

First American Money Market Funds Class A Coverdell Education Savings Account Application

(To Be Used in Connection with an existing or Simultaneous investment in the PineBridge Funds)

Mail To: PineBridge Funds
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: PineBridge Funds
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., FL 3
Milwaukee, WI 53202-5207

For additional information please call toll-free **800-426-9157** or visit us on the web at **www.PineBridge.com**.

In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: **full name, date of birth, Social Security number, and permanent street address**. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

1. Designated Beneficiary

(Account Holder)

FIRST NAME _____ M.I. _____ LAST NAME _____
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) _____ CITY / STATE / ZIP _____
SOCIAL SECURITY NUMBER _____ BIRTHDATE (Mo / Dy / Yr) _____

2. Responsible Party

FIRST NAME _____ M.I. _____ LAST NAME _____
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) _____ CITY / STATE / ZIP _____
DAYTIME PHONE NUMBER _____ RELATIONSHIP TO DESIGNATED BENEFICIARY _____
SOCIAL SECURITY NUMBER _____ BIRTHDATE (Mo / Dy / Yr) _____
DRIVER'S LICENSE OR STATE I.D. NUMBER _____ STATE OF ISSUE _____

The following 2 options will be added to your account. If you do not want these options, check the boxes below.

- I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article V of the Coverdell Education Savings Account agreement.
 The responsible party does not wish to control the account after age of majority.
- II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VI of the Coverdell Education Savings Account agreement.
 The responsible party may not change the beneficiary.

3. Account Type

Refer to disclosure statement for eligibility requirements and contribution limits.

Select one of the following account types:

- Coverdell Education Savings Account (CESA)
For Tax Year _____
- Rollover Account – specify the type of rollover:
 Account Holder's CESA to Account Holder's CESA
 Qualifying Family Member's CESA to Account Holder's CESA
- Transfer Account – a direct transfer from current CESA custodian.

- 4. Investment Choices** By check: Make check payable to the PineBridge Funds. \$ _____
 By wire: Call 800-426-9157. Indicate amount of wire \$ _____
(A completed application is required in advance of a wire)

Fund Name	Investment Amount	Optional Automatic Investment Plan		
		\$100.00 Minimum	AIP Start Month	Day
<input type="checkbox"/> FA Prime Obligation Money Market Class A (1400)	\$ _____	\$ _____	_____	_____

5. Telephone Options

Your signed Application must be received at least 15 business days prior to initial transaction.

- Exchange** (\$100.00 minimum) – permits the exchange of shares between identically registered accounts
 Purchase (EFT) (\$100.00 minimum) – permits the purchase of shares from your bank account.
Attach a voided check or savings deposit slip to Section 6.
 E-mail Address – permits the Fund to send you Fund updates

6. Automatic Investment Plan

Your signed application must be received at least 15 business days prior to initial transaction.

A voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required.

Based on the instructions in Section 4, funds will be automatically transferred from the checking or savings account on the slip below:

**ATTACH VOIDED CHECK OR
PREPRINTED SAVINGS DEPOSIT
SLIP HERE**

- A fee will be assessed if your bank refuses the automatic purchase draw.
- Participation in the plan will be terminated upon redemption of all shares.
- Automatic Investments will be reported as current year contributions

7. Beneficiary Information (Due To Death) *(If you need more space, please enclose a separate sheet of paper.)*

Primary

NAME _____ RELATIONSHIP _____ CITY / STATE / ZIP _____ SOCIAL SECURITY NUMBER _____ DOB _____ % _____

Secondary

NAME _____ RELATIONSHIP _____ CITY / STATE / ZIP _____ SOCIAL SECURITY NUMBER _____ DOB _____ % _____

8. Signature


CUSTOMER AGREEMENT: Under penalties of perjury, I certify: (1) that the number shown on this application is the correct taxpayer identification number; (2) that the taxpayer is not subject to backup withholding because (i) it is exempt from backup withholding; (ii) it has not been notified by the Internal Revenue Service that it is subject to backup withholding as a result of failure to report all interest and dividends; or (iii) the Internal Revenue Service has notified it that it is no longer subject to backup withholding (If the taxpayer has been notified by the Internal Revenue Service that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return, cross out item (2).); and (3) I am a U.S. person (including a U.S. 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. Failure to provide a correct taxpayer identification number with this application will result in backup withholding.

By signing below, I certify and agree that the information provided in this application is complete and correct. I have received and reviewed the current prospectus of the Class A shares of the Prime Obligations Fund, Government Obligations Fund, or the Intermediate Term Bond Fund, a series of First American Funds, Inc., in which I am investing and agree to the terms and conditions contained therein. I have read and understood the terms set forth in this application, including the Customer Agreement. I understand that certain account options and features available to investors, such as Automatic Investment Plan and Systematic Withdrawal Plan options may not be available to me unless I provide the First American Funds, Inc., with additional information. I understand that these investment products are not FDIC insured, are not deposits of, obligations of, or guaranteed by any bank, and involve investment risks, including possible loss of the principal invested. I agree that Quasar Distributors, LLC, First American Funds, Inc., or any affiliate or their officers, directors or employees will not be liable for any loss, expense or cost for acting upon any instructions or inquiries believed genuine.

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (Mo / Dy / Yr)

Appointment as Custodian accepted:
U.S. BANK, NA



9. Dealer / Broker Information

Please be sure to complete representative's first name and middle initial.

DEALER NAME

REPRESENTATIVE'S LAST NAME FIRST NAME MI

DEALER HEAD OFFICE INFORMATION:

REPRESENTATIVE'S BRANCH OFFICE INFORMATION:

ADDRESS

ADDRESS

CITY / STATE / ZIP

CITY / STATE / ZIP

TELEPHONE NUMBER

TELEPHONE NUMBER

Before you mail, have you:

- Completed all USA PATRIOT Act required information?
 - Social Security or Tax ID Number in Sections 1 and 2?
 - Birth Date in Sections 1 and 2?
 - Full Name in Sections 1 and 2?
 - Permanent street address in Sections 1 and 2?

- Enclosed your check made payable to the PineBridge Funds?
- Included a voided check, if applicable?
- Signed your application in Section 8?