



WesMark Funds Shareholder Services
 1 Bank Plaza
 Wheeling, WV 26003
 1-800-864-1013
 www.wesmarkfunds.com

SYSTEMATIC INVESTMENT & WITHDRAWAL TELEPHONE & ONLINE ACCESS DIVIDEND & CAPITAL GAINS

AUTHORIZATION & CHANGE REQUEST

Account Registration Account #

1. Establish Systematic Investment or Withdrawal:

The undersigned WesMark Funds Shareholder hereby authorizes the establishment of: Systematic Investments Systematic Withdrawals
 beginning on: _____ (Day) of each month or the following months (Check all that apply.):

- | | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

In the amount of: _____ From or Into the following Fund(s):

- | | | |
|---|--|--|
| <input type="checkbox"/> WesMark Growth Fund | <input type="checkbox"/> WesMark Balanced Fund | <input type="checkbox"/> WesMark Small Company Growth Fund |
| <input type="checkbox"/> WesMark Government Bond Fund | <input type="checkbox"/> WesMark West Virginia Municipal Bond Fund | |

Systematic Investments are made by transferring money from the bank account you designate below in Section 4.

Withdrawals Should be:

- Sent to My Account Address Sent to a different address (**Signature Guarantee is Required**)

Special Address: _____

- Deposited Automatically into My Bank Account (Complete Bank Information in Section 3 Below)

2. Telephone and Online Access:

Adding telephone and/or online access with purchase or redemption privileges requires bank information. Complete Section 4 if bank information is not already established for your account.

- | | | |
|----------------------|------------------------------|---------------------------------|
| Telephone Privileges | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |
| Online Access | <input type="checkbox"/> Add | <input type="checkbox"/> Remove |

3. Dividends & Capital Gains - Change Instructions

	Dividends	Capital Gains
<input type="checkbox"/> WesMark Growth Fund	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest <input type="checkbox"/> ACH*	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest <input type="checkbox"/> ACH*
<input type="checkbox"/> WesMark Balanced Fund	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest <input type="checkbox"/> ACH*	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest <input type="checkbox"/> ACH*
<input type="checkbox"/> WesMark Small Company Growth Fund	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest <input type="checkbox"/> ACH*	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest <input type="checkbox"/> ACH*
<input type="checkbox"/> WesMark Government Bond Fund	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest <input type="checkbox"/> ACH*	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest <input type="checkbox"/> ACH*
<input type="checkbox"/> WesMark West Virginia Municipal Bond Fund	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest <input type="checkbox"/> ACH*	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest <input type="checkbox"/> ACH*

*ACH transfers require completion of the Bank Information in Section 4.

4. Bank Information:

Please provide the following bank information if you wish to establish a Systematic Investment Plan, a Systematic Withdrawal Plan, requesting Online access and transaction capability, or you wish to have dividends and/or capital gains transferred to your bank account. **Please attach a voided check or savings deposit slip from the designated bank account.**

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Name(s) on Bank Account	<input type="text"/>		
Bank Name	<input type="text"/>	Account Number	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
Phone Number	<input type="text"/>	Routing Code	<input type="text"/>		

I (We) authorize the WesMark Funds to initiate credit and debit entries to my account at the bank indicated above. I (we) agree that neither the WesMark Funds, the Financial Institution, and the Funds' Service Agent will be liable for any loss, liability, cost, or expense that I (we) may incur as a result of acting upon my (our) instructions, provided the Funds, its agents, and affiliates employ reasonable procedures to confirm that the instructions are genuine. I (We) further agree that the Funds, the Financial Institution, and the Funds' Service Agent will not be responsible or liable for any act of omission beyond that imposed by law. The Fund shares purchased by ACH are non-redeemable for a period of seven (7) days from the date of purchase. I (We) understand that I (we) may terminate this agreement at any time by writing to the address at the top of page one (1) of this authorization.

I (We) authorize the WesMark Funds to make the changes to my (our) account that are requested with this form.

I (We) authorize WesMark Funds, and it's agents to act upon instruction (by phone, in writing, or other means) believed to be genuine for this account or any account into which exchanges may be made.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner's or Authorized Person's Name (Please Print)	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Owner's Name (Please Print)	Signature	Date

Signature Guarantee

A Signature Guarantee is required for adding or changing bank information, authorizing ACH transfers on this account, or requesting that withdrawal checks sent to an address other than the address of the account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signature notarized by a Notary Public are not acceptable. You can locate an eligible guarantor at Commercial Banks, Credit Unions, many Brokerage or Investment Firms, Savings Banks, and Trust Companies.

Stamp ID #	<input type="text"/>	<input type="text"/>
Institution Name	<input type="text"/>	
Officer Title	<input type="text"/>	
Officer Signature	<input type="text"/>	