

- For additional information, please call **866-689-6999** or visit www.VictoryConnect.com.
- Send completed application to: **The Victory Institutional Funds**, P.O. Box 182659, Columbus, OH 43218-2659.

All applicable information must be completed in its entirety before the account can be opened. All authorized persons must complete Parts 1 and 2.

Account Registration (please choose one)

- | | |
|--|--|
| <input type="checkbox"/> Partnership** | <input type="checkbox"/> Individual Account |
| <input type="checkbox"/> Corporation** | <input type="checkbox"/> Joint Account with Right of Survivorship (JTWROS)* |
| <input type="checkbox"/> Trust Account** | <input type="checkbox"/> Tenants in Common (TIC)* |
| <input type="checkbox"/> Other Entity _____ | *Permitted unless state laws regarding community property apply. |

**Please attach a certified copy of the appropriate by-laws, resolutions or trust documents establishing authority to open this account. Other documentation may be required for certain registration types.

Part 1. Account Information - Corporate Accounts complete Part 1, then skip to Part 3. (please print above line)

NAME OF TRUST, CORPORATION, PARTNERSHIP OR OTHER ENTITY

TRUSTEE OR AUTHORIZED PERSON

TRUST, CORPORATION OR PARTNERSHIP TIN

NAME OF TRUST BENEFICIARY

DATE OF TRUST AGREEMENT

LEGAL ADDRESS OF AUTHORIZED PERSON, CORPORATION OR PARTNERSHIP CITY, STATE, ZIP

Part 2A. Account Information - Individuals complete Parts 2A, 2B, 2C and 2D. (please print above line)

INDIVIDUAL (First, Middle, Last)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

JOINT OWNER (First, Middle, Last)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

Part 2B. Address and Phone Number

FOR: Individual Joint Owner

RESIDENTIAL ADDRESS

CITY

STATE

ZIP

MAILING ADDRESS IF DIFFERENT THAN ABOVE

DAYTIME PHONE

EVENING PHONE

FOR: Joint Owner

RESIDENTIAL ADDRESS

CITY

STATE

ZIP

MAILING ADDRESS IF DIFFERENT THAN ABOVE

DAYTIME PHONE

EVENING PHONE

Part 2C. Citizenship

Individual

Non-Resident Alien

Resident Alien

Country of residence for tax purposes _____ Please attach IRS Form W-8BEN

Part 7. Signature

- I certify that I have received and read the current prospectus for the funds in which I am investing and understand its terms are incorporated in this application by reference. I certify that I have authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- Neither the Funds nor any of its agents will be liable for any loss or expense for acting upon written or telephone instructions reasonably believed to be genuine and in accordance with the procedures described in the prospectus.
- Any change to the information or authorizations set forth in this application will be made by me to the Funds in writing. Any such change will be effective at such time as the Funds or other agents have had a reasonable amount of time to act upon it.
- I understand that neither the Funds nor any of its agents has provided any investment, tax or legal advice, and I have relied on my independent judgment or the judgment of the advisor I have selected with respect to the suitability or potential value of any security or order.
- 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. When you open an account, we will ask for your name, address and identification number, and in the case of an individual, your date of birth. For business accounts, we may also obtain this information for individuals associated with the business.

Under penalty of perjury, I certify that:

1. The Social Security or taxpayer ID number provided here is correct.
2. That unless the box below is checked, I am not subject to backup withholding because I have not been notified by the Internal Revenue Service that I am subject to withholding because of a failure to report all interest or dividends;
 - I am subject to backup withholding.
3. I am a US person including a US resident alien (cross out if you are not).

The Internal Revenue Services does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE OF PRIMARY OWNER, CUSTODIAN, TRUSTEE	DATE
SIGNATURE OF JOINT OWNER, CO-TRUSTEE	DATE

Broker Dealer Information	
We hereby submit this application for the purchase of shares of the Fund indicated in accordance with the terms of our selling agreement with the prospectus for the Fund.	
SECURITIES DEALER NAME	DEALER NO.
REPRESENTATIVE NAME	REP. NO.
REPRESENTATIVE BRANCH ADDRESS	
PRINCIPAL APPROVAL	DATE

• NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

**THE VICTORY INSTITUTIONAL FUNDS
PRIVACY NOTICE**

Protecting the Privacy of Information

The Victory Institutional Funds respects your right to privacy. We also know that you expect us to conduct and process your business in an accurate and efficient manner. To do so, we must collect and maintain certain personal information about you. This is the information we collect from you on applications or other forms, and from the transactions you make with us or third parties. It may include your name, address, social security number, account transactions and balances, and information about investment goals and risk tolerance.

We do not disclose any information about you or about former customers to anyone except as permitted or required by law. Specifically, we may disclose the information we collect to companies that perform services on our behalf, such as the transfer agent that processes shareholder accounts and printers and mailers that assist us in the distribution of investor materials. We may also disclose this information to companies that perform marketing services on our behalf. This allows us to continue to offer you Victory investment products and services that meet your investing needs, and to effect transactions that you request or authorize. These companies will use this information only in connection with the services for which we hired them. They are not permitted to use or share this information for any other purpose.

To protect your personal information internally, we permit access only by authorized employees and maintain physical, electronic and procedural safeguards to guard your personal information.*

*You may have received communications regarding information about privacy policies from other financial institutions which gave you the opportunity to "opt-out" of certain information sharing with companies which are not affiliated with that financial institution. The Victory Institutional Funds do not share information with other companies for purposes of marketing solicitations for products other than The Victory Institutional Funds. Therefore, The Victory Institutional Funds do not provide opt-out options to their shareholders.