



WesMark Funds Shareholder Services
 1 Bank Plaza, 4th Floor
 Wheeling, WV 26003
 (800) 864-1013

RETIREMENT ACCOUNT APPLICATION

Use this form to open only the types of IRAs listing in Section 2. Do not use this application to open an Education Savings Account or 403(b) account. If this is a rollover from an employer sponsored plan, or a transfer of assets from an existing IRA, please complete the applicable Request for Rollover or Transfer Authorization form. If you would like assistance filling out this application, please **call us toll-free at (800) 864-1013. Mail to WesMark Funds, 1 Bank Plaza, Wheeling, WV 26003 Attn: Shareholder Services.** Additional forms are also available at www.wesmarkfunds.com.

THE USA PATRIOT ACT

In accordance with the regulations issued under the USA Patriot Act, WesMark Funds and their Transfer Agent are required to obtain, verify and record information that identifies each person who opens an account in an effort to assure that the Funds are not used as a vehicle for money laundering. For this reason, when you open an account, we will ask for your name, address, date of birth, taxpayer identification number and other information which we will verify to confirm your identity.

The WesMark Funds are not offered for sale in all states or jurisdictions. Shares of the WesMark Funds may not be offered or sold in any state or jurisdiction unless registered or qualified in that state or jurisdiction or unless an exemption from registration or qualification is available. Investment orders from states or jurisdictions where shares of WesMark Funds are not permitted to be offered or sold will not be processed. The WesMark Funds website, located at www.wesmarkfunds.com, provides more information on the states and jurisdictions in which the WesMark Funds' shares are currently not offered for sale. Call 800-864-1013 for more details.

1. ACCOUNT REGISTRATION *Please Print*

First Name _____ MI _____ Last Name _____
 Social Security Number _____ Date of Birth _____ Citizenship _____
 Street Address _____ City _____ State _____ Zip _____
 E-Mail Address _____ Daytime Phone _____ Evening Phone _____

Note: *If mailing address is a post office box, a street address is also required by the USA Patriot Act. APO and FPO addresses will be accepted.*

Mailing Address _____ City _____ State _____ Zip _____

2. TYPE OF ACCOUNT *Please select only one.*

- Traditional IRA Roth IRA SEP-IRA Roth IRA - Combined
 IRA Rollover Roth IRA - Converted SARSEP IRA (established before 1997)

3. TYPE OF CONTRIBUTION *Please select only one box in this section.*

CONTRIBUTION

	Contribution Year
<input type="checkbox"/> Traditional IRA	20 _____
<input type="checkbox"/> Roth IRA	20 _____
<input type="checkbox"/> SEP - IRA	20 _____

TRANSFER

- Transfer of Existing Traditional IRA, Rollover IRA, SEP-IRA or SARSEP IRA from another custodian
 Transfer of existing Roth IRA, Roth Conversion IRA or Roth Combined IRA

ROLLOVER

- Direct rollover from previous qualified employer plan, such as a 401(k) plan, 403(b) plan or governmental 457 plan. (Complete Direct Rollover Form)
 Rollover within 60 days from previous qualified employer plan, such as a 401(k) plan, 403(b) plan or governmental 457 plan.
 Rollover within 60 days from another IRA.

4. INVESTMENT AMOUNT

\$500 Minimum initial investment per fund unless you enroll in a Systematic Investment Plan in Section 9

Total Dollars Invested \$ _____ OR See enclosed Transfer or Rollover Form

Please make check payable to **WesMark Funds**. We can only accept personal checks or cashiers checks. We cannot accept cash, money orders, starter checks, third party checks, or credit card or home equity checks.

5. FUND SELECTION Please indicate the amount to be invested in each fund

Fund	\$ Dollar Amount Invested	OR	Percentage
WesMark Growth Fund	_____		_____
WesMark Small Company Growth Fund	_____		_____
WesMark Balanced Fund	_____		_____
WesMark Government Bond Fund	_____		_____
WesMark West Virginia Municipal Bond Fund	_____		_____

6. BENEFICIARY INFORMATION

I designate the individual(s) named below as the beneficiary(ies) of this IRA. I revoke all prior IRA beneficiary designations, if any, made by me for these assets. I understand that I may change or add beneficiaries at any time with written notice to the custodian. If I am not survived by any beneficiary, my beneficiary shall be my estate.

Primary Beneficiary(ies)

1 _____
Name

_____ Social Security Number _____ Date of Birth

_____ % of Account _____ Relationship

2 _____
Name

_____ Social Security Number _____ Date of Birth

_____ % of Account _____ Relationship

Secondary Beneficiary(ies)

1 _____
Name

_____ Social Security Number _____ Date of Birth

_____ % of Account _____ Relationship

2 _____
Name

_____ Social Security Number _____ Date of Birth

_____ % of Account _____ Relationship

7. SPOUSAL CONSENT

This section should be reviewed if the account holder is married, is a resident of a community property or marital property state, and designates a beneficiary other than the spouse. It is the account holder's responsibility to determine if this section applies. The account holder may need to consult legal counsel. Neither the custodian nor the spouse are liable for any consequences resulting from a failure of the account holder to provide for proper spousal consent.

I am the spouse of the above-name account holder. 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 consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given by the custodian or sponsor.

Signature of Spouse _____ Date _____ Signature of Witness for Spouse _____ Date

8. ONLINE ACCESS AND eDELIVERY (Request online access to your account and/or electronic deliver. A valid email address is required.)

ONLINE ACCESS: Online access allows shareholders to view their WesMark Account holdings and transactions. Purchase and redemption transactions can be entered, and account information can be updated. I wish to establish online access.

When you receive your account number, go to www.wesmarkfunds.com and click on "Set Up New User ID" on the right menu, or call Shareholder Services at 1-800-864-1013.

eDELIVERY: Receive an email notification when documents are available online (Check all that apply.) A valid email address must be provided on page 1.
 Statements Confirmations Regulatory Documents Proxies Tax Forms Marketing Documents

9. SYSTEMATIC INVESTMENT PLAN

To make investing easier, you may choose to have a specific dollar amount (minimum \$100 per fund) automatically transferred from your checking account and invested in your WesMark Funds account on a monthly basis. Please indicate which month you would like to begin the program and which day of the month you would like the transfers to occur. If no date is designated, the transfer will be made on the 5th of every month (or the first business day after the 5th). Please provide required information in the "Bank Account Information" section below.

Fund	\$ Amount to be Invested	Date to Begin (Month & Day)
WesMark Growth Fund	_____	_____
WesMark Small Company Growth Fund	_____	_____
WesMark Balanced Fund	_____	_____
WesMark Government Bond Fund	_____	_____
WesMark West Virginia Municipal Bond Fund	_____	_____

10. BANK ACCOUNT INFORMATION *Required for Systematic Investment and Systematic Withdrawal Plans*

I authorize WesMark Funds to send redemption proceeds via wire or ACH to by bank account shown below. I also authorize WesMark Funds to deduct money from my bank account via ACH to purchase shares into my WesMark Funds account with my instruction. There is a \$20 fee for next-day wire and no fee for ACH (transfer may take 2-3 days). **You must attach a voided check or deposit slip from the bank account you wish to designate.** Note: Checks must be pre-printed; starter or counter checks will not be accepted.

CHECKING SAVINGS NAME ON BANK ACCOUNT _____

Bank Name _____ Bank Routing Number _____

Account Number _____ Bank Phone Number _____

11. REVOCATION OF TELEPHONE EXCHANGE PRIVILEGES

ALLOW TELEPHONE EXCHANGE PRIVILEGES DISABLE TELEPHONE EXCHANGE PRIVILEGES

Please note: By exercising the telephone privilege to exchange shares of the WesMark Funds, you agree that the fund shall not be liable for following telephone instructions reasonably believed to be genuine. Reasonable procedures will be employed to confirm that such instructions are genuine and, if not employed, the fund may be liable for unauthorized instructions. Such procedures shall include a request for personal identification (account or Social Security number) as well as other information. You agree that WesBanco, ALPS Distributors, Inc., the Funds, or any of their affiliates will be responsible for the authenticity of any instructions given and shall be fully indemnified as to, and held harmless from, any and all direct and indirect liabilities, losses, or costs resulting from acting upon such instructions reasonably believed to be genuine.

12. HOW DID YOU HEAR ABOUT THE WESMARK FUNDS?

13. SIGNATURE AND OTHER REQUIRED INFORMATION *Please read before signing.*

- (a) By signing this application establishing an WesMark Funds IRA, I hereby: (1) establish an Individual Retirement Account pursuant to the Internal Revenue Code of 1986, as amended, and in accordance with all the terms of the Custodial Agreement on Form 5305A; (2) certify that all contributions to the IRA meet the requirements of the Internal Revenue Code governing such contributions; (3) appoint WesBanco Bank, or its successors, as custodian on the account; (4) state that I have received, read, accepted and specifically incorporated herein the Custodial Agreement on Form 5305A and IRA Disclosure Statement; (5) agree to promptly give instructions to the custodian necessary to enable the custodian to carry out its duties under the Custodial Agreement; (6) agree that I have received and read the prospectus(es) for the investment(s) selected and that this account will be subject to the Custodial Agreement as amended from time to time; and (7) I hereby consent to the delivery of one copy of prospectuses, financial reports and other regulatory materials to all investors who share my same address.
- (b) If I have indicated a Regular IRA Rollover or Direct Rollover above, Depositor certifies that any assets transferred in kind by Depositor are the same assets received by the Depositor in the distribution being rolled over; if the distribution is from another Regular IRA, that Depositor has not made another rollover within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to this Account; and that no portion of the amount rolled over is a required minimum distribution under the required distribution rules. If I have indicated a conversion, transfer or rollover of an existing traditional IRA to a Roth IRA, I acknowledge that the amount converted will be treated as taxable income (except for prior nondeductible contributions) for federal income tax purposes. If I have indicated a rollover from another Roth IRA, I certify that the information given is correct and acknowledge that adverse tax consequences or penalties could result from giving incorrect information.
- (c) **I understand the shares of the Funds are not deposits or obligations of WesBanco Bank, are not endorsed or guaranteed by WesBanco Bank, and are not insured by the Federal Deposit Insurance Corporation ("FDIC"), the Federal Reserve Board or any other government agency. Investments in shares of the Funds involve investment risks, including possible loss of principal.**
- (d) **I understand the investment is subject to risk that may cause the value of the investment to fluctuate. When the investment is sold, the value may be greater or less than the amount I originally invested.**

- (e) I understand that a \$15 annual maintenance fee may be collected by redeeming sufficient shares from my fund account balance if not prepaid by December 1 of each year. The custodian may change the fee schedule from time to time.
- (f) I acknowledge that WesMark Funds are required by law to obtain certain personal information from me, which will be used to verify my identity. My account may not be opened if I do not provide this information. I further acknowledge that WesMark reserves the right to close my account, or take other reasonable steps, if my(our) identity cannot be verified.
- (g) I hereby ratify any instructions given on this account and any account into which exchanges are made and acknowledge that neither the Funds, their agents, nor WesBanco Bank as custodian, will be liable for action upon such instructions (by telephone or in writing) believed to be genuine and in accordance with the procedures described in the prospectus. Such entities will employ reasonable procedures to confirm that instructions communicated by telephone are genuine and may be liable for losses due to unauthorized or fraudulent instructions only if such procedures are not followed. Such procedures may include, among others, requiring personal identification prior to acting upon telephone instructions, providing written confirmation of telephone transactions, and tape recording telephone conversations. I hereby agree to cooperate with respect to such procedures as requested by the above-mentioned entities.
- (h) Per state requirements, property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.
- (i) Under penalties of perjury, by signing this form, I certify (a) that I am a U.S. Person (a U.S. Citizen or a Resident Alien), and (b) that the Social Security Number shown on this form in Section 1 is my correct Taxpayer Identification Number, and (c) I have read the applicable prospectus(es) and this application and agree to their terms. I also agree that any shares purchased now or later are and will be subject to the terms of the fund's prospectus as in effect from time to time.

Signature of Investor

Customer Signature	Date
INTERNAL USE ONLY:	
Registered Rep First Name _____ MI _____ Last Name _____	
Broker Dealer Name _____	
Address _____ City _____ State _____ Zip _____	
Representative # _____ Phone _____ Broker Number _____	
Representative Signature: _____ Principal Approval: _____	

FACTS

WHAT DO THE WESMARK FUNDS DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social security number and income;
- Account balances and transaction history;
- Assets and investment experience.

How?

All financial companies need to share customer personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customer personal information; the reasons the WesMark Funds choose to share; and whether you can limit this sharing.

Reasons we can share your personal information	Do The WesMark Funds share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), and respond to court orders and legal investigations	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	Yes
For joint marketing with other financial companies	Yes	Yes
For our affiliates' everyday business purposes – information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes – information about your creditworthiness	No	We don't share
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	We don't share

To limit our sharing

Mail the form below
Please note:
 If you are a *new* customer, we can begin sharing your information 30 days from the date we sent this notice. When you are *no longer* our customer, we continue to share your information as described in this notice.
 However, you can contact us at any time to limit our sharing.

Questions? Call 1-800-864-1013

Mark any or all sharing you want to limit:

Do not use my personal information to market to me

Do not share my personal information with other financial institutions to jointly market to me.

Do not allow your affiliates to use my personal information to market to me.

Name		Mail to: WesMark Funds 1 Bank Plaza Wheeling, WV 26003
Address		
City, State, Zip		
Account #(s)		

Who we are

Who is providing this notice?

WesMark Funds

What we do

How do The WesMark Funds protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

How do The WesMark Funds collect my personal information?

We collect your personal information, for example, when you

- Open an account or provide account information;
- Direct us to buy securities or direct us to sell your securities;
- Give us your contact information or tell us where to send the money.

We also collect your personal information from affiliates or other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes — information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

What happens when I limit sharing for an account I hold jointly with someone else?

Your choices will apply to everyone on your account — unless you tell us otherwise.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Our affiliates include companies with a WesBanco name such as WesBanco Bank, Inc., WesBanco Bank Community Development Corporation, WesBanco Securities, Inc., WesBanco Insurance Services, Inc., and WesBanco Title Agency, LLC*

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *WesMark does not share with nonaffiliates so they can market to you.*

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *WesMark doesn't jointly market.*

