

#### **Retail Account Application**

# IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

Shares of the Fund have not been registered for sale outside the U.S. The fund generally does not sell shares to investors residing outside the U.S., even if they are U.S. citizens or lawful permanent residents, except to investors with U.S. military APO (Army Post Office) or FPO (Fleet Post Office) addresses.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires mutual funds to obtain, verify and record information that identifies each person who opens an account.

#### What this means:

When you open an *individual* account, we will ask your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Your account may be restricted and/or closed if we cannot verify this information. We will not be responsible for any losses or damages (including but not limited to lost opportunities and adverse tax consequences) resulting from any failure to provide this information, or from any restriction placed upon, or closing of, your account. By opening an account, you signify you agree to these procedures and accept responsibility for any losses or damages resulting from their implementation.

If you are opening an account for a "Legal Entity" such as a corporation, limited liability company, or other entity that is created by the filing of a public document with a Secretary of State or similar office, a general partnership, and any similar entity formed under the laws of foreign jurisdiction, information about the beneficial owners and the individual with significant responsibility for managing the Legal Entity is required BEFORE the account can be opened. You must also complete the Legal Entity Addendum found at the end of this application.

If you are opening an account on behalf of a trust, estate, limited partnership, or other organizations, additional identifying documentation is also required.

**Return completed form to:** Sterling Capital Funds P.O. Box 9762 Providence, RI 02940-9762

Overnight shipping:
Sterling Capital Funds
4400 Computer Drive

Name of Trustee / Authorized Signer

Westborough, MA 01581-1722 For assistance, call (800) 228-1872



## **Retail Account Application**

4. Assessmit Positionalism	
<ul><li>1. Account Registration Do not use this form for a retirem</li><li>A. Type of Registration (check one)</li><li>Individual</li></ul>	ent account. Contact (800) 228-1872 to obtain the appropriate forms.
☐ Joint Tenants Are the account holders married to each other	? 🗆 Yes 🕒 No
Tenancy State:	Number of Tenants:
·	nmunity Property ants by Entirety
<ul><li>Custodian for Minor</li><li>Uniform Gift to Minors Account (UGMA)</li></ul>	☐ Uniform Transfer to Minors Account (UTMA)
☐ Trust* ☐ Limited Partnership*	□ Estate*
□ Legal Entity * * *** (Also complete the Legal Entity Addendun □ S-Corporation □ C-Corporation □ LLC □ General P	
☐ Financial Institution regulated by a federal functional regulator,	or a bank regulated by a state regulator*
<ul> <li>□ Bank*</li> <li>□ Investment Company (1940 Act)</li> <li>□ Entity registered/reporting under the 1934 Act*</li> </ul>	* ☐ Investment Adviser (1940 Act)* ☐ Pooled Investment Vehicle managed by one of the foregoing*
*Attach a copy of the appropriate bylaws, charter, corporate resolutions, lis to open this account. In addition, provide a copy of the IRS Issuance Letter agreements or resolutions are not in existence, please contact Sterling Cap	
	y that is created by the filing of a public document with a Secretary of State or e laws of a foreign jurisdiction that opens an account. Mutual Funds are required by for managing the Legal Entity <b>BEFORE</b> opening an account.
B. Account Name	M M D D Y Y Y Y  Date of Birth Social Security Number
	_
Individual (Legal Name: First/Middle/Last)	Date of Birth Social Security Number
Joint Ownerif any (Legal Name: First/Middle/Last)	Custodian's Date of Birth     Custodian's Social Security Number
Name of Custodian (only one) as custodian for	Minor's Date of Birth Minor's Social Security Number
Name of Minor (only one) Minor's State of Residence	Date of Trust Tax ID Number
Name of Trust / Corporation / Partnership / LLC / Other Entity	Date of Birth Social Security Number
	Date of Birth Social Security Number
Name of Trustee / Authorized Signer	Date of Birth Social Security Number
	Date of Birth Social Security Number
Name of Trustee / Authorized Signer	Date of birth Social Security Number
Name of Trustee / Authorized Signer	Date of Birth Social Security Number

### **C.** Other Account Information

Primary Street Address (Business/Residential, Number & Street) Apt/Suite			City	State	Zip
Mailing Address (if different fro	om above)				
Daytime Telephone Number	Evening Tele	phone Number	Email Address		
(Please provide the stre	et address for joint tenants, trus	stees or authorized sig	gners if different from the prima	ry street address listed a	bove.)
Trustee's/Authorized Signer	rs				
Street Address	Apt/Suit	te	City	State	Zip
Mailing Address (if different from	om above)				
Daytime Telephone Number	Evening Telep	phone Number	Email Address		
Trustee's/Authorized Signer	rs				
Street Address	Apt/Suit	te	City	State	Zip
Mailing Address (if different fro	om above)				
Daytime Telephone Number	Evening Telep	phone Number	Email Address		
Trustee's/Authorized Signer	rs				
Street Address	Apt/Suit	te	City	State	Zip
Mailing Address (if different fro	om above)				
Daytime Telephone Number	Evening Telep	phone Number	Email Address		
Trustee's/Authorized Signer	rs				
Street Address	Apt/Suit	te	City	State	Zip
Mailing Address (if different fro	om above)				
Daytime Telephone Number	Evening Telep	phone Number	Email Address		
Citizenship	☐ U.S. Citizen		desident Alien (Attach IRS ds are subject to tax withholding		☐ Resident Alien
country of issuance, alien	s, in addition to submitting an IR. identification card number, or nu hotograph or similar safeguard a	umber and country of i	ssuance of any other government	-issued document evidenc	
☐ Alien ID Card	□ Passport	☐ Other (Spec	cify)		
Are you or an immedia Regulatory Authority)?	ite family member affiliated			exchange of FINRA	(Financial Industry

If yes, will any Sterling Capital Fund be an investment option for a participant-d If yes, please identify the type of plan or program:  529 College savings plan 403(b) Retirement plan Other (Specify)					
<b>2. Fund Selection</b> If you wish to invest in more than one Fund, be sure to Sterling Capital Funds. Refer to the prospectus for acceptable forms of payment and	indicate th minimum	e amo	unt you wish to inv	vest. Please make check payab ts. If no share class is selected	le to the , you will
automatically be invested in the Class A Shares. You may invest only in a Fund for	or which yo	ou hav	e a current prosp	ectus.	•
<u>Se</u>	elect a S		<u>Class</u> A	<u>lmount</u>	
Behavioral International Equity Fund (25, 225)	<u>A</u>	<u>C</u>	\$	or	%
Behavioral Large Cap Value Equity Fund (010, 210)			\$ \$		
Mid Value Fund (012, 212)	0		\$	or	
Behavioral Small Cap Value Equity Fund (015, 215)		0	\$	or	
Special Opportunities Fund (021, 221)	_	_	\$		
Equity Income Fund (022, 222)	_	_	\$		
Stratton Mid Cap Value Fund (026, 226)	_	_	\$		
Stratton Real Estate Fund (027, 227)		ā	\$	or	
Stratton Small Cap Value Fund (028, 228)	_		\$	or	
SMID Opportunities Fund (064, 264)			\$		<u></u> %
Short Duration Bond Fund (040, 240)	П	П			0/
Intermediate U.S. Government Fund (041, 241)			\$	or	0/
Total Return Bond Fund (042, 242)			\$	or	0/
Corporate Fund (080, 280)	0		\$	or	0.4
Diversified Income Fund (060, 260)			\$ \$	or or	
Quality Income Fund (081, 281)	0		\$		
Ultra Short Bond Fund (039)	_		\$		
Kentucky Intermediate Tax-Free Fund (043, 243)	_	0	\$		
Maryland Intermediate Tax-Free Fund (044, 244)	_	_	\$		
North Carolina Intermediate Tax-Free Fund (045, 245)	_	_	\$		
South Carolina Intermediate Tax-Free Fund (046, 246)	_	_	\$	or	
Virginia Intermediate Tax-Free Fund (047, 247)	_	ā	\$	or	
West Virginia Intermediate Tax-Free Fund (048, 248)	_	_	\$		<u></u> %
, , ,					
Strategic Allocation Balanced Fund (061, 261)			\$		%
Strategic Allocation Growth Fund (062, 262)		ч	\$	or	%
Sterling Capital Deposit Account* (055, 255)			\$	or	%
	Total		\$	or	100%
* Please note that you will be able to access your money in the Sterling Capital Sterling Capital Management will act as your agent for the purpose of making at Truist Bank and will maintain the records of your account. You will not be a Truist Bank locations or obtain balance information by contacting the bank di 228-1872 for information about your account. The Sterling Capital Deposit Acmember FDIC. FDIC deposit insurance is available for your deposits up to the money you hold on deposit with Truist Bank outside of your Sterling Capital Fineither SCF, BNY, nor Truist Bank monitors or takes any responsibility for maccount. As such, you should regularly monitor any such balances. The depoprogram regulated by the FDIC.	g deposits able to acc rectly. Ple ccount is n e FDIC sta Fund (SCF oney you	to and ess you ase can nade a andard naced have o	I withdrawals from our money in the all Sterling Capita, available through Il maximum depos ount may impact to on deposit with Tr	In the Sterling Capital Deposit Sterling Capital Deposit Acco I Funds Shareholder Services an arrangement with Truist B sit insurance amount of \$250, the insurance coverage availa ruist Bank that is outside of yo	t Account bunt at s at 800- Bank, 000. Any able as bur SCF

A family member or I own shares of	<b>Rights of Accumulation</b> (Class A Shares only. See the prospectus for qualifications.)  A family member or I own shares of more than one Fund in Sterling Capital Funds, which may entitle me to a reduced sales charge.  The shareholder account numbers are:						
Fund Name	Fund Name	Fund Name					
Account #	Account #	_Account #					
B. Letter of Intent (Class A Shares of I understand that through accumulate	• /	s outlined in the prospectus. I understand that I may in	clude				

my accumulated holdings (as described under Rights of Accumulation) for purposes of meeting the LOI and plan to invest over a 13-month period following the date of this application an aggregate amount of at least: 

\$\text{\$\sum\_{\sum\_\sum\_{\sym\_{\sum\_{\sym\_{\sym\_{\sum\_{\sum\_{\sum\_{\sum\_{\sum\_{\sum\_{\sum\_{\sum\_{\sum\_{\sum\_{\sum\_{\sum\_{\sum\_{\sum\_{\sum\_{\sum\_{\sym\_{\sym\_{\sym\_{\sym\_{\sym\_{\sym\_{\sym\_{\sym\_{\sym\_{\sym\_{\sum\_{\sym\_

C.	Sales Charge Waivers (See current prospectus	under "Sales Charge Waiv	ers" for qualified purchaser types.)				
	Qualified Purchaser Category and Explanation						
D.	<b>Telephone Redemption and Exchange</b> (If le						
E.	E. Banking Services  For your convenience, you may authorize Sterling Capital Funds to transfer funds between your bank account and your Sterling Capital Funds account. We will establish your banking instructions using the investment check you submitted. However, if you wish to establish banking instructions with another bank account, please provide a preprinted voided check or alternate banking instructions. Note: One or more of the name(s) in the Bank Registration must match the name(s) in the Account Registration in Section 1 of this application.  I authorize you to establish banking services.   Yes						
	Bank Name	A	BA Routing Number				
_	Account Name	A	count Number				
	Tape voided check here.						
F.	Cost Basis Method Selection Internal Revenue Service (IRS) rules require us to r the IRS with accurate cost basis accounting, you ar If you do not elect a method, the Fund's default	e being asked to select a co					
	Please select one of the following cost basis metho	ds:					
	<ul> <li>Average Cost Single Category (ACSC) redeemed multiplied by the average cost per sh</li> </ul>		rst in/first out basis with cost basis calculated by taking the shares				
	☐ First In, First Out (FIFO) Oldest shares p	urchased are first redeeme	d.				
	☐ Last In, First Out (LIFO) Most recent sha	res purchased are first rede	eemed.				
	<ul> <li>Highest Cost, First Out (HIFO) Shares w</li> </ul>	ith the highest cost basis a	re redeemed first.				
			restions about your cost basis reporting options.  com or contact our customer service representatives at (800) 228-1872.				
G	<b>Distribution Selection</b> (Your dividends and capatherwise.) (If you choose the Cash Payment Option						
	Distribution Options: Reinvest Cash Dividends: Cash Cash Cash Cash Cash Cash Cash Cash	<u>Directed</u> ☐ Account #	Cash Payment Method				
	Capital Gains:	Account #	□ ACH (Bank of record) □ Check (Sent to address of record)				

H. Checkwriting Please be sure to fill out a signature card. (Checkwriting is only available for the Deposit Account.)
 Yes. I want to be able to write checks from my Sterling Capital Deposit Account (minimum check redemption amount of \$100).

I.	Automatic Inve	estment Plan					
	Beginning		, I would like to have	the amounts inc	licated below withdrawn	from my bank account and	invested on the
		month / year				•	
	following day(s) _	day day	_as follows (Minimum \$2	25 per transactio	n.).		
		Fund			Fund		
		Amount \$  Bi-Monthly			Amount \$  Bi-Monthly		
		<b>a</b> Bi Monany			a bi-inoriting		
		☐ Monthly			■ Monthly		
		<ul><li>Quarterly</li></ul>			☐ Quarterly		
		Semi-Annually			☐ Semi-Annually		
		Annually			☐ Annually		
J.	Automatic With	ndrawal Plan This is	available to shareholders	with an accoun	t value of \$5,000 or more	e (minimum payment \$25).	
	Beginning	month / year	, I would like to have	the amounts with	drawn from my Sterling	Capital Funds account on t	he following
	day(s)**						
	day						
					Fund		
		Amount \$			Amount \$		
		□ bi-ivioritrily			□ bi-ivioritrity		
		Monthly			■ Monthly		
		Quarterly			Quarterly		
		Semi-Annually			Semi-Annually		
		Annually			Annually		
<i>K.</i>	Systematic Exc ervals by exchangir	<b>change Program</b> (A ng shares for one Sterli	and C Shares only) You	may use the Fun	d's Systematic Exchang lass of another Sterling (	ill schedule your bank withdr ge feature to purchase share Capital Fund. Keep a minim	es at regular
	Beginning	, I would I	ike to have the amounts	indicated below	withdrawn from my Sterli	ing Capital Fund and invest	ed into the
			ay(s)** and		as follows:		
	ociocica raria(e) bi	olow off the following a	day day	<del>day</del>			
	From: F	und Name		_Acct. Number (	or New)	Amount \$	
	To: F	Fund Name		Acct Number	or New)	Amount \$	
				Acct. Number	or New)	Amount ψ	
		Bi-Monthly					
		Monthly					
		Quarterly Semi-Annually					
		Annually					
	**If you do not	indicate a frequency, we	will exchange assets mor	thly. If you do no	t specify a day of the mon	th, we will schedule your exc	change on the 15th.
L.	Duplicate State duplicate	ements & Confirma  □ statements			and confirmations will be	e sent to the address below.	) Please send
	Name			Company			
	1401110			Company			

#### 4 Signatures

I have received and read the current prospectus(es) and privacy notice for the Fund(s) selected, and this Account Registration Form, and agree to be bound by the following terms:

- I authorize Sterling Capital Funds, the Transfer Agent, affiliates thereof, and the directors and employees of such entities to act on any instructions or inquiries reasonably believed to be genuine and agree that they will not be liable for a resulting loss or expense from such instructions or inquiries. I appoint Sterling Capital Management as agent for the purpose of making deposits to and withdrawals from the Sterling Capital Deposit Account at Truist Bank.
- Upon any telephone order, which may be taped recorded for share purchases or redemptions received from me or any person so representing him or herself, the Transfer Agent is authorized, without the giving of any notice regardless of the amount of any preceding transaction, to debit or credit my account at my bank indicated in Section 3E. (There are limitations as to amount and frequency of transactions permissible through the Wire Redemption Privilege. In order to determine current limitations, please call 1-800-228-1872.) Further, I certify that by authorizing the Transfer Agent to debit or credit my bank account pursuant to my instructions or those of any person so representing him or her, that I am waiving any and all rights to have my bank account recredited in the event of an unauthorized debit entry. Further, I certify that I understand that this service may be terminated at any time without notice, and that the Transfer Agent is not obligated to advise me of the nonpayment of any debit or credit. Further, I certify that I understand that I may terminate this authorization at any time by written notification to the Transfer Agent, and that any such notification will be effective only as to entries initiated later than three business days following receipt of such notification
- I understand that Sterling Capital Funds are not insured or guaranteed by the FDIC (with exception of Sterling Capital Deposit Account) or any other governmental agency, are not deposits or obligations of Truist Bank, its affiliates, or any bank, and are not guaranteed by Truist Bank, its affiliates, or any bank, and involve investment risk, including possible loss of principal.
- I understand that all of the terms I agree to in this application apply to any fund into which I may exchange.
- Required by Federal tax law to avoid backup

withholding: Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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 (including a U.S resident Alien).
- 4. The FATCA code(s) entered on this form (if any see below) indicating that I am exempt from Foreign Account Tax Compliance Act ("FATCA") reporting is correct. If you are exempt from FATCA reporting, please refer to www.irs.gov and enter the appropriate FATCA Exemption Code(s) found on IRS Form W9 and enter them here\_\_\_\_\_.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. Please note: FATCA does not apply to accounts held within the United States. You may leave this field blank.

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.

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

BY SIGNING BELOW, I REPRESENT THAT I HAVE READ THE TERMS AND CONDITIONS GOVERNING THIS ACCOUNT AND AGREE TO BE BOUND BY SUCH TERMS AND CONDITIONS AS ARE CURRENTLY IN EFFECT AND AS MAY BE AMENDED FROM TIME TO TIME, AND I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE DISCLOSURE WITH RESPECT TO NON-DEPOSIT INVESTMENT PRODUCTS OUTLINED ABOVE.

Householding: In the event that family members in my household have multiple accounts in a single fund, I agree that Sterling Capital Funds may send a single copy of that fund's updated prospectus, annual or semiannual report that is required to be delivered. I agree to notify Sterling Capital Funds by phone, in writing or by email if I wish to stop householding, and receive multiple copies of these materials. Signature Date Signature Date Signature Date Signature A Medallion Signature Guarantee is required when amending existing accounts as indicated in Section 1 and/or Section 3E. Medallion Signature Guarantee Place Stamp Here Name of Institution Guaranteeing Signature(s) Date Notice Regarding Unclaimed Property: If no activity or contact occurs for your account within the time period

specified by applicable State law, your property may be escheated to the appropriate State.

#### THANK YOU FOR INVESTING IN STERLING CAPITAL FUNDS. WE WILL SEND YOU A CONFIRMATION STATEMENT SHORTLY.

#### FOR USE BY DEALERS AND ADVISORS ONLY

BANK, BROKER-DEALER USE ONLY	
Broker/Dealer Name:	Broker/Dealer #:
Branch Name:	Branch #:
Rep. Name:	Rep. #:

APP-STERLING (Rev. 4/2018) Retail

#### Legal Entity<sup>1</sup> Addendum

#### Must be fully completed and signed or Account will NOT be opened

Mutual Funds are required to identify beneficial owners, and control persons of Legal Entity Customers BEFORE opening an account.

<sup>1</sup>"Legal Entity" means "a corporation, a limited liability company, or other entity that is created by the filing of a public document with a Secretary of State or similar office, a general partnership, and any similar entity formed under the laws of a foreign jurisdiction that opens an account."

Excluded from this definition are: financial institutions regulated by a federal functional regulator, or banks regulated by a state bank regulator; issuers of a class of securities registered under section 12 of the Securities Exchange Act of 1934 (the "1934 Act") or that are required to file reports under section 15(d) of that Act; any other entities registered with the SEC under the 1934 Act; investment companies registered under the Investment Company Act of 1940; investment advisers registered under the Investment Advisers Act of 1940; and pooled investment vehicles that are operated or advised by excluded legal entity customers.

"Beneficial owner" means:

First Name

- 1. Each individual (natural person), if any, who, directly or indirectly, owns 25% or more of the equity interests of a legal entity customer; and
- 2. A single individual with significant responsibility to control, manage, or direct a legal entity customer, including an executive officer or senior manager, or any other individual who regularly performs similar functions.

Title

Persons opening an account on behalf of a Legal Entity must provide the following information:

1. Legal Name(s) and Title(s) of Natural Person(s) Opening the Account:

Middle Initial

First Name	Middle Initial	Last Name	Title	
First Name	Middle Initial	Last Name	Title	
First Name	Middle Initial	Last Name	Title	

Last Name

Name of Legal Entity	Type of Legal Entity ☐ S-Corporation ☐ Other Legal Entity (Specify)	☐ C-Corporation ☐ L	LC 🗖	General Partnership
Legal Entity Address	City		State	ZIP/Postal code

3. The following information for each natural person, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

If no individual meets this definition, please write "Not Applicable"

Name of natural person	Date of Birth	Street Address	For US persons Social Security Number	For non US persons Social Security Number, Passport Number and country of issuance, or other similar identification number*

In lieu of a passport number, Non-U.S. Persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

**4.** The following information for one individual with significant responsibility for managing the legal entity listed above, such as: An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name of natural person	Date of Birth	Street Address (Residential or Business)	For US persons	For non US persons Social Security Number,
			Social Security	Passport Number and country of issuance, or other
			Number	similar identification number*

In lieu of a passport number, Non-U.S. Persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

5. 5.8.1a.ta. 55.	
I /(We),, hereby certify, to the best of my knowledge, that the inform	
Signature:	Date:
Legal Entity Identifier Number (if applicable)	

5. Signatures: