

The USA Patriot Act

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 to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. This information will be verified to ensure the identity of all persons opening a mutual fund account.

Notice for Non-U.S. persons:

Effective 1/31/07, non-U.S. persons are not permitted to open new accounts with Turner Funds. The Fund(s) has instructed its transfer agent accordingly.

Failure to complete these sections may result in the rejection of your application. Section 1 must be completed and the information provided will be verified as required by the USA Patriot Act.

GENERAL INFORMATION

1. Read the Fund prospectus, the IRA Custodial Agreement, and the IRA Disclosure Statement, and retain them for your files.
2. Complete The Turner Funds' Individual Retirement Account Application.
3. If your IRA is with another Custodian, we will transfer the account directly to a Turner Funds' IRA with State Street Bank and Trust Company as Custodian. Simply complete this application checking the "Transfer" box and also complete the IRA Transfer/Direct Rollover Request Form. The Turner Funds will handle the transfer of assets for you.

Please Note: IRA Direct Rollovers and Transfers are dependent upon the release of your assets by your existing IRA custodian. Transfer of IRA assets may take up to 2 months to complete and your Transfer may be further delayed due to various processes undertaken by the financial institutions involved.

4. Send the completed application and, if applicable, the IRA Transfer/Direct Rollover Request Form along with your check and mail to:

Send To:
The Turner Funds
P.O. Box 219805
Kansas City, MO 64121-9805.

Overnight Address:
The Turner Funds
c/o DST Systems
430 W. 7th Street
Kansas City, MO 64105

Third party checks, cash, money orders, travelers checks, credit cards, credit card checks, checks issued by internet banks and cashier checks, will not be accepted.

5. For assistance, call The Turner Funds at 1-800-224-6312.

Sections 1, 2, 3, 4, and 6 must be read and completed and the information provided will be verified as required by the USA Patriot Act for all applications.

Failure to complete these sections may result in rejection of your application.

Section 5 is an optional service.

Section 7 must be completed by State Street Bank and Trust Company.

Please print or type all items except signature.

1 ACCOUNT REGISTRATION

NAME: FIRST MIDDLE LAST

ADDRESS (1)

CITY STATE ZIP

COUNTRY OF CITIZENSHIP

() ()

DAYTIME TELEPHONE EVENING TELEPHONE

SOCIAL SECURITY NUMBER DATE OF BIRTH

E-MAIL ADDRESS

(1) If mailing address is a post office box (other than an Army Post Office Box or Fleet Post Office Box), a street address is also required by the USA Patriot Act).

The Turner Funds are taking advantage of the "Householding" Rule, which permits the delivery of one copy of an annual/semi-annual report, prospectus and/or proxy statement on behalf of two or more shareholders at a shared address. Unless you indicate otherwise by checking the box below, your signature on this application indicates your consent to householdings and the Funds will deliver one copy of the above referenced documents to your address for as long as you remain invested.

I do not consent to householding.

You may revoke your consent at any time by calling 1-800-224-6312. Upon receiving such notification, the Funds will begin mailing individual copies of the above referenced documents to your attention within 30 days.

2 TYPE OF IRA AND INVESTMENT ACCOUNTS

Note: A "Rollover" account is one in which you have received a check from an IRA or qualified plan account at another financial institution. These funds must be rolled over into an IRA account within 60 days of receipt. A "Direct Rollover" or "Transfer" is an account where retirement funds are presently held by another institution, and by filling out this and the Asset Transfer form, we will coordinate having the money transferred directly into your Turner account.

Please check the box(es) indicating the type of IRA you are opening:

Traditional IRA

- Contribution for tax year 20__ % or \$ _____
- Spousal contribution for tax year 20__ % or \$ _____
- Transfer Traditional IRA assets from my account at another financial institution* % or \$ _____
- Rollover IRA % or \$ _____
- Direct Rollover from a 401(k), Profit Sharing, or Employer-Sponsored Plan* % or \$ _____

Roth IRA

- Contribution Roth for tax year 20__ % or \$ _____
- Spousal contribution Roth for tax year 20__ % or \$ _____
- Transfer Roth IRA assets from another financial institution, where my account was started on (date) _____* % or \$ _____
- Rollover Roth IRA, which was originally started on (date) _____ % or \$ _____
- Direct Rollover from a 401(k), Profit Sharing, or Employer-Sponsored Plan* % or \$ _____

Roth Conversion IRA

- Convert my existing Turner Traditional IRA to a Roth Conversion IRA
- | | | |
|--|-------------|----------------|
| | Turner Fund | Account Number |
|--|-------------|----------------|
- Transfer Conversion Roth IRA assets from another financial institution, where my account was started on (date) _____* % or \$ _____
 - Rollover Conversion Roth IRA, which was originally started on (date) _____ % or \$ _____
 - I elect to have no withholding taken on the conversion of my Traditional IRA to a Roth IRA. (If this box is not checked, a 10% withholding will be taken for Federal Income Tax. You may wish to consult a tax advisor.)

SEP IRA

- SEP employer (or self-employed) contribution (Year) _____ % or \$ _____
- Transfer SEP IRA* % or \$ _____
- Rollover SEP IRA % or \$ _____

*Please complete the IRA Transfer/Direct Rollover Request Form.

3 INVESTMENT INSTRUCTIONS

Note the Turner Fund(s), and specify the amount to be invested: \$ or %. (Minimum Investment per Fund is \$2,000 for Investor Class and Retirement Class Shares and \$100,000 for Institutional Class Shares. Please see the prospectus for more detail). **Please note that Turner Funds do not accept third party checks, cash, money orders, travelers checks, credit cards, credit card checks, checks issued by internet banks and cashier checks, will not be accepted.**

Turner Concentrated Growth Fund	<input type="checkbox"/> Investor Class (1237)	\$ _____
Turner Large Growth Fund	<input type="checkbox"/> Investor Class (1305)	\$ _____
	<input type="checkbox"/> Institutional Class (1311)	\$ _____
Turner Emerging Growth Fund	<input type="checkbox"/> Investor Class (1310)	\$ _____
	<input type="checkbox"/> Institutional Class (2796)	\$ _____
Turner International Growth Fund	<input type="checkbox"/> Investor Class (2787)	\$ _____
	<input type="checkbox"/> Institutional Class (2788)	\$ _____
Turner Midcap Growth Fund	<input type="checkbox"/> Investor Class (899)	\$ _____
	<input type="checkbox"/> Institutional Class (1309)	\$ _____
	<input type="checkbox"/> Retirement Class (1253)	\$ _____
Turner All Cap Growth Fund	<input type="checkbox"/> Investor Class (1240)	\$ _____
Turner Small Cap Growth Fund	<input type="checkbox"/> Investor Class (897)	\$ _____
Turner Spectrum Fund	<input type="checkbox"/> Investor Class (3310)	\$ _____
	<input type="checkbox"/> Institutional Class (3311)	\$ _____
Turner Global Opportunities Fund	<input type="checkbox"/> Investor Class (3314)	\$ _____
	<input type="checkbox"/> Institutional Class (3315)	\$ _____
Turner Market Neutral Fund	<input type="checkbox"/> Investor Class (3580)	\$ _____
	<input type="checkbox"/> Institutional Class (3581)	\$ _____
Turner Titan Fund	<input type="checkbox"/> Investor Class (3583)	\$ _____
	<input type="checkbox"/> Institutional Class (3584)	\$ _____
Turner Medical Sciences Long/Short Fund	<input type="checkbox"/> Investor Class (3586)	\$ _____
	<input type="checkbox"/> Institutional Class (3587)	\$ _____
Total Investment		\$ _____

4 BENEFICIARY DESIGNATION

Designate the beneficiary or beneficiaries who will receive your IRA account in the event of your death. If you name more than one beneficiary, indicate the percentage each is to receive, otherwise your named beneficiaries (if more than one) will share equally.

Primary Beneficiary

NAME	PERCENT	
RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
STREET OR P.O. BOX		
CITY	STATE	ZIP

Secondary Beneficiary

NAME	PERCENT	
RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
STREET OR P.O. BOX		
CITY	STATE	ZIP

Spousal Consent

Only applicable if the accountholder named designates a beneficiary other than their spouse.

(For use in community or marital property states) (This section should be reviewed if either the Trust or the residence of the accountholder is located in a community or marital property state and the accountholder is married and is designating a beneficiary other than the spouse. It is the accountholder's responsibility to determine if this section applies. The accountholder may need to consult with legal counsel. Neither the Custodian nor the Sponsor will be liable for any consequences resulting from a failure of the accountholder to provide proper spousal consent.)

I am the spouse of the above-named accountholder. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community property interest in this IRA, I have been advised to see a tax professional or legal advisor. I hereby give the accountholder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above.

I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

X
SIGNATURE OF SPOUSE _____ DATE _____

X
SIGNATURE OF WITNESS FOR SPOUSE _____ DATE _____

5 TELEPHONE EXCHANGE

I hereby authorize and direct the agent to accept and act upon telephone instructions for exchanges involving the account with corresponding registration unless the below box is checked:

I do not authorize telephone exchanges

6 SHAREHOLDER AGREEMENT

- (a) I acknowledge that I have received the State Street Bank and Trust Company IRA Disclosure Statement and the IRA Custodial Agreement. I have read both and I accept and agree to be bound by the terms and conditions of the IRA Custodial Agreement. I have also read the current prospectus and this application and agree to all terms. In addition, I authorize the instructions in this application. I also agree that any shares purchased now or later are and will be subject to the terms of the prospectus as in effect from time to time.
- (b) I agree that the designation of the tax year for my deposit and my election to treat a deposit as a rollover (if applicable) are irrevocable.
- (c) By execution of this application, the investor represents and warrants that (i) he has the full right, power, and authority to make the investment applied for and (ii) he is a natural person of legal age in his state of residence. By signing this application, I hereby authorize and appoint State Street Bank and Trust Company to act as Custodian of my account. I further agree that for any future modifications to be valid they must be received by State Street Bank and Trust Company.
- (d) If I am a U.S. citizen, resident alien, or a representative of a U.S. entity, I certify, under penalty of perjury, that:
 - a. The social security number or employer identification number shown on this form is my correct Taxpayer Identification Number
 - b. I am not subject to backup withholding because:
 - i. I am exempt from backup withholding OR
 - ii. I have been notified that I am subject to backup withholding as a result of a failure to report all interest or dividend OR,
 - iii. The Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Strike out this item (b) if you have been notified that you are subject to backup withholding.)
 - c. I am a U.S. person, resident alien, or a representative of a U.S. entity.
- (e) If I am a nonresident alien, I understand that I am required to complete the appropriate Form W-8 to certify my foreign status. I understand that, if I am a nonresident alien, I am not under penalty or perjury for certifying to the above information.
- (f) Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your state's abandoned property laws.
- (g) **By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:**
 - (1) the investor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and
 - (2) the information provided by the investor in this application is true and correct and any documents provided herewith are genuine.
- (h) **The investor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity.**

X
SIGNATURE _____ DATE _____

7 CUSTODIAN ACCEPTANCE

State Street Bank and Trust Company will accept appointment as Custodian of the Account. However, this Agreement is not binding upon the Custodian until the Depositor has received a statement of the transaction. Receipt by the Depositor of a confirmation of the purchase of the Fund shares as indicated above will serve as notification of State Street Bank and Trust Company's acceptance of appointment as Custodian of the Account.

STATE STREET BANK AND TRUST COMPANY, CUSTODIAN:

X
BY _____ DATE _____
TITLE _____

For Broker Dealer Use Only

SECURITIES DEALER NAME/NUMBER _____

BRANCH NUMBER _____

BRANCH ADDRESS _____

REPRESENTATIVE NAME/NUMBER _____

TELEPHONE NUMBER _____