



STERLING
CAPITAL FUNDS

Institutional 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 534465
Pittsburgh, PA 15253-4465

Overnight shipping:

Sterling Capital Funds
P.O. Box 534465
AIM 154-0520
500 Ross Street
Pittsburgh, PA 15262

For assistance, call (800) 228-1872



STERLING
CAPITAL FUNDS

Institutional Shares Account Application

1. Account Registration *Do not use this form for a retirement account. Contact (800) 228-1872 to obtain the appropriate forms.*

A. Type of Registration (check one)

Individual

Joint Tenants Are the account holders married to each other? Yes No

Tenancy State: _____

Number of Tenants: _____

Tenancy Clause:

- Joint Tenants with Rights of Survivorship
 Tenants in Common

- Community Property
 Tenants by Entirety

Custodian for Minor

Uniform Gift to Minors Account (UGMA)

Uniform Transfer to Minors Account (UTMA)

Trust*

Limited Partnership*

Estate*

Legal Entity * & ** (Also complete the **Legal Entity Addendum**)

- S-Corporation C-Corporation LLC General Partnership Other Legal Entity (Specify) _____

Financial Institution regulated by a federal functional regulator, or a bank regulated by a state regulator*

- Bank* Investment Company (1940 Act)*
 Entity registered/reporting under the 1934 Act*

- Investment Adviser (1940 Act)*
 Pooled Investment Vehicle managed by one of the foregoing*

*Attach a copy of the appropriate bylaws, charter, corporate resolutions, list of authorized persons, trust documents, or short certificate establishing authority to open this account. In addition, provide a copy of the IRS Issuance Letter for the Employer Identification or Tax Identification Number. If any such agreements or resolutions are not in existence, please contact Sterling Capital Funds at (800) 228-1872 for further assistance.

** Legal entity means 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 a foreign jurisdiction that opens an account. Mutual Funds are required to identify beneficial owners, and the individual with significant responsibility for managing the Legal Entity **BEFORE** opening an account.

B. Account Name

Individual (Legal Name: First/Middle/Last)

Joint Owner--if any (Legal Name: First/Middle/Last)

Name of Custodian (only one) as custodian for

Name of Minor (only one)

Minor's State of Residence

Name of Trust / Corporation / Partnership / LLC / Other Entity

Name of Trustee / Authorized Signer

Name of Trustee / Authorized Signer

M M D D Y Y Y Y

Date of Birth

Social Security Number

Date of Birth

Social Security Number

Custodian's Date of Birth

Custodian's Social Security Number

Minor's Date of Birth

Minor's Social Security Number

Date of Trust

Tax ID Number

Date of Birth

Social Security Number

Date of Birth

Social Security Number

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 from above) _____

Daytime Telephone Number _____ Evening Telephone Number _____ Email Address _____

(Please provide the street address for joint tenants, trustees or authorized signers if different from the primary street address listed above.)

Trustee's/Authorized Signers

Street Address _____ Apt/Suite _____ City _____ State _____ Zip _____

Mailing Address (if different from above) _____

Daytime Telephone Number _____ Evening Telephone Number _____ Email Address _____

Trustee's/Authorized Signers

Street Address _____ Apt/Suite _____ City _____ State _____ Zip _____

Mailing Address (if different from above) _____

Daytime Telephone Number _____ Evening Telephone Number _____ Email Address _____

Trustee's/Authorized Signers

Street Address _____ Apt/Suite _____ City _____ State _____ Zip _____

Mailing Address (if different from above) _____

Daytime Telephone Number _____ Evening Telephone Number _____ Email Address _____

Trustee's/Authorized Signers

Street Address _____ Apt/Suite _____ City _____ State _____ Zip _____

Mailing Address (if different from above) _____

Daytime Telephone Number _____ Evening Telephone Number _____ Email Address _____

Citizenship

- U.S. Citizen Non-Resident Alien (Attach IRS Form W-8, Dividends are subject to tax withholding.) Resident Alien

Note: For non-resident aliens, in addition to submitting an IRS Form W-8, the following is required: a taxpayer identification number, passport number and country of issuance, 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 and a copy of the document. Please indicate form of identification:

- Alien ID Card Passport Other (Specify) _____

Are you or an immediate family member affiliated with or working for a member firm or a stock exchange of FINRA (Financial Industry Regulatory Authority)? No Yes Name of Institution _____

Political Official or Government Entity

Are you a state or municipal political official or government entity? No Yes

If yes, will any Sterling Capital Fund be an investment option for a participant-directed plan or program of a government entity? No Yes

If yes, please identify the type of plan or program:

- 529 College savings plan
- 403(b) Retirement plan
- 457 Retirement plan
- Other (Specify) _____

2. Fund Selection If you wish to invest in more than one Fund, be sure to indicate the amount you wish to invest. Please make check payable to the Sterling Capital Funds. Refer to the prospectus for acceptable forms of payment and minimum initial investment amounts.

	<u>Institutional Share Class</u>	<u>Amount</u>		
Behavioral International Equity Fund (325).....	<input type="checkbox"/>	\$ _____	or _____	%
Behavioral Large Cap Value Equity Fund (310)	<input type="checkbox"/>	\$ _____	or _____	%
Mid Value Fund (312).....	<input type="checkbox"/>	\$ _____	or _____	%
Behavioral Small Cap Value Equity Fund (315).....	<input type="checkbox"/>	\$ _____	or _____	%
Special Opportunities Fund (321).....	<input type="checkbox"/>	\$ _____	or _____	%
Equity Income Fund (322)	<input type="checkbox"/>	\$ _____	or _____	%
Mid Cap Relative Value Fund (326)	<input type="checkbox"/>	\$ _____	or _____	%
Real Estate Fund (327)	<input type="checkbox"/>	\$ _____	or _____	%
Small Cap Value Fund (328)	<input type="checkbox"/>	\$ _____	or _____	%
Short Duration Bond Fund (340)	<input type="checkbox"/>	\$ _____	or _____	%
Intermediate U.S. Government Fund (341)	<input type="checkbox"/>	\$ _____	or _____	%
Total Return Bond Fund (342)	<input type="checkbox"/>	\$ _____	or _____	%
Long Duration Corporate Bond Fund (380)	<input type="checkbox"/>	\$ _____	or _____	%
Quality Income Fund (381)	<input type="checkbox"/>	\$ _____	or _____	%
Ultra Short Bond Fund (339)	<input type="checkbox"/>	\$ _____	or _____	%
North Carolina Intermediate Tax-Free Fund (345).....	<input type="checkbox"/>	\$ _____	or _____	%
South Carolina Intermediate Tax-Free Fund (346).....	<input type="checkbox"/>	\$ _____	or _____	%
Virginia Intermediate Tax-Free Fund (347).....	<input type="checkbox"/>	\$ _____	or _____	%
West Virginia Intermediate Tax-Free Fund (348).....	<input type="checkbox"/>	\$ _____	or _____	%
	Total	\$ _____		100%

By checking this box, I certify that I am an investor or employee of Sterling Capital purchasing shares through Branch Banking and Trust Company, its affiliates or other financial service providers or intermediaries approved by the Fund and, therefore, not subject to the \$1,000,000.00 minimum for purchasing Institutional class shares.

3. Account Options

A. Telephone Redemption and Exchange (If left blank, you will automatically receive telephone privileges.)

I elect the telephone privileges as described in the prospectus. Yes No

B. 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 No

Bank Name

ABA Routing Number

Account Name

Account Number

Tape voided check here.

C. Cost Basis Method Selection

Internal Revenue Service (IRS) rules require us to report cost basis on mutual fund shares acquired after January 1, 2012. In order to provide you and the IRS with accurate cost basis accounting, you are being asked to select a cost basis method for your new account.

If you do not elect a method, the Fund's default method, Average Cost, will be applied.

Please select one of the following cost basis methods:

- Average Cost Single Category (ACSC)** -- Shares are depleted on a first in/first out basis with cost basis calculated by taking the shares redeemed multiplied by the average cost per share.
- First In, First Out (FIFO)** -- Oldest shares purchased are first redeemed.
- Last In, First Out (LIFO)** -- Most recent shares purchased are first redeemed.
- Highest Cost, First Out (HIFO)** -- Shares with the highest cost basis are redeemed first.

We strongly suggest that you consult your tax adviser if you have any questions about your cost basis reporting options.

To find out more about Cost Basis visit our website, www.sterlingcapitalfunds.com or contact our customer service representatives at (800) 228-1872.

D. Distribution Selection (Your dividends and capital gains will automatically be reinvested into your account unless you indicate otherwise.) (If you choose the Cash Payment Option and do not specify, a check will be sent to your address of record.)

Distribution Options:	<u>Reinvest</u>	<u>Cash</u>	<u>Directed</u>	<u>Cash Payment Method</u>
Dividends:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Account # _____	<input type="checkbox"/> ACH (Bank of record) <input type="checkbox"/> Check (Sent to address of record)
Capital Gains:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Account # _____	

E. Automatic Investment Plan

Beginning _____, I would like to have the amounts indicated below withdrawn from my bank account and invested on the following day(s)** _____ and _____ as follows (Minimum \$25 per transaction.):

Fund _____
Amount \$ _____
 Bi-Monthly

 Monthly
 Quarterly
 Semi-Annually
 Annually

Fund _____
Amount \$ _____
 Bi-Monthly

 Monthly
 Quarterly
 Semi-Annually
 Annually

**If you do not indicate a frequency, we will invest assets monthly. If you do not specify a day of the month, we will schedule your bank withdrawal on the 15th.

F. Automatic Withdrawal Plan

This is available to shareholders with an account value of \$5,000 or more (minimum payment \$25). Please have the amount(s) indicated below Deposited to my bank account. Mailed to me by check at the address indicated in Section 1.

Beginning _____, I would like to have the amounts withdrawn from my Sterling Capital Funds account on the following day(s)** _____ and _____ as follows:

Fund _____
Amount \$ _____
 Bi-Monthly

 Monthly
 Quarterly
 Semi-Annually
 Annually

Fund _____
Amount \$ _____
 Bi-Monthly

 Monthly
 Quarterly
 Semi-Annually
 Annually

**If you do not indicate a frequency, we will withdraw assets monthly. If you do not specify a day of the month, we will schedule your bank withdrawal on the 15th.

G. Duplicate Statements & Confirmations

(If indicated, duplicate statements and confirmations will be sent to the address below.) Please send duplicate statements and/or confirmations to:

Name _____ Company _____
Address _____ City _____ State _____ Zip _____

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.
- 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 or any other governmental agency, are not deposits or obligations of Branch Banking and Trust Company, BB&T Corporation, their affiliates, or any bank, and are not guaranteed by Branch Banking and Trust Company, BB&T Corporation, their 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.

Legal Entity¹ 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.

¹“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:

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.

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:

<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	<i>Title</i>
<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	<i>Title</i>
<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	<i>Title</i>
<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	<i>Title</i>

2. Name, Street Address, and Type of Legal Entity for Which the Account is Being Opened:

Name of Legal Entity	Type of Legal Entity <input type="checkbox"/> S-Corporation <input type="checkbox"/> C-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Other Legal Entity (Specify) _____		
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)	<i>For US persons -- Social Security Number</i>	<i>For non US persons -- Social Security Number, Passport Number and country of issuance, or other similar identification number*</i>

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. Signatures:

I/(We), _____, _____ (name(s) of natural persons opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Legal Entity Identifier Number (if applicable) _____