



FIRST AMERICAN FUNDS

Mail to: First American Funds
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Address:
First American Funds
615 E. Michigan St.
Milwaukee, WI 53202-5207

For more information call: 800.407.7304
Visit our website at FirstAmericanFunds.com

New Account Application for Institutional Investors

Investors may purchase fund shares after requesting and reviewing fund prospectuses.

To help the government fight the funding of terrorism and money laundering activities, 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: When an entity such as a corporation, partnership, or trust opens an account, we will ask for the name, principal place of business, tax identification number, and documentation to substantiate the existence of the entity. We may also ask for additional information including the name, address, social security number and date of birth for any authorized person of the entity.

Purchase Instructions

- I. Read the prospectus.
- II. Complete the application and fax it to 877.666.6015. **Include a Corporate Resolution or a similar authorization (noting all authorized traders) and the Articles of Incorporation or similar proof of existence along with your application (e.g., certified articles of incorporation for a corporation).**
- III. If you have selected cash distributions and/or wire redemptions, a wire transfer from the bank account to the Fund or a bank statement or letter from an officer at your financial institution on that institution's letterhead which provides account number, routing number, and account owner's name is required before any proceeds can be wired to your bank account.
- IV. After the account is opened, call 800.407.7304 to invest.
- V. Complete wire transfer prior to fund closing.

Wire Information:

U.S. Bank National Association
ABA Number: 0750-00022 Account Number: 112-952-305
Credit to: First American (Fund Name, Investor Name, Investor's Account Number)

1. Shareholder Registration

| | |
|---------------------------|---------------------------------|
| C Corporation | NAME OF CORPORATION OR ENTITY |
| Partnership | NAME OF CONTACT PERSON |
| Limited Liability Company | PERMANENT ADDRESS (No P.O. Box) |
| S Corporation | CITY STATE ZIP |
| Other Entity | CITY STATE ZIP |
| Exempt Organization | MAILING ADDRESS (if different) |
| | CITY STATE ZIP |
| | () |
| | PHONE EMAIL |
| | TAX I.D. NUMBER |

Check here if you are a government entity or affiliated with a government entity.

2. Beneficial Owner Information

Please complete the table below for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25% or more of the equity interests of the Legal Entity listed in section 1. If no individuals meet this criteria, please leave the table blank to certify this requirement does not apply for the Legal Entity. Please note that if the legal entity is owned by another Entity, only natural persons should be listed within the table. (ex. if ABC Corp is 50% owned by 123 Corp and 123 Corp is 50% owned by John Doe, John Doe should be listed as he is a 25% Beneficial Owner of ABC Corp.) A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.

| | Name | Date of Birth | Address (Residential or Business Street Address) | Social Security # (For U.S. Persons) or Passport # (For Foreign Persons) |
|---|------|---------------|--|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

NOT FDIC INSURED NO BANK GUARANTEE MAY LOSE VALUE

3. Controller Information

Please complete the table below with the requested information for *one* individual with significant responsibility for managing the Legal Entity listed in section 1, such as an executive officer, senior manager or any other individual who regularly performs similar functions (a beneficial owner named in section 2 can be listed here if appropriate). A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.

| Name | Date of Birth | Address (Residential or Business Street Address) | Social Security # (For U.S. Persons) or Passport # (For Foreign Persons) |
|------|---------------|--|--|
| | | | |

4. First American Fund Selection

| Fund Name | Share Class | Ticker | Estimated Amount |
|-----------|-------------|--------|------------------|
| | | | |
| | | | |
| | | | |

5. Dividend Income & Capital Gains

Check your choice of dividend/capital gain distribution and choose your payment method, if applicable.

Check one only; if none is checked, all dividend income and capital gains, if any, will be reinvested automatically.

Reinvest all dividend income and capital gains.

Pay all dividend income and capital gains in cash to the wire instructions below.

6. Statement Delivery

Check your choices of statement frequency and format of delivery, if applicable.

Receive statements quarterly (default)

Receive statements monthly

Mail statements to: _____

Email statements to : _____

7. Bank & Wire Instructions

To redeem shares with payment via wire transfer, please provide full bank account information as shown below. Any change in these instructions must be made in writing to First American Funds and signature guaranteed. If you have selected cash distributions and/or wire redemptions, a wire transfer from the bank account to the Fund or a bank statement or letter from an officer at your financial institution on that institution's letterhead which provides account number, routing number, and account owner's name is required before any proceeds can be wired to your bank account.

BANK NAME BRANCH OFFICE (IF APPLICABLE)

BANK ADDRESS (DO NOT USE P.O. BOX)

CITY STATE ZIP

NAME(S) ON YOUR BANK ACCOUNT

BANK ACCOUNT NUMBER BANK ABA NUMBER

8. Telephone Options

The Fund(s) currently offer telephone exchange/redemption privileges to certain shareholders, whereby a shareholder can make wire transfers or telephone exchanges over the telephone.

Neither the Transfer Agent nor the Fund(s) will be responsible for the authenticity of redemption instructions received by telephone if it reasonably believes those instructions to be genuine. The Fund(s) and its transfer agent will each employ reasonable procedures to confirm that telephone instructions are genuine, and may be liable for losses resulting from unauthorized or fraudulent telephone instructions if it does not employ these procedures. Such procedures may include recording of telephone conversations.

I decline telephone transaction privileges.

9. Authorized Trader & Authorized Signer

Please type the name(s) and title(s) of the Authorized Signers, Traders or those with "Inquiry Only" access for this account. Persons signing as representatives for an institutional account warrant as individuals that each person signing is an authorized representative, that each person is empowered to effect securities transactions for the account on the terms described in the prospectus, that the account and privileges selected have been duly authorized and that all signatures are genuine.

"Authorized Signer" vs. "Authorized Trader": While Authorized Signers have full authority, an Authorized Trader can perform trades (purchases & redemptions) and obtain account information. Any changes to the account (changes to wiring instructions, address changes, updates to Authorized Signers & Traders, etc.) can only be made by an Authorized Signer. Please indicate the person's authority next to his / her name by inserting a check mark in the appropriate box.

I have attached our Authorized Signers list on company letterhead.

| | | | | |
|-----------------------|--|--------|--------|--------------|
| _____ FIRST NAME | _____ LAST NAME | SIGNER | TRADER | INQUIRY ONLY |
| _____ PHONE NUMBER | _____ EMAIL ADDRESS (required to accept any emails) | | | |
| _____ FIRST NAME | _____ LAST NAME | SIGNER | TRADER | INQUIRY ONLY |
| _____ PHONE NUMBER | _____ EMAIL ADDRESS (required to accept any emails) | | | |
| _____ FIRST NAME | _____ LAST NAME | SIGNER | TRADER | INQUIRY ONLY |
| _____ PHONE NUMBER | _____ EMAIL ADDRESS (required to accept any emails) | | | |

10. Shareholder Agreement

In this Agreement, "I," "my," "you" and "your" means each customer individually and/or any two or more customers signing this agreement.

- I have full right, power, authority, and legal capacity, and am in my state of residence to purchase shares of the Fund(s). I affirm that I have received and read the current prospectus(es) of the fund(s) selected on the first page and agree to its terms. I agree that Quasar Distributors, LLC, the Transfer Agent, First American Funds, or any affiliate or their officers, directors, or employees will not be liable for any loss, expense, or cost for acting upon any instructions or inquiries believed genuine.
- I understand that the authorization(s), with respect to Exchanges Between Funds, and Wire Redemption are subject to the conditions and limitations set forth in the current prospectus(es). I ratify any instructions given, pursuant to the above authorization(s) and agree that Quasar Distributors, LLC, the Transfer Agent, First American Funds, or any affiliate or their officers, directors, or employees will not be liable for any loss, expense, or cost for acting upon any instructions or inquiries believed genuine.
- I understand that U.S. Bancorp Asset Management, Inc. serves as investment advisor to the Funds but that neither the Fund(s) nor the distributor, Quasar Distributors, LLC, is a bank and that Fund shares are not backed or guaranteed by any bank or insured by the FDIC.
- I understand, and agree, that any telephone conversation with Quasar Distributors, LLC, or any of its affiliates will be recorded for accuracy.
- I understand, and agree, that I will receive quarterly statements disclosing all activity in my account(s).
- This Agreement shall be governed by the laws of the State of Wisconsin.
- Under certain circumstances, if no activity occurs in an account within a time period specified by state law, your shares in the Fund may be transferred to that state.

11. Dealer Information

| | | | | | |
|---------------------------------------|-----------|---------------------|---|------------|----------------|
| DEALER NAME | | | REPRESENTATIVE'S LAST NAME | FIRST NAME | MIDDLE INITIAL |
| DEALER ID | BRANCH ID | REPRESENTATIVE'S ID | | | |
| Dealer Head Office Information | | | Representative Branch Office Information | | |
| ADDRESS | | | ADDRESS | CODE | |
| CITY | STATE | ZIP | CITY | STATE | ZIP |
| TELEPHONE NUMBER | | | TELEPHONE NUMBER | | |

12. Signature & Certification

By signing this application, I hereby certify under penalties of perjury that the information on this application is complete and correct and that as required by federal law (Please check applicable boxes):

U.S. Citizen/Taxpayer:

I certify that I am a U.S. person and that the Taxpayer Identification Number entered on this application is correct.

I certify that (1) the number shown above on this form is the correct Tax ID number and (2) I am not subject to any backup withholding either 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.

If no Tax ID number has been provided above, I have applied, or intend to apply, to the IRS for a Tax ID number, and I understand that if I do not provide the number to the Transfer Agent within 60 days of the date of this application or if I fail to furnish my correct Tax ID number, I may be subject to a penalty and a 31% backup withholding on distributions and redemption proceeds. (Please provide number on IRS Form W-9. You may request such form by calling 800.407.7304)

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X

SIGNATURE & TITLE
(CORPORATE OFFICER, PARTNER, TRUSTEE, ETC.)

DATE

X

SIGNATURE & TITLE
(CORPORATE OFFICER, PARTNER, TRUSTEE, ETC.)

DATE