



Visa® Check Card Application U.S. Treasury Securities Cash Fund

Please call us at (800) 873-8637 if you have any questions about this application.

1. ACCOUNT INFORMATION

U.S. Treasury Securities Cash Fund Account Number 853 - _____

A. Account Owner

_____	_____	_____
First Name	MI	Last Name
_____	_____	_____
Social Security Number	Birth Date (mm/dd/yy)	Daytime Phone Number (include area code)

B. Joint Account Owner

_____	_____	_____
First Name	MI	Last Name
_____	_____	_____
Social Security Number	Birth Date (mm/dd/yy)	Daytime Phone Number (include area code)

2. READ AND SIGN

By submitting this application for a Visa® Check Card (a "Card"), I ("I" or "me" refers to all applicants for a Card, whether one or more) apply to UMB Bank n.a. ("Bank") for a Visa® Check Card as set forth below:

- Each person signing the Application for a Card hereby applies to the Bank as set forth below.
- Each Applicant understands that the application for a Card is subject to approval by Bank. By submitting this request for a Card, each Applicant authorizes Bank to obtain a credit report on Applicant in connection with this Application and from time to time after Applicant receives a Card to verify that Applicant continues to qualify for the Card. Bank may inquire as to the credit, investments and employment history of each Applicant.
- If this request is approved by Bank and a Card is issued, each Applicant understands that the Card(s) will be mailed to Applicant accompanied by an agreement (the "Cardholder Agreement") setting forth the terms and conditions governing the Card. Applicant understands and agrees that the Card and use of the Card will be governed by the Cardholder Agreement, as amended by the Bank from time to time.
- Each time an Applicant uses a Card, Applicant authorizes liquidation of assets in the related investment account, so that transactions are settled and Bank receives the proceeds of such liquidations. Applicant understands that the Card is made available solely for the purpose of enabling Applicant to access the proceeds of the related investment assets, and does not involve any extension of credit. This authorization may be terminated by either Bank or by an Applicant by written notification. Applicant understands that Applicant will be responsible for the amount of any transactions authorized by an Applicant, whether or not the transactions have been debited from the related investment account as of the date of such termination.
- Applicant understands and agrees that Bank may provide information about the Card and Applicant's use of a Card to the company shown on this application, the applicable Fund and other service providers, in order to process Card transactions or otherwise provide Card services.
- I understand and agree that Bank may provide information about my Card and the use of my Card to the company shown on this application, the applicable fund or other service providers, in order to process Card transactions or otherwise provide Card services.
- I authorize the automatic redemption of the \$25 annual fee.
- All investors must sign below exactly as the names appear in the registration, including any capacity (Custodian, Trustee, etc.).
- By signing this Application, I certify that the information provided in this application is true and correct, and I acknowledge that I have read, understand and agree to the Visa® Check Card Application Agreement. IF THE ACCOUNT FROM WHICH DEBITS ARE TO BE MADE IS A JOINT ACCOUNT, ALL PERSONS NAMED ON THE ACCOUNT MUST SIGN THIS APPLICATION.

Signature of Applicant

Signature of Co-Applicant