

MONEY-MARKET CHECKING AND CHECK CARD APPLICATION

1. ACCOUNT REGISTRATION

Owner's Name (First, Middle Initial, Last) (Individual, Corporation, Trust, UGMA, etc.)

Social Security or Tax I.D. Number (Owner's or Minor's) **(Required)**

Joint Owner's, if any (Joint Tenants with Rights of Survivorship presumed unless otherwise indicated)

Social Security or Tax I.D. Number (Joint Owner's/ Custodian's)

Address

Owner's Date of Birth **** (Required)**

City State Zip Code

Mother's Maiden Name ****** or Code Name (password) **(Required)**

Country of Citizenship () Home Telephone Number

() Business Telephone Number

Broker Account Number**** (Required)**

****This information is required for identification purposes.**

2. CHECK WRITING AND CARD CHOICES

If you want check writing privileges and/or a VISA Check Card, select an option below.

RESERVE CASH PERFORMANCE ACCOUNT (Reserve CPA)

- Checking only with Payee Capture and Expense Coding
- Checking with Payee Capture, Expense Coding and a VISA Gold Check Card* (\$10 annual fee)
- VISA Gold Check Card only* (\$10 annual fee)

If applying for a VISA Gold Check Card, choose one of the following reward options:

- 1% Cash Rebate or Reserve Airline Rewards Program (\$35 additional annual fee)

* Foreign investors must complete a VISA Foreign Card Agreement. Corporate accounts must complete a Guaranty of Payment and Right of Offset form.

3. SIGNATURES (Please sign on reserve side)

I certify by signing below that I have the authority and legal capacity to purchase mutual fund shares, I am of legal age in my state of residence, I believe each investment is suitable for me, and I have legal authority to deposit and withdraw funds. I have received and read the Prospectus/Terms and Conditions for the investment and privileges selected and agree to the provisions therein and those in this Application. It is my responsibility to read the prospectus of any fund into which I exchange. I understand that all the information I have provided in this application, all the terms and conditions to which I have consented, and the certifications contained herein, will apply to any new fund(s) into which my shares may be exchanged. I authorize Reserve to make credit inquiries considered necessary to process my Application. I also authorize any person or consumer reporting agency to comply with and to furnish Reserve, or any person designated by either, information in response to such credit inquiries. I understand that neither the funds nor Resrv Partners, Inc., the Distributor, is a bank, and fund shares, not including the Reserve Insured Deposits, are not backed or guaranteed by any bank or insured by the FDIC. ANY USE OF MY VISA AND/OR CHECKS WILL MEAN THAT I AGREE TO BE LEGALLY BOUND BY THEIR TERMS AND RESTRICTIONS. I understand that the checking and VISA privileges must not be used for any unlawful purpose (for example, funding any account that is set up to facilitate on-line gambling). I agree that I will not use the account for any transaction that is illegal under applicable law. I acknowledge that the account will have, unless otherwise declined by me, telephone exchange and redemption privileges. I consent to the use of recorded telephone conversations. I authorize Reserve to act upon the instructions in this Application or upon any telephone instructions I may subsequently give for the purpose of (1) making redemptions of funds from my Reserve account to the bank account specified in this Application, or (2) securing payments from the specified bank account of amounts I wish to invest in my Reserve account. I agree that neither the Funds, the transfer agent nor its affiliates will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions communicated by phone are genuine. I understand that The Funds may choose not to send duplicate shareholder communications to related accounts at a common address, unless instructed to the contrary by me. Further, I agree to indemnify and hold harmless Reserve, its transfer agent, Investment Adviser, Sub-investment Adviser(s), Distributor(s), officers, agents and employees and affiliates against any claim or liability resulting from reliance upon this Application or any written or oral instructions authorized herein.

If I am a U.S. Citizen or Resident Alien, as I have indicated above, I certify under penalties of perjury that (1) the Social Security or taxpayer identification number provided above is correct (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 for failure to report all dividend and interest income, or (c) I have been notified by the IRS that I am no longer subject to backup withholding. **(Please cross out item 2 if it does not apply to you.);** or, If I am a Non-Resident Alien, as I have indicated above, I certify under penalties of perjury that I am not a U.S. Citizen or Resident Alien, that the information entered above is correct, that if a reduced rate of tax or exemption from tax applies, I have complied with all requirements to qualify for the reduced tax, and I am an exempt foreign person under IRS regulations. If investing in the Reserve Offshore Money Fund, Ltd., I certify by signing below that I am not a U.S. Citizen or Resident Alien.

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

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FOR JOINT ACCOUNTS: I understand that for joint accounts "I" refers to all account owners, and each of the account owners agrees that any account owner has authority to act on the account without notice to the other account owners. We agree that this Agreement is made by both of us who have signed below and, if it is approved, its terms will apply to both parties. Each signatory guarantees the genuineness of the other's signature. We further agree to be jointly and severally liable for any and all amounts due from either of us at any time. The Reserve Funds in its sole discretion, and for its protection, may require the written consent of all account owners prior to acting upon the instructions of any account owner.

IMPORTANT

Only one signer is required for check-writing privileges, unless otherwise indicated.

Corporate accounts must indicate the number of signers required to sign each check.

Number of signers required

Signature

Date

Joint Owner's Signature

Date

Print Name (*Corporate Account - Print Name & Title*)

Print Name (*Corporate Account - Print Name & Title*)

Return your completed Application along with your investment to your broker.

A written request with Signature(s) Guaranteed by a domestic bank or stock exchange member firm will be required if changes are made at a later date to any information provided on this Application.