

**New Account Application**

**For Assistance Call: 1-888-200-6796**

**PLEASE DO NOT USE THIS APPLICATION TO OPEN AN IRA ACCOUNT.**

**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 for your name, address, date of birth, and other information that will allow us to identify you. This information is subject to verification. If we are unable to verify your identity, we reserve the right to close your account or take such other steps as we deem reasonable.

Sections 1 and 2 must be completed and the information provided will be verified as required by the USA PATRIOT Act. Failure to complete these sections may result in the rejection of your application.

**Notice for Non-U.S. persons:**

The Fund generally will not accept investments from foreign investors (e.g. foreign financial institutions; non-U.S. persons). The Fund has instructed its transfer agent accordingly. If the Fund does accept such investments, the Fund is expected to conduct enhanced due diligence on such foreign investors as may be required under Section 312 of the USA PATRIOT Act and applicable Treasury or SEC rules, regulations and guidance (if any).

# 1 SHAREHOLDER REGISTRATION

Please print or type clearly.

Please choose one type of account below:

Individual or  Joint

YOUR NAME: FIRST, MIDDLE, LAST

SOCIAL SECURITY NUMBER

DATE OF BIRTH

JOINT OWNER'S NAME: FIRST, MIDDLE, LAST

JOINT OWNER'S SOCIAL SECURITY NUMBER

JOINT OWNER'S DATE OF BIRTH

OCCUPATION

EMPLOYER

TRANSFER ON DEATH BENEFICIARY (OPTIONAL)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

Custodial/Gift to Minors

CUSTODIAN'S NAME: FIRST, MIDDLE, LAST

CUSTODIAN'S SOCIAL SECURITY NUMBER

CUSTODIAN'S DATE OF BIRTH

MINOR'S NAME: FIRST, MIDDLE, LAST

MINOR'S SOCIAL SECURITY NUMBER

MINOR'S STATE OF RESIDENCE

MINOR'S DATE OF BIRTH

Trust\*

TRUSTEE'S NAME

TRUSTEE'S SOCIAL SECURITY NUMBER

TRUSTEE'S DATE OF BIRTH

NAME OF TRUST AGREEMENT

TRUST'S TAXPAYER IDENTIFICATION NUMBER

DATE OF TRUST AGREEMENT

\* Attach a separate list for additional Trustees and authorized traders including full name, social security number, date of birth and physical address. Please also include the first and last page of trust document.

Corporation\*

NAME OF CORPORATION

PROVIDE SYMBOL IF A PUBLICLY TRADED CORPORATION

TYPE OF CORPORATION

TAXPAYER IDENTIFICATION NUMBER

For all Corporations:  
Please enclose a corporate resolution (or government-issued business license) which identifies the individuals authorized to conduct transactions on this account.

For Non-Public Corporations:  
Your list of authorized traders must include their full name, social security number, date of birth, and physical address.

Partnership\*

PARTNER: FIRST, MIDDLE, LAST NAME

NAME OF PARTNERSHIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

\* Attach a separate list for authorized traders, and each individual partner of a partnership, including full name, social security number, date of birth, and a physical address (P.O. Box is not acceptable). A copy of partnership agreement must be attached.

Documents provided in connection with your Application will be used solely to establish and verify your identity. The Fund will have no obligation with respect to the terms of any such documents.

# 2 SHAREHOLDER ADDRESS

U.S. Citizen

Resident Alien (must have U.S. tax identification number and domestic address).

**Mailing Address:**

STREET OR P.O. BOX

IF MAILING ADDRESS IS A POST OFFICE BOX (OTHER THAN AN ARMY POST OFFICE BOX OR A FLEET POST OFFICE BOX), THEN A PHYSICAL ADDRESS IS ALSO REQUIRED BY THE USA PATRIOT ACT.

CITY, STATE, ZIP

( )

( )

DAYTIME TELEPHONE

EVENING TELEPHONE

E-MAIL ADDRESS

**Physical Mailing Address (if different from above):**

MUST PROVIDE PHYSICAL ADDRESS FOR INDIVIDUAL TRUSTEE AND AUTHORIZED TRADER; PROVIDE FOR JOINT REGISTRANT OR MINOR ONLY IF DIFFERENT THAN ABOVE.

STREET ADDRESS

CITY, STATE, ZIP

**Duplicate Confirmations/Statements Sent To (Optional):**

NAME

STREET OR P.O. BOX

CITY, STATE, ZIP

**Receiving Investor Documents**

Wilshire Mutual Funds is taking advantage of the "Householding" Rule, which permits the delivery of one copy of an annual/semi-annual report, prospectus and/or proxy statement on behalf of two or more shareholders at a shared address. Unless you indicate otherwise by checking the box below, your signature on this application indicates your consent to Householding and the Fund will deliver one copy of the above referenced documents to your address for as long as you remain invested in Wilshire Mutual Funds. You may revoke your consent at any time by calling 1-888-200-6796. Upon receiving such notification, the Fund will begin mailing individual copies of the above referenced documents to your attention within 30 days.

I do *not* wish to participate in Householding.

# 3 FUND SELECTION/ INVESTMENT OPTION

• Enclose your check (\$2,500 initial investment for Investment Class and \$250,000 initial investment for Institutional Class)

• **Make your check Payable to Wilshire Mutual Funds**

	Investment Class \$2,500 initial	Institutional Class \$250,000 initial
WILSHIRE LARGE COMPANY GROWTH PORTFOLIO	\$ _____	\$ _____
FUND 3650		FUND 3651
WILSHIRE LARGE COMPANY VALUE PORTFOLIO	\$ _____	\$ _____
FUND 3652		FUND 3653
WILSHIRE SMALL COMPANY GROWTH PORTFOLIO	\$ _____	\$ _____
FUND 3654		FUND 3655
WILSHIRE SMALL COMPANY VALUE PORTFOLIO	\$ _____	\$ _____
FUND 3656		FUND 3657
WILSHIRE 5000 INDEX PORTFOLIO	\$ _____	\$ _____
FUND 3658		FUND 3659
WILSHIRE LARGE CAP CORE 130/30	\$ _____	\$ _____
FUND 3662		FUND 3663

## 4 DIVIDEND & CAPITAL GAINS INSTRUCTIONS

All distributions will be reinvested automatically unless one of the following is checked:

- Send all dividends and capital gains by direct deposit to the bank account indicated on the enclosed voided check.
- Send all dividends and capital gains by check to the address in section 2.

## 5 TELEPHONE AUTHORIZATION

I (we) hereby authorize and direct the agent to accept and act upon telephone instructions for redemptions involving the account with corresponding registration unless the following is checked:

- I (we) do not authorize telephone redemptions.

## 6 SYSTEMATIC INVESTMENT PLAN (SIP)

I (we) hereby authorize and direct the agent to draw on my (our) bank account on a periodic basis, as indicated in section 8, for investment in my (our) account. Attached is a voided check of the bank account I (we) wish to use. (Initial investments may not be made through the Systematic Investment Plan.) Please note this service will be effective 15 days after the Wilshire Mutual Funds receives this application. **If no date is chosen below, your bank account will be debited on the 15th of the month.**

**Preferred Investment Schedule:**

- Monthly
- Quarterly
- Semi-Annually
- Annually

1st or  15th

BEGIN INVESTMENT ON (ENTER MONTH/YEAR) DAY OF MONTH

**Debit My (Our) Bank Account and Invest as Follows (\$100 Minimum):**

WILSHIRE LARGE COMPANY GROWTH PORTFOLIO	\$ _____	
	FUND 3650	
WILSHIRE LARGE COMPANY VALUE PORTFOLIO	\$ _____	
	FUND 3652	
WILSHIRE SMALL COMPANY GROWTH PORTFOLIO	\$ _____	
	FUND 3654	
WILSHIRE SMALL COMPANY VALUE PORTFOLIO	\$ _____	
	FUND 3656	
WILSHIRE 5000 INDEX PORTFOLIO	\$ _____	
	FUND 3658	
WILSHIRE LARGE CAP CORE 130/30	\$ _____	
	FUND 3662	

## 7 SYSTEMATIC WITHDRAWAL PLAN (SWP)

An account balance of at least \$5,000 is required.

**Preferred Withdrawal Schedule:**

- Monthly
- Quarterly
- Semi-Annually
- Annually

1st or  15th

BEGIN WITHDRAWAL ON (ENTER MONTH/YEAR) DAY OF MONTH

**Preferred Payment Method:**

- By Check
- Direct Deposit to your Bank (ACH) (Complete Section 8)

**I (We) Elect to Receive a Periodic Payment of (\$100 Minimum):**

WILSHIRE LARGE COMPANY GROWTH PORTFOLIO	\$ _____	\$ _____
	FUND 3650	FUND 3651
WILSHIRE LARGE COMPANY VALUE PORTFOLIO	\$ _____	\$ _____
	FUND 3652	FUND 3653
WILSHIRE SMALL COMPANY GROWTH PORTFOLIO	\$ _____	\$ _____
	FUND 3654	FUND 3655
WILSHIRE SMALL COMPANY VALUE PORTFOLIO	\$ _____	\$ _____
	FUND 3656	FUND 3657
WILSHIRE 5000 INDEX PORTFOLIO	\$ _____	\$ _____
	FUND 3658	FUND 3659
WILSHIRE LARGE CAP CORE 130/30	\$ _____	\$ _____
	FUND 3662	FUND 3663

## 8 BANK INFORMATION

**For SIP/SWP and Wire Redemptions:**

Your bank account information must be on file in order to exercise telephone investment privileges. The account holder's name(s) corresponding to the account number below must match exactly at least one name in Section 1.

**A blank voided check must be enclosed.**

NAME OF BANK \_\_\_\_\_

REGISTRATION ON ACCOUNT \_\_\_\_\_

ABA ROUTING NUMBER \_\_\_\_\_  Checking  Savings

ACCOUNT NUMBER \_\_\_\_\_ ACCOUNT TYPE \_\_\_\_\_

## 9 APPLICANT'S SIGNATURE

(a) I have read the current prospectus and this application and agree to all terms. In addition, I authorize the instructions in this application. I also agree that any shares purchased now or later are and will be subject to the terms of the prospectus as in effect from time to time.

(b) By execution of this application, the investor represents and warrants that (i) he has the full right, power, and authority to make the investment applied for and (ii) he is a natural person of legal age in his state of residence. The person or persons, if any, signing on behalf of the investor represent and warrant that they are duly authorized to sign this application and purchase or redeem shares of the fund on behalf of the investor. Each person named in the registration must sign below.

(c) If I am a U.S. citizen, resident alien, or a representative of a U.S. entity, I certify, under penalty of perjury, that:

- i. The social security number or employer identification number shown on this form is my correct Taxpayer Identification Number,
- ii. I am not subject to backup withholding because:
  - a. I am exempt from backup withholding OR
  - b. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividend OR,
  - c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Strike out this item (b) if you have been notified that you are subject to backup withholding.)
- iii. I am a U.S. person, resident alien, or a representative of a U.S. Entity.

**(d) By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:**

- i. the investor is not involved in any money laundering or terrorist financing schemes and the source of this investment is not derived from any unlawful activity or terrorist financing; and**
- ii. the information provided by the investor in this application is true and correct and any documents provided herewith are genuine.**

SIGNATURE: INDIVIDUAL, CUSTODIAN, TRUSTEE, PARTNER, OR AUTHORIZED OFFICER, EXACTLY AS IT APPEARS IN SECTION 1

DATE \_\_\_\_\_

SIGNATURE: JOINT OWNER, EXACTLY AS IT APPEARS IN SECTION 1

DATE \_\_\_\_\_

**Return the following to the address below:**

1. This completed application.
2. Voided bank check or deposit slip if applicable.
3. One check made payable to: Wilshire Mutual Funds

**Regular Mail address:**  
 Wilshire Mutual Funds  
 P.O. Box 219512  
 Kansas City, MO 64121-9512

**Wiring Instructions:**  
 United Missouri Bank  
 ABA # 101000695  
 Wilshire Mutual Funds  
 DDA #9871737314

**Overnight Mail address:**  
 Wilshire Mutual Funds  
 DST Systems, Inc.  
 430 West 7th Street  
 Kansas City, MO 64105

Reference:  
 Fund Name:  
 Account Number:  
 Account Name:

## 10 DEALER/SERVICE ORGANIZATION USE ONLY

FIRM NAME \_\_\_\_\_

FIRM NUMBER \_\_\_\_\_

REP NAME \_\_\_\_\_

REP NUMBER \_\_\_\_\_

BRANCH ADDRESS \_\_\_\_\_

BRANCH PHONE NUMBER \_\_\_\_\_ BRANCH NUMBER \_\_\_\_\_

AUTHORIZED SIGNATURE OF DEALER \_\_\_\_\_