



Automatic Investment Plan Application

Mail To: **KEELEY funds**
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: **KEELEY funds**
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL 3
Milwaukee, WI 53202-5207

IMPORTANT CONDITIONS

- If you have any questions about the Plan or completing this Application, call 1-888-933-5391.
- Your **KEELEY funds** account must be established at a minimum initial investment (\$2,500 per account- Class A, \$1,000,000 per account- Class I) before this Automatic Investment Plan goes into effect. Allow at least 15 days after receipt of this Application before your Plan will be effective.
- There is a \$50 minimum investment (\$100 for the money market) for Class A accounts and a \$10,000 minimum investment for Class I accounts for Automatic Investment Plan purchases. Investments will be made once each month on the date selected in Section C (or if such day falls on a weekend or holiday, on the next business day thereafter.)
- A \$25 fee will be assessed if an automatic investment cannot be made due to insufficient funds or stop payment.
- The Plan will be terminated upon redemption of all shares (including exchanges to the First American Prime Obligations Fund). Additionally, the Plan may be terminated by the Fund at any time without notice and by the investor upon written notice to the Fund. Termination requests will be effective five business days after receipt.
- IRA contributions apply as a current year purchase (purchases may not be used for prior year contributions).

1 Investor Information

<input type="text"/> <small>FIRST NAME</small>	<input type="text"/> <small>M.I.</small>	<input type="text"/> <small>LAST NAME</small>
<input type="text"/> <small>PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)</small>	<input type="text"/> <small>CITY / STATE / ZIP</small>	
<input type="text"/> <small>SOCIAL SECURITY NUMBER</small>	<input type="text"/> <small>BIRTHDATE (Mo / Dy / Yr)</small>	
<input type="text"/> <small>DAYTIME PHONE NUMBER</small>	<input type="text"/> <small>EVENING PHONE NUMBER</small>	

2 Joint Owner Information*

<input type="text"/> <small>FIRST NAME</small>	<input type="text"/> <small>M.I.</small>	<input type="text"/> <small>LAST NAME</small>
<input type="text"/> <small>PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)</small>	<input type="text"/> <small>CITY / STATE / ZIP</small>	
<input type="text"/> <small>SOCIAL SECURITY NUMBER</small>	<input type="text"/> <small>BIRTHDATE (Mo / Dy / Yr)</small>	
<input type="text"/> <small>DAYTIME PHONE NUMBER</small>	<input type="text"/> <small>EVENING PHONE NUMBER</small>	

*Registration will be joint tenants with rights of survivorship unless otherwise specified.

3 Investment Instructions

Indicate the account number in which you wish to automatically invest and the dollar amount per transaction to be deducted from your bank account.

Account Number	\$50 minimum per account - Class A
<input type="text"/>	<input type="text"/>
<input type="text"/>	\$10,000 minimum per account - Class I
<input type="text"/>	<input type="text"/>

Please start my Automatic Investment Plan beginning on the (date) of (month)

ENCLOSE YOUR VOIDED BANK CHECK

If your investment will be transferred from your checking account, a voided bank check must accompany your Automatic Investment Plan Application. Investors preferring to have their savings account debited are asked to provide their bank routing number. (If needed, your bank can provide this number to you.)

Bank Routing Number

Based on your instructions, U.S. Bancorp Fund Services, LLC Transfer Agent for **KEELEY funds** will automatically transfer money directly from your checking account each month on the date selected above, or the first business day thereafter.

4 Certification and Signatures

The Automatic Investment Plan service is governed by the conditions set forth herein and by the terms set forth in the Prospectus, which may be amended or supplemented from time to time. I have read and understand the conditions of the Automatic Investment Plan Account and agree to be bound by them. I authorize you to honor all debit entries via the ACH network initiated monthly through U.S. Bank, N.A. on behalf of U.S. Bancorp Fund Services, LLC. All such debits are subject to sufficient collected funds in my account to pay the debit when presented. I understand that this plan may be terminated or modified at any time by **KEELEY funds** or U.S. Bank, N.A.

Signature of Owner	<input type="text"/>	Date	<input type="text"/>
Signature of Joint Owner	<input type="text"/>	Date	<input type="text"/>