NEW ACCOUNT APPLICATION INSTRUCTIONS

Huntington Funds

INVESTOR INFORMATION

As an investor, you are responsible for selecting a form of ownership that complies with the laws of your state of residence. Consult your investment professional or an attorney if you need assistance.

1. **Individual** – An account that represents one adult's self-controlled investment.
2. **Joint Accounts** are owned by 2 or more adults. Since there are several options, please select a type of joint ownership on the New Account Application. If you do not, Joint Tenants with Rights of Survivorship will apply to your account.
   - **Joint Tenants with Rights of Survivorship (JTWROS)** – Each tenant owns all shares equally. Upon the death of a tenant, the surviving tenant(s) takes ownership of the account.
   - **Tenants in Common (TEN COM)** – Each tenant owns a divisible interest that may not be equal (e.g., 40% and 60%). Upon the death of owner, the survivor maintains ownership of his/her percentage and the descendant's shares pass to his/her heirs. On the New Account Application, please enter the percentage of ownership next to each tenant's name.
   - **Tenants by the Entirety (TEN ENT)** – This registration applies only in certain states between spouses and each has a full interest in the account. Upon the death of one, the surviving spouse takes ownership of the account.
3. **Uniform Gift to Minor's Act or Uniform Transfer to Minor's Act (UGMA or UTMA)** – One adult serves as custodian to oversee an investment for one minor. The custodian has authority, controlling the account for the child's benefit until the child reaches the age of majority.
4. **Trust Under Agreement or Will** – An agreement that appoints a trustee to manage property in the best interest of another or to administer a trust according to the terms of a will. 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, and the signature page of the trust must be provided to establish the account. In addition, please provide the street address for the trustee(s) listed on the account for identification purposes.
5. **Corporation, Partnership or Other Business Entity** –
   - **Corporation** – The word "Incorporated", "Corporation", or the abbreviation "PC" is included in the name of the organization. A Corporate Resolution or Certificate of Incumbency originally certified within the last 60 days must be provided to establish the account. If publicly traded, you must provide CUSIP Number, Ticker Symbol, and exchange. If not publicly traded, official documentation to verify the entity's form of organization is required.
   - **Partnership –** The word "Partnership" is included in the name of the organization. Partnership document or equivalent document confirming the existence of the entity and the individuals who have authorization to trade on behalf of the account are required to establish the account. If the entity is registered with a state corporation agency, A Good Standing Certificate with certified stamp/seal of the appropriate state agency is acceptable.
   - **Retirement Plan-** Only to be used if it is **not** a Unified Financial Securities sponsored retirement account. Please provide documents confirming the existence of the entity and the authority of all individuals who are authorized to act on behalf of this account.
   - **Other Business Entity**- Including non-profit and non-exempt organizations. Please provide documents confirming the existence of the entity and the authority of all individuals who are authorized to act on behalf of this account. Contact us to determine if additional documentation is required to open your account type.

NOTE: Do not use this application to open any Unified Financial Securities sponsored retirement account. Please contact us to request the appropriate application.

FUND SELECTION AND INITIAL INVESTMENT

The initial investment minimum is $1,000. This amount is waived to $100 for Huntington employees. Please refer to the prospectus for additional information on the Fund minimums. Indicate your Fund Selection, Investment Amount, and Employee Information (if applicable) below in *Part II*. Make the check payable to Huntington Funds. Third party checks, counter checks, starter checks, traveler's checks, checks drawn on non-U.S. financial institutions, money orders, credit card checks, and cash are not acceptable. Cashier's checks and bank official checks may be accepted in amounts greater than $10,000.

QUESTIONS?

If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-800-253-0412 or visit our website at www.HuntingtonFunds.com.

NEW ACCOUNT APPLICATION

Huntington Funds

IMPORTANT: In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) 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, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. **If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs**. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-800-253-0412 or visit our website at www.HuntingtonFunds.com.

PART I: INVESTOR INFORMATION (*Denotes Required Information)

The completion of this section is REQUIRED.

- To open any ONE of the following types of accounts – Please check the appropriate box.
- **Please do not use this application for any Unified Financial Securities, Inc. sponsored retirement account. A separate account application is available for these account types.**

☐ Individual or Joint Account ☐ Joint Tenants with Rights of Survivorship ☐ Tenants in Common no Rights of Survivorship ☐ Tenants by the Entirety (the account will be registered as Joint Tenant with Rights of Survivorship unless you advise us otherwise or type of ownership is not permitted in your state)

Owner's Name* (First, M.I., Last) ______ Date of Birth* ______ Social Security Number* ______

Street Address (Physical Address)* ______ Apartment # ______ City* ______ State* ______ Zip Code* ______

Mailing Address (if different from above) ______ City ______ State ______ Zip Code ______

☐ U.S. Citizen ☐ Resident Alien (Country) Daytime Phone* ______ Evening Phone ______

For mailing outside of U.S., provide:

Country of Residence ______ Province ______ Foreign Routing/Postal Code ______

Co-Owner's Name* (First, M.I., Last) ______ Date of Birth* ______ Social Security Number* ______

Street Address (Physical Address)* ______ Apartment # ______ City* ______ State* ______ Zip Code* ______

Co-Owner's Name* (First, M.I., Last) ______ Date of Birth* ______ Social Security Number* ______

Street Address (Physical Address)* ______ Apartment # ______ City* ______ State* ______ Zip Code* ______

☐ U.S. Citizen ☐ Resident Alien (Country) Daytime Phone* ______ Evening Phone ______

For mailing outside of U.S., provide:

Country of Residence ______ Province ______ Foreign Routing/Postal Code ______

PART I: INVESTOR INFORMATION-CONTINUED (*Denotes Required Information)

☐ **Uniform Gift to Minor's Act or Uniform Transfer to Minor's Act (UGMA or UTMA)**
***Note-You may give up to $12,000 annually to a minor without federal gift tax consequences. As custodian, you receive all statements and correspondence. Consult your tax adviser for tax advice.**

Minor's Name* (First, M.I., Last) ______ Date of Birth* ______ Social Security Number* ______

Street Address (Physical Address)* ______ Apartment # ______ City* ______ State* ______ Zip Code* ______

Mailing Address (if different from above) ______ City ______ State ______ Zip Code ______

☐ U.S. Citizen ☐ Resident Alien (Country) ______ Daytime Phone* ______ Evening Phone ______

For mailing outside of U.S., provide:

Country of Residence ______ Province ______ Foreign Routing/Postal Code ______

Custodian's Name* (First, M.I., Last) ______ Date of Birth* ______ Social Security Number* ______

Street Address (Physical Address)* ______ Apartment # ______ City* ______ State* ______ Zip Code* ______

Mailing Address (if different from above) ______ City ______ State ______ Zip Code ______

☐ U.S. Citizen ☐ Resident Alien (Country) ______ Daytime Phone* ______ Evening Phone ______

For mailing outside of U.S., provide:

Country of Residence ______ Province ______ Foreign Routing/Postal Code ______

Successor Custodian's Name* (First, M.I., Last) ______ Date of Birth* ______ Social Security Number* ______

Street Address (Physical Address)* ______ Apartment # ______ City* ______ State* ______ Zip Code* ______

☐ U.S. Citizen ☐ Resident Alien (Country) ______ Daytime Phone* ______ Evening Phone ______

For mailing outside of U.S., provide:

Country of Residence ______ Province ______ Foreign Routing/Postal Code ______

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.

This application must be signed and completed for all trustees. If you require additional space, please include required information on a separate sheet of paper.

Name of Trust*	Date of Trust*	Tax Identification Number*	
Name of Trustee* (First, M.I., Last)	Date of Birth*	Social Security Number*	
Street Address (Physical Address)* Apartment #	City*	State*	Zip Code*
Mailing Address (if different from above)	City	State	Zip Code
☐ U.S. Citizen ☐ Resident Alien (Country)	Daytime Phone*	Evening Phone	

For mailing outside of U.S., provide:

Country of Residence	Province	Foreign Routing/Postal Code

Co-Trustee, if any:

Name of Trustee* (First, M.I., Last)	Date of Birth*	Social Security Number*	
Street Address (Physical Address)* Apartment #	City*	State*	Zip Code*
Mailing Address (if different from above)	City	State	Zip Code
☐ U.S. Citizen ☐ Resident Alien (Country)	Daytime Phone*	Evening Phone	

For mailing outside of U.S., provide:

Country of Residence	Province	Foreign Routing/Postal Code

☐ 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 required information on a separate sheet of paper.

Type of Entity:

☐ Corporation ☐ Partnership ☐ Retirement Plan (Non-Unified Financial Securities, Inc. sponsored retirement accounts only)
☐ 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)* Apartment # 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)* Apartment # City* State* Zip Code*

Daytime Phone Evening Phone

Name of Second Authorized Signor* (First, M.I., Last) Date of Birth* Social Security Number*

Street Address (Physical Address)* Apartment # City* State* Zip Code*

Daytime Phone Evening Phone

PART II: FUND SELECTION, INITIAL INVESTMENT AND EMPLOYEE INFORMATION (IF APPLICABLE)

The completion of this section is REQUIRED.

A. EMPLOYEE INFORMATION:

1. Are you an employee of Huntington Bancshares Incorporated ("HBI") or any of its subsidiaries? ☐ Yes ☐ No

Are you an immediate relative of an HBI employee? ☐ Yes ☐ No

If yes, name of employee__________________________________

2. Do you have an existing Huntington Fund account? If so, please list the account number(s)____________________________

PART II: FUND SELECTION, INITIAL INVESTMENT AND EMPLOYEE INFORMATION (IF APPLICABLE)-CONTINUED

Select the fund(s) you want to invest in now. *Please note that Trust Shares are available only to fiduciary, advisory, agency and other similar clients of The Huntington National Bank, its affiliates or correspondent banks as well as customers of third party financial institutions. Refer to the prospectus for additional purchase requirements. Choose the appropriate share class for your investment. Next to the fund name, indicate the amount of your investment. Indicate the **TOTAL** amount you are investing.

B. FUND CHOICE:	**CLASS A SHARES**	**TRUST SHARES**
☐ Dividend Capture Fund	______________	______________
☐ Global Select Markets Fund	______________	______________
☐ Growth Fund	______________	______________
☐ Income Equity Fund	______________	______________
☐ World Income Fund	______________	______________
☐ International Equity Fund	______________	______________
☐ Disciplined Equity Fund	______________	______________
☐ Macro 100 Fund	______________	______________
☐ Mid Corp America Fund	______________	______________
☐ Real Strategies Fund	______________	______________
☐ Rotating Markets Fund	______________	______________
☐ Situs Fund	______________	______________
☐ Technical Opportunities Fund	______________	______________
☐ Fixed Income Securities Fund	______________	______________
☐ Intermediate Government Income Fund	______________	______________
☐ Mortgage Securities Fund	______________	______________
☐ Ohio Tax-Free Fund	______________	______________
☐ Short/Intermediate Fixed Income Securities Fund	______________	______________
☐ Tax-Free Money Market Fund	______________	______________
☐ Money Market Fund	______________	______________
☐ Ohio Municipal Money Market Fund	______________	______________
☐ U.S. Treasury Money Market Fund	______________	______________
☐ Growth Allocation Fund	______________	_____ N/A _____
☐ Conservative Allocation Fund	______________	_____ N/A _____
☐ Balanced Allocation Fund	______________	_____ N/A _____
TOTAL INVESTMENTS	$______________	$______________

***Note:** The initial investment minimum is $1,000 or $100 for Huntington employees. *Proceeds from redemptions of shares purchased by Check, ACH, or SIP may not be available for up to 15 business days.

PART III: DIVIDEND AND CAPITAL GAINS OPTIONS

The completion of this section is REQUIRED.

If you do not mark one for each of the following selections all dividends and capital gains will be reinvested in the same fund that paid them.

Dividends	**Short-Term Capital Gains**	**Long-Term Capital Gains**
☐Reinvest into the same fund they were paid ☐Pay in CASH to my address of record ☐Automatically deposit into my bank account (complete bank account *Part VIII*)	☐Reinvest into the same fund they were paid ☐Pay in CASH to my address of record ☐Automatically deposit into my bank account (complete bank account *Part VIII*)	☐Reinvest into the same fund they were paid ☐Pay in CASH to my address of record ☐Automatically deposit into my bank account (complete bank account *Part VIII*)

PART IV: REDUCED SALES CHARGE

*When you make the purchase, you or your investment professional need to notify the Funds or the Funds transfer agent of your total holdings in the funds for a reduced sales charge to apply.

☐ **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:

☐ $50,000 ☐ $100,000 ☐ $250,000 ☐ $500,000 ☐ $750,000 ☐ $1,000,000

Listed 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 V: TELEPHONE EXCHANGE AND REDEMPTION PRIVILEGE

The completion of this section is OPTIONAL.

Your signature in Part XI will allow you to: a) Exchange shares or dollars between your Huntington Funds accounts having the SAME registration; and b) REDEEM or PURCHASE shares or dollars by automated or verbal telephone request. In the case of exchanges among non-money market funds, a capital gain or loss may be realized upon exchange. The proceeds from redemptions will be deposited to the bank account designated in Part VIII (please complete Part VIII for this service) or may be mailed to the address of record on your account by request.

☐ By checking this box, I accept the terms of the Telephone Exchange and Redemption Privilege stated above.

☐ I understand that this privilege may be modified or discontinued at any time. I understand that Huntington Funds Shareholder Services or The Huntington Investment Company may act on any request from me or any person claiming to act on my behalf and providing my account number and registration.

PART VI: SYSTEMATIC INVESTMENT PROGRAM

The completion of this section is OPTIONAL.

☐ **Systematic Investment Program** - This option provides an automatic investment into your mutual fund(s) 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 $50 ($25 for Huntington employees) minimum. Please refer to the fund 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 VIII*.

I authorize the Huntington Funds to initiate investments into my mutual fund account according to the following frequency:

☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Twice Each Month ☐ Specific Months (specify):

☐ January	☐ February	☐ March	☐ April	☐ May	☐ June
☐ July	☐ August	☐ September	☐ October	☐ November	☐ December

Fund ____ Amount $ ____________________ Day of Month (1st, 15th, etc.) ____________

*Note-Your Huntington Funds account will be credited on or about three (3) business days after the date you indicate for systematic investments. Proceeds from redemptions of shares by Check, ACH, or SIP may not be available for up to 15 business days.

PART VII: SYSTEMATIC WITHDRAWAL PROGRAM

The completion of this section is OPTIONAL.

Systematic Withdrawal Program - This option provides an automatic withdrawal of money from your mutual fund(s). 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 of your bank account information **AND** attach a voided check or deposit slip where requested in *Part VIII*.

☐ **Systematic Withdrawal Program to Address of Record** ☐ **Systematic Withdrawal Program via ACH (complete *Part VIII*)**

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

☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Twice Each Month ☐ Specific Months (specify):

☐ January	☐ February	☐ March	☐ April	☐ May	☐ June
☐ July	☐ August	☐ September	☐ October	☐ November	☐ December

Fund ____ Amount $ ____________________ Day of Month (1st, 15th, etc.) ____________

***Note:** Account balance must be a minimum of $10,000 to participate in this program. Your Huntington Funds account will be debited on or about one (1) business days after the date you indicate. To make a subsequent address change, you will be required to submit a letter of instruction with a new technology medallion signature guarantee stamp.

PART VIII: BANK ACCOUNT INFORMATION

____ ________________________
Bank Name ABA number (if known)

____
Bank Address

____ ________ ____________
City State Zip Code

____ ____________________________
Name(s) on Bank Account Bank Account Number
(must be identical to name(s) on Huntington Funds account registration)

____
Name(s) on Bank Account
(must be identical to name(s) on Huntington Funds account registration)

Please attach one voided check or deposit ticket. ☐ Checking ☐ Savings

John and Jane Doe 1003
123 Any Street Date __________________
Anytown, USA 12345

PAY TO THE
ORDER OF ____________ $ ______
____________ DOLLARS

Tape your voided check or preprinted deposit slip here.

Please do not use staples to attach it.

BANK NAME
BANK ADDRESS

MEMO ____________________________ ______________________________

0: 123456789: 00 123456789 00 : 1003

PART IX: CHECKWRITING SERVICE

No-fee checkwriting is available for Huntington Money Market Funds (A shares only). If you elect this service, you must complete a signature card. A signature card will be mailed to you upon receipt of this application. Please allow approximately 2 weeks for delivery of your checkbook after our receipt of the signed signature card. These checks represent requests to redeem shares from your Huntington Funds Money Market account. The minimum check amount is $250. Only one signature is required on checks.

☐ I DO wish to receive checkwriting. Please send me a signature card.

PART X: DUPLICATE ACCOUNT STATEMENT

☐ Yes, please send a duplicate account statement to:

____
Name

____ __________________ __________ ___________
Street Address City State Zip Code

PART XI: HOUSEHOLDING

To reduce the number of duplicate fund documents investors receives in the mail, to lessen paper waste and environmental impact, the Funds or their transfer agent uses "Householding". If two or more members of a household with the same last name own separate accounts in the Huntington Fund family, the Funds or their transfer agent can consolidate mailings to that address by sending one:

- Consolidated Account Statement
- Consolidated Trade Confirmation
- Prospectus
- Annual or Semi-Annual Report

Each account receives a separate proxy card. You may add or remove householding at anytime by calling the funds or their transfer agent at the number listed on the first page of this application. Your account will be updated within 30 days of your call.

☐ Yes, please household.
If yes, please provide account numbers of accounts to be householded____________________________________

☐ No, please do not household.

PART XII: SIGNATURES AND CERTIFICATION

The completion of this section is REQUIRED.

By signing, you will be eligible to receive all services authorized on this form. All listed Shareowners/authorized Officers and Trustees must sign below in accordance with the new account registration; Agents or Corporate Officers should include their titles.

By signing, I/we certify that:

A. I have received and read the prospectus for each Fund in which I am investing and agree to be bound by the terms thereto, I am of legal age in my state and have the authority and legal capacity to purchase mutual fund shares. I understand that no certificates will be issued and that my confirmation statement will be evidence of my ownership of fund shares; and I understand that my property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

B. I authorize the Funds, their distributor, the transfer agent, administration and all their affiliates to act on any instructions believed to be genuine for any service authorized on this form. I agree that they will not be liable for any resulting loss or expense.

C. I understand that I may terminate any service at any time by calling or writing Huntington Funds Shareholder Services.

D. Under penalty of perjury, I certify that I have given the correct Social Security (Tax I.D.) Number. If I fail to give the correct number or sign this form, I will be subject to IRS backup withholding of 20% of all payments and redemptions.

E. Under penalty of perjury, I certify that I am NOT currently subject to IRS backup withholding because (1) I have not been notified, or (2) notification has been revoked. (Cross out "NOT" above if you are currently subject to withholding.)

F. Under penalty of perjury, I certify that I am a U.S. person (including a U.S. resident alien.)

G. This account is not for the benefit of a foreign financial institution, as Huntington Funds does not open such accounts. Foreign financial institutions include foreign banks; the foreign offices of financial institutions; and non-U.S. entities that are securities broker-dealers, futures commission merchants, mutual funds, currency dealers or exchangers or money transmitters.

I acknowledge that Huntington Funds are not deposits or obligations of, nor guaranteed by The Huntington National Bank, or any of their affiliates, nor are they insured by the F.D.I.C., The Federal Reserve Board or any other government agency. Investments in shares of the funds involves investment risk, including possible loss of principal.

Please Sign Here:

____ Date ___________________

Signature of Shareowner, Custodian, Corporate Officer, or Trustee,
(exactly as it appears in Part 1, Corporate Officers include title).

____ Date ___________________

Signature of Joint Shareowner(s), Corporate Officer, or Co-Trustee,
(exactly as it appears in Part 1, Corporate Officers include title).

New Technology Medallion Signature Guarantee Stamp if Necessary (see Part X) ____

FOR INVESTMENT PROFESSIONAL USE ONLY

____
Financial Institution Name

____
Address

____
City

_____________ Dealer Number

_____________ Branch Number

X ____
Representative's Signature

____
Representative's Full Name

____
Representative's Branch Office/Telephone Number

_________ State

___________ Zip Code

____
Representative Number

X ____
Supervisor's Signature

Application Checklist

- ❑ Completed all required sections of the application (*Parts I, II, III, XII*)
- ❑ 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(s) minimum and is made payable to Huntington 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

Mailing Instructions

Please mail-completed application to:

Regular Mail Delivery
Huntington Funds
P.O. Box 6110
Indianapolis, IN 46206-6110

Overnight Delivery
Huntington Funds
2960 N. Meridian Street Suite 300
Indianapolis, IN 46208