

Return completed form to:
 Cavanal Hill Funds
 P.O. Box 182730
 Columbus, OH 43218-2730
For assistance, call 1-800-762-7085.

CAVANAL HILL FUNDS ACCOUNT APPLICATION



Shares of the Cavanal Hill Funds:

- Are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other government agency.
- Are not deposits or other obligations of, or guaranteed by, BOKF, NA or any of its affiliates.
- Are subject to investment risks, including possible loss of the principal amount invested.

1 Account Registration

Do not use this form for a retirement account. Contact 1-800-762-7085 to obtain the appropriate forms.

A. Type of Registration (check one)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Community Property | <input type="checkbox"/> Nonprofit* | <input type="checkbox"/> Charitable Organization* |
| <input type="checkbox"/> Corporation* | <input type="checkbox"/> C-Corporation* | <input type="checkbox"/> S-Corporation* | <input type="checkbox"/> Trust* |
| <input type="checkbox"/> Joint Tenants With Rights Of Survivorship | <input type="checkbox"/> Partnership* | <input type="checkbox"/> Custodian for Minor | |
| <input type="checkbox"/> Tenants in Common | <input type="checkbox"/> Other (Specify)* _____ | | |

*Attach a copy of the appropriate bylaws, corporate resolutions, a list of authorized traders or trust documents establishing authority to open this account. In addition, provide a copy of the IRS Issuance Letter for your Employer Identification or Tax Identification Number. If any such agreements or resolutions are not in existence, please contact Cavanal Hill Funds at 1-800-762-7085 for further assistance.

Important Information About Procedures For Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, you are required to provide your name, residential address, date of birth, and identification number. We may require other information that will allow us to identify you.

B. Account Name

M M D D Y Y Y Y

Individual (Legal Name: First/Middle/Last)

Date of Birth

Social Security Number

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

Date of Birth

Social Security Number

Name of Custodian (only one) as custodian for

Custodian's Date of Birth

Custodian's Social Security Number

Name of Minor (only one)

Minor's State of Residence

Minor's Date of Birth

Minor's Social Security Number

Name of Trust/Corporation/Partnership/Other Entity

Date of Trust

Tax ID Number

Name of Trustee(s)

Trust Date

C. Other Account Information

Street Address: Residential/Business, Number and Street

Apt#/Suite City

State

Zip

Mailing Address (If different from above)

Daytime Telephone Number

Evening Telephone Number

Email Address

For joint accounts, please provide the street address for additional owners if different from the primary address.

Street Address: Residential/Business, Number and Street

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 W8, 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

Alternate Identification Number: _____ Issuing body: _____ Country of Origin: _____

Are you or an immediate family member affiliated with or working for a member firm of a stock exchange or the National Association of Securities

Dealers, Inc.? 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 Cavanal Hill 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 in each fund. Please make check payable to the Cavanal Hill Funds. You may invest only in a fund for which you have a current prospectus.

	A Shares ^{^^}	Administrative Shares [^]	Service Shares ^{!"}	Select Shares [']	Institutional Shares ^{**}	Premier Shares [■]	No-Load Investor Shares [*]	
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Cavanal Hill Money Market Funds

U.S. Treasury Fund	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	\$ _____
Cash Management Fund	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	\$ _____
Tax Free Fund	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	\$ _____

Cavanal Hill Fixed Income Funds

Short-Term Income Fund	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	\$ _____
Intermediate Tax-Free Bond Fund	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	\$ _____
Intermediate Bond Fund	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	\$ _____
Bond Fund	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	\$ _____

Cavanal Hill Equity Funds

Balanced Fund	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	\$ _____
U.S. Large Cap Equity Fund	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	\$ _____
Opportunistic Fund	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	\$ _____

Other _____ \$ _____

TOTAL INVESTMENT: _____ \$ _____

^^A Shares

There is no minimum initial investment or minimum subsequent investment for this share class. Please consult the prospectus for more details.

^Administrative Shares

The minimum initial investment is \$1,000 per Fund. If you wish to invest in more than one Fund, be sure to indicate the amount you wish to invest in each Fund. The aggregate per Fund amount must be equal to or greater than the \$1,000 initial account minimum. There is no minimum subsequent investment amount. Please consult the prospectus for more details.

!"Service Shares

The minimum initial investment is \$10,000 per Fund. There is no minimum subsequent investment amount. Please consult the prospectus for more details.

'Select Shares

The minimum initial investment is \$1,000,000 per Fund. There is no minimum subsequent investment amount. Please consult the prospectus for more details.

****Institutional Shares**

The minimum initial investment is \$100,000 per Fund. For the Bond and Equity Funds, the minimum subsequent investment is \$100 per Fund. For the Money Market Funds, there is no minimum subsequent investment amount. Please consult the prospectus for more details.

***No-Load Investor Shares**

The minimum initial investment is \$1,000 per Fund. If you wish to invest in more than one Fund, be sure to indicate the amount you wish to invest in each fund. The aggregate per Fund amount must be equal to or greater than the \$1000 account minimum. The minimum subsequent investment amount is \$100 per Fund. Please consult the prospectus for more details.

■Premier Shares

The minimum initial investment is \$1,000 per Fund. If you wish to invest in more than one Fund, be sure to indicate the amount you wish to invest in each Fund. The aggregate per Fund amount must be equal to or greater than the \$1,000 initial account minimum. There is no minimum subsequent investment amount. Please consult the prospectus for more details.

The payment method I have chosen is:

Check: Made payable to the Cavanal Hill Funds, is enclosed.

Wire: Call 1-800-762-7085 to obtain account number. Please see instructions below.

Payment Instructions:

By Wire or ACH:

Huntington National Bank
ABA # 044000024
Cavanal Hill General Account
Account # 01891021226
Reference Fund and Account # _____

By Check:

Make check payable to: **Cavanal Hill Funds**
Mail to: **P.O. Box 182730, Columbus, OH 43218-2730**

3 Redemption Options

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

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

B. Check Redemptions

Redemptions by check will only be mailed to the address of record.

C. Wire or ACH Redemptions

Redemptions by wire will only be sent to the bank of record specified on this application. If you are unsure of your wiring instructions, please contact your financial institution. In order to add instructions after an account has been established, you must provide the instructions with a signature guarantee. (Attach additional information if necessary.)

Name of Bank

Bank Account Registration

City, State, Zip Code

Bank Account Number

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For Further Credit (If applicable)

ABA Routing Number (Must be 9 Digits)
Instructions to wire funds to foreign institutions must include a U.S. correspondent bank.

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 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 # _____	

4 Account Options

A. Automatic Investment Plan. This is available only to No-Load Investor shareholders. I would like the plan to begin the month of _____ 20_____. Please have the amount(s) indicated below withdrawn from my bank account and invested in the fund(s) listed below. (Minimum \$50 per transaction.)

Fund _____	<input type="checkbox"/> Each month on the 5th	Fund _____	<input type="checkbox"/> Each month on the 5th
Amount \$ _____	<input type="checkbox"/> Each month on the 20th	Amount \$ _____	<input type="checkbox"/> Each month on the 20th
	<input type="checkbox"/> Each month on the 5th and 20th		<input type="checkbox"/> Each month on the 5th and 20th

B. Automatic Withdrawal Plan. This is available only to No-Load Investor shareholders with an account value of \$10,000 or more (minimum payment \$100). I would like the plan to begin the month of _____ 20_____.
Please have the amount(s) indicated below:

deposited to my bank account. (Complete section 3C.) Mailed to me by check at the address indicated in Section 1.
(Automatic withdrawal will be on the 1st of the month.)

Fund _____	<input type="checkbox"/> Monthly	Fund _____	<input type="checkbox"/> Monthly
Amount \$ _____	<input type="checkbox"/> Quarterly	Amount \$ _____	<input type="checkbox"/> Quarterly
	<input type="checkbox"/> Annually		<input type="checkbox"/> Annually

C. Automatic Exchange Program. This is available to No-Load Investor shareholders only. You may make regular, automatic withdrawals from an Cavanal Hill Fund to another Cavanal Hill Fund. A minimum beginning balance of \$10,000 is required in the Cavanal Hill Money Market Fund. I would like the plan to begin the month of _____ 20_____. Please select how often you would like to have the amount(s) shown below withdrawn from your Cavanal Hill Fund and invested into the selected Fund(s).

Each month on the 1st Each month on the 15th Each month on the 1st and 15th

From: Fund Name _____ Acct. Number (or New) _____ Amount \$ _____

To: Fund Name _____ Acct. Number (or New) _____ Amount \$ _____

D. Cost Basis Tax Reporting Election

Cavanal Hill has elected Average Cost as the default cost basis method. You are not required to use Average Cost as your default method. You may choose an alternate method from the list below.

Please check only one box below for your selection to be valid. If you do not make a selection or make multiple selections, your account will default to Average Cost. We recommend that you review these options with your tax advisor before making a selection.

- | | |
|--|--------------------------|
| | <u>Yes</u> |
| 1. Specific ID – specific share lot provided by shareholder | <input type="checkbox"/> |
| 2. FIFO – First In, First Out | <input type="checkbox"/> |
| 3. LIFO – Last In, First Out | <input type="checkbox"/> |
| 4. HIFA – Highest Cost In, First Out – Uses all lots (Short-Term (ST) and Long Term (LT)) | <input type="checkbox"/> |
| 5. LOFA – Lowest Cost In, First Out – Uses all lots (ST) and (LT) | <input type="checkbox"/> |
| 6. HIFL – Highest Cost In, First Out – Uses LT lots first, then ST lots | <input type="checkbox"/> |
| 7. HIFS – Highest Cost In, First Out – Uses ST lots first, then LT lots | <input type="checkbox"/> |
| 8. LOFL – Lowest Cost In, First Out – Uses LT lots first, then ST lots | <input type="checkbox"/> |
| 9. LOFS – Lowest Cost In, First Out – Uses ST lots first, then LT lots | <input type="checkbox"/> |

E. Duplicate Statements & Confirmations. (Optional, at your discretion) (Unless indicated, duplicate statements and confirmations will be sent to address below.)

Please send duplicate statements and/or confirmations to:

Name	Company		
Address	City	State	Zip

5 Your Signature (All registered shareholders must sign.)

I have received and read the current prospectus(es) and privacy notice of the fund(s) selected, and this Account Registration Form, and agree to be bound by their terms.

I certify, under penalties of perjury that:

- 1) The taxpayer identification number shown on this application is correct (or I am waiting for a number to be issued to me); and
- 2) I am NOT subject to backup withholding because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest and dividends. (CROSS OUT the word "NOT" above if you have received IRS notification.); and
- 3) I am a U.S. Person (including a U.S. Resident alien).

The IRS does not require your consent to any provision of this document other than the certification 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 AT THE INTRODUCTION TO THIS AGREEMENT.

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

I UNDERSTAND THAT MUTUAL FUND SHARES ARE NOT DEPOSITS OF ANY BANK, ARE NOT INSURED BY THE FDIC, ARE NOT OBLIGATIONS OF ANY BANK OR THE U.S. GOVERNMENT AND ARE NOT ENDORSED OR GUARANTEED IN ANY WAY BY ANY BANK.

THE FUNDS WILL COMPLY WITH ALL STATE AND FEDERAL MANDATED ENFORCEMENT PROGRAMS, WHICH MAY RESULT IN THE RELEASE OF YOUR ACCOUNT INFORMATION TO REGULATORY AGENCIES. A SHAREHOLDER'S PROPERTY MAY BE TRANSFERRED TO THE APPROPRIATE STATE IF NO ACTIVITY OCCURS IN THE ACCOUNT WITHIN THE TIME PERIOD SPECIFIED BY STATE LAW.

BANK, BROKER/DEALER USE ONLY

Campaign Code _____

Investment Rep _____

SS# _____

Rep # _____

Broker/Dealer # _____

Office Name _____

Office # _____

Telephone _____

Signature _____

Date _____

Referred by _____

Office Name _____

Office # _____

Principal _____

Signature _____

Date _____