of the persons signing on the space provided below).

Shareholder, Custodian, Trustee
Or Authorized Officer

Date

Shareholder, Custodian, Trustee
or Authorized Officer

Date

Shareholder, Custodian, Trustee
Or Authorized Officer

Date

Shareholder, Custodian, Trustee
or Authorized Officer

Date

Note: All account owners and authorized signers must sign above.

FOR FINANCIAL ADVISOR USE ONLY

<input type="text"/>	<input type="text"/>		
Financial Institution/ Broker Dealer Name	Representative's Full Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	Zip Code
<input type="text"/>			
Mailing Address (if different from above)			
<input type="text"/>			
Representative's Branch Office Telephone Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Dealer Number	Branch Number	Representative Number	

<input checked="" type="text"/>	<input checked="" type="text"/>
Representative's Signature	Supervisor's Signature

I authorize the waiver of the advanced commission payment.

I am an employee of the above financial institution.

APPLICATION CHECKLIST

- Completed all required sections of the application (Part 1, Part 2 OR 3, Part 6, Part 12)
- Provided account owner name, residential address, date of birth and Social Security Number or Tax Identification Number for all individuals listed on the application
- Included all identifying documents for non-individuals or entity registrations
- Enclosed check which meets the fund/trust minimum and is made payable to API Funds
- Provided all required signatures
- Completed bank information for Systematic Investment Program or Systematic Withdrawal Program via ACH options and enclosed a preprinted voided check or savings deposit slip

Reminder: It is strongly recommended that all applicants complete Part 10 at this time even if you are not establishing a Systematic Investment or Systematic Withdrawal Program.

Applicants who do not complete Part 10 at this time and then apply to establish a Systematic Investment or Systematic Withdrawal Program at a future date, will be required to obtain a Medallion Signature Guarantee. A notary public cannot provide a Medallion Signature Guarantee.

MAILING INSTRUCTIONS

Please mail completed application to:

Regular Mail Delivery
API Funds
c/o Ultimus Fund Solutions, LLC
P.O. Box 46707
Cincinnati, OH 45246-0707

Overnight Courier
API Funds
c/o Ultimus Fund Solutions, LLC
225 Pictoria Drive, Suite 450
Cincinnati, OH 45246