



Shareholder Services

Please use this form to request changes to your *existing* Van Wagoner Funds account. A separate form should be completed for each account number. Please call 1-800-228-2121 if you have any questions or need assistance.

Complete and mail to:
Van Wagoner Funds
P.O. Box 9682
Providence, RI 02940-9682

Overnight mail:
Van Wagoner Funds
101 Sabin Street
Pawtucket, RI 02860

We do not accept faxes or e-mails.

***SIGNATURES OF ALL ACCOUNT OWNERS ARE REQUIRED ON THIS FORM.**

Please provide the following Account Information:

ACCOUNT REGISTRATION (As it appears on your statement):

NAME (FIRST, MIDDLE, LAST)	FUND NAME
SOCIAL SECURITY NUMBER OR TAXPAYER ID	ACCOUNT NUMBER
E-MAIL ADDRESS	JOINT OWNER (IF APPLICABLE)
ACCOUNT OWNER SIGNATURE	DATE
JOINT OWNER SIGNATURE	DATE

SERVICE SELECTION:

Check the service(s) you would like to change or add to your account. Complete section(s) indicated.

- Address Change or 3rd Party Address1
- Shareholder Communications via E-mail2
- Telephone Transaction Options.....3
- Automatic Investment Plan.....4
- Systematic Withdrawal Plan5
- Bank Information.....6
- Automatic Exchange Plan.....7
- IRA Beneficiary (IRA accounts only)8
- Capital Gain/Dividend Distribution Options9
- Transfer on Death Beneficiary (non-IRA accounts only)10
- Medallion Signature Guarantee11

1 Change of Address

STREET ADDRESS
CITY, STATE, ZIP
DAYTIME PHONE NUMBER
EVENING PHONE NUMBER

B. Third Party Address (for duplicate confirmations):

Add new third party address Remove third party address

COMPANY OR RECIPIENT'S NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER
REP NAME/NUMBER

2 Shareholder Communications via E-mail

Add Delete

You may receive the Funds' Annual and Semi-Annual Reports, Prospectus updates, Confirmations and Periodic statements in electronic rather than paper form. An e-mail will be sent to you containing a hyperlink to each document at the same time a paper copy is provided to other shareholders. Shareholder communications also will be posted to the Funds' Web site at vanwagoner.com. There may be costs associated with receiving these documents in electronic rather than paper format, such as Internet service fees and online time. You may revoke your consent and/or request a paper copy at any time. If your e-mail address proves to be invalid, your e-mail enrollment will be cancelled and you will receive a hard copy version of the shareholder communication.

E-MAIL ADDRESS

3 Telephone Options

- Add Telephone Redemption Privilege (not available for IRA accounts)
- Remove Telephone Redemption Privilege
- Add Telephone Exchange Privilege
- Remove Telephone Exchange Privilege

4 Automatic Investment Plan (AIP)

(*Note: You must also complete Section 6 "Bank Information" if bank information is not on file for your account)

Add Delete

Preferred Investment Schedule:

Monthly Quarterly Annually

Please start investments on: ____/____/____
MM DD YY

*I understand that if no date is chosen my bank account will be debited on the 20th of each month, or the first business day thereafter if a weekend or holiday.

AIP contributions to retirement plan accounts (such as IRAs) are considered current year contributions. Shareholders may want to consult a tax advisor regarding applicable contribution limitations.

Periodic Purchase Amount(s) - \$50 minimum per Fund per month.

Van Wagoner Small-Cap Growth Fund (30)	\$
Van Wagoner Growth Opportunities Fund (38)	\$
Van Wagoner Emerging Growth Fund (31)	\$
Northern U.S. Gov't. Money Market Fund (33)	\$

5 Systematic Withdrawal Plan (Non-retirement accounts only.)

(*Note: You must also complete Section 6 "Bank Information" if bank information is not on file for your account)

If proceeds of redemption are going to an address or bank other than the information on file we will require a **Medallion Signature Guarantee** (complete Section 11) in order to set up the systematic withdrawal plan.

Add Delete

Preferred Redemption Schedule:

Monthly Quarterly Annually

Please start periodic withdrawals on: ____/____/____
MM DD YY

*I understand that if no date is chosen my bank account will be debited on the 20th of each month, or the first business day thereafter if a weekend or holiday.

Periodic Withdrawal Amount(s) - \$50 minimum per Fund per month.

Van Wagoner Small-Cap Growth Fund (30)	\$
Van Wagoner Growth Opportunities Fund (38)	\$
Van Wagoner Emerging Growth Fund (31)	\$
Northern U.S. Gov't. Money Market Fund (33)	\$

6 Bank Information

Complete this Section if you would like to add bank information to your account or if you have selected options from Sections 4 or 5. You must use the same checking or savings account for these Sections.

I understand that my bank account information must be on file in order to exercise telephone investment privileges. I understand that my purchase transactions will be effective at the net asset value next computed after receipt by the Funds of instructions in good order. In the case of automatic investment that cannot be made due to stop payments or insufficient funds, I will be assessed a fee and I may be responsible for any losses incurred by the Funds as a result. The account name(s) below must match exactly the name in the "Account Registration" Section.

Any co-signer of your checking account who is not a joint owner of the Funds must authorize this service by signing below. ATTACH A VOIDED CHECK OR PRE-PRINTED DEPOSIT SLIP TO THIS FORM – PLEASE DO NOT STAPLE.

Checking Account **Savings Account**

NAME OF BANK
CITY, STATE, ZIP
ROUTING NUMBER (ABA)
ACCOUNT NUMBER
NAME(S) ON BANK ACCOUNT

7 Automatic Exchange Plan

*This option allows monthly exchanges between identically registered Van Wagoner Funds and/or Northern U.S. Government Money Market Fund accounts. **The minimum exchange amount is \$50 per Fund.***

Add **Delete**

Start periodic Fund exchange(s) on: _____/_____/_____
 5th day **OR** 20th day Month /Year

FROM (FUND #)	TO (FUND #)	AMOUNT
FROM (FUND #)	TO (FUND #)	AMOUNT

8 IRA Beneficiary Update

(IRA accounts only.)

I designate the individual(s) named below as beneficiary(s) of my IRA identified in the "Account Registration" Section. I understand that I may change my beneficiary(s) at any time by written notice. If I am not survived by any beneficiary(s), my beneficiary will be my estate.

Add **Remove** **Change**

NAME (FIRST, MIDDLE, LAST)
RELATIONSHIP
SOCIAL SECURITY NUMBER OR TAXPAYER ID
DATE OF BIRTH

% OF ASSETS

**Please attach additional pages if necessary.*

9 Distribution Options

Please change my distribution options to:

- Dividends and capital gains reinvested
- Dividends and capital gains to cash
- Dividends to reinvest and capital gains to cash
- Dividends to cash and capital gains to reinvest

For options to be paid by "Cash" please select distribution method:

- Check to address of record Pay by ACH to bank of record
*(*Note: You must also complete Section 6 "Bank Information" if bank information is not on file for your account)*

If proceeds of distribution are going to an address or bank other than the information on file we will require a **Medallion Signature Guarantee** (complete Section 11) in order to send proceeds by cash.

10 Transfer on Death Beneficiary (TOD)

(*Non-IRA accounts only.)

If you reside in a state that has adopted the Uniform Transfer on Death Registration Act, you may designate a beneficiary who will automatically own the account assets upon your death, outside of probate or other court proceedings. The beneficiary has no rights to the account until after your death. Only one TOD beneficiary may be designated for each account. **A Medallion Signature Guarantee** (complete Section 11) is required to process this change in registration.

TOD BENEFICIARY'S NAME (*FIRST, MIDDLE, LAST*)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

11 Medallion Signature Guarantee

A Medallion Signature Guarantee may be obtained from a domestic bank or trust company, broker, dealer, clearing agency, savings association or other financial institution, which is participating in a medallion program recognized by the Securities Transfer Association. The three recognized medallion programs are Securities Transfer Agents Medallion Program ("STAMP"), Stock Exchanges Medallion Program ("SEMP") and New York Stock Exchange, Inc., Medallion Signature Program ("MSP"). Signature guarantees from financial institutions, which are not participating in one of these programs will not be accepted.

**Affix Medallion Signature
Guarantee Stamp Here.**