



Advised by James Investment Research, Inc.

REGULAR ACCOUNT APPLICATION

IMPORTANT: 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. What this means for you: when you open an account, we will ask for your name, address, date of birth, and information that will allow us to identify you.

SECTION 1: Account Registration

- Individual Account Joint Account

Owner's Name (Last, First, Middle Initial)

Owner's Social Security Number Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted

City State Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City State Zip Code

() ()
Day Phone Evening Phone

E-mail Address

Joint Owner's Name (Last, First, Middle Initial) (if applicable)

Joint Owner's Social Security Number Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted

City State Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City State Zip Code

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Day Phone Evening Phone

E-mail Address

Note: Joint ownership means "joint tenants with rights of survivorship" and not "tenants in common", unless you specify otherwise.

- Uniform Transfer to Minors Account

Custodian's Name (Last, First, Middle Initial)

Custodian's Social Security Number Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted

City State Zip Code

SECTION 1: Account Registration (continued)

Mailing Address - If different from above (P.O. Boxes accepted)

City State Zip Code

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Day Phone Evening Phone

E-mail Address

Minor's Name (Last, First, Middle Initial)

Minor's Social Security Number Date of Birth (MM/DD/YY)

- Trust, Corporation, Business, or Other Entity

If Corporation: S-Corporation C-Corporation

Trust/Corporation Name

Trust Date (MM/DD/YY) Tax ID Number (Use for Tax Reporting Purposes)

Address of Residence - P.O. Box is not accepted

City State Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City State Zip Code

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Day Phone Evening Phone

Name of Trustee/Person with control or authority over account

Social Security Number Date of Birth (MM/DD/YY)

Name of Co-Trustee/Person with control or authority over account

Social Security Number Date of Birth (MM/DD/YY)

Note: Please include copies of any certified trust documents, articles of incorporation, business licenses, or partnership agreements.

Note: An S-Corporation will be established unless otherwise indicated.

SECTION 2: Residency (You must indicate residency)

- U.S. citizen or resident alien **OR**
 Foreign citizen of _____
 (Please see information below regarding W-8 form)

Foreign citizens only Please provide a photocopy of a Government-issued identification, including:

- Number and Photo
- Place of Birth
- City State/Province Country

Immigration status:

- Permanent resident Non-permanent resident Non-resident

Check the document you are providing:

- U.S. driver's license INS permanent resident alien card
 Passport with U.S. Visa* Foreign national identity document*

* Document number and country of issuance: _____

To insure proper tax classification and to claim your eligibility for tax treaty benefits, please obtain and complete IRS Form W-8 BEN and submit with your application.

SECTION 3: Investment Selection

How would you like to make your initial fund purchase?

- Check** - Make your personal check payable to the **James Advantage Funds** and enclose it with your application. We do not accept third party checks (see prospectus for acceptable method of payment).
 Electronically - Make a one-time withdrawal from the bank account listed in Section 6 for amount indicated below.

Investment Minimums: \$2,000

Fund Name	Amount
The Golden Rainbow Fund	\$ _____
The James Long-Short Fund	\$ _____
The James Mid Cap Fund	\$ _____
The James Small Cap Fund	\$ _____
Total Amount	\$ _____

Investment Minimums: \$10,000

The James Micro Cap Fund	\$ _____
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SECTION 4: Automatic Investment Plan

- Yes (Please complete below) No

This option allows you to make automatic investments into your James Advantage Funds account directly from your bank checking or savings account.

Fund Name	Amount
The Golden Rainbow Fund	\$ _____
The James Long-Short Fund	\$ _____
The James Mid Cap Fund	\$ _____
The James Micro Cap Fund	\$ _____
The James Small Cap Fund	\$ _____
Total Amount	\$ _____

SECTION 4: Automatic Investment Plan (continued)

How often would you like to invest?

- Monthly Quarterly Annually

On or about which date? _____
 (e.g. 2nd, 15th) Must choose a date between the 1st and 25th.

If no date is specified, investments will be made on or about the 15th of each month.

- Please provide **bank information** in Section 6, if applicable.

SECTION 5: Distribution Options

All dividends and capital gains will be reinvested unless otherwise indicated below.

Dividend distribution: Cash
 Capital Gains distribution: Cash

- Check here if you would like cash distributions deposited directly to your bank account.

- Please provide **bank information** in Section 6, if applicable.

SECTION 6: Bank Information

Please provide bank information if you are establishing an automatic investment plan and/or are having cash distributions deposited into your account.

Account type: Checking Savings

 Name on Bank Account

 Bank Name

 Bank Account Number

 ABA Routing Number

Please attach a voided check or savings deposit slip from the specified bank account.

I authorize the James Advantage Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that the James Advantage Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to the James Advantage Funds. The termination request will be effective as soon as the James Advantage Funds has had reasonable time to act upon it.

SECTION 7: Telephone & Online Privileges

As a shareholder, you will automatically have access to your accounts via our automated telephone and online computer services unless you specifically decline from them below.

- I **DO NOT** want any telephone privileges.
 I **DO NOT** want online privileges.

SECTION 8: eDelivery

eDelivery allows you to receive your James Advantage Funds account statements, transaction confirmations, and shareholder mailings via e-mail.

- Check here to sign up for eDelivery.

SECTION 9: Cost Basis Method Selection

The cost basis of covered shares, generally shares acquired on or after January 1, 2012, is determined using the fund's default method, unless you elect another method below. Please check one box.

- Average Cost (Default Cost Basis Method)
- First In, First Out
- Highest In, First Out
- Last In, First Out
- Low Cost
- Specific Share Identification-Manual Lot Selection*

*If lots are not specified for redemptions or other dispositions, shares will be redeemed using the FIFO method.

The method you elect will apply to all covered shares for the funds established under this account, including funds you may acquire at a later date, unless you instruct us otherwise. If available, cost basis for noncovered shares, generally shares acquired before January 1, 2012, is determined using the Average Cost method.

To determine which cost basis method is appropriate for your tax situation, please consult a qualified tax professional.

SECTION 10: Transfer on Death

A Transfer on Death (TOD) beneficiary designation permits you to automatically transfer your Fund shares to a designated beneficiary upon your death. A TOD beneficiary designation may only be made for an individual or joint tenancy account. It may not be made for tenants in common, trust accounts, or IRA's. Ownership will be transferred to multiple beneficiaries in equal shares unless otherwise specified. Beneficiaries have no rights in Fund shares until shares are re-registered following account owner's death. We encourage you to check with legal counsel to determine if the TOD law of Ohio is recognized in your state and/or whether it is preferable to choose the TOD law of your state. I hereby designate the below named individual and/or entity as the beneficiary on my James Advantage Funds account, subject to the TOD laws of the state of Ohio. By making this designation, I hereby revoke any prior designations. I retain the right to revoke this designation and designate a new beneficiary or beneficiaries at any time by completing and returning an Account Maintenance Form to the Funds' transfer agent. I also understand that this TOD designation will apply to any future James Advantage Fund account opened by exchange from my account. I agree for me, my heirs, assigns, successors, executors, and administrators, at all times, to indemnify and hold harmless any and all of the James Advantage Funds, their transfer agent and investment adviser, and their respective directors, officers, employees, and agents, from and against any and all claims, liability, damages, actions, and expenses arising directly or indirectly out of or resulting from the transfer or payment of the balance in my account at the direction of the beneficiary designated herein.

Beneficiary Name _____ Percentage Designation _____

Social Security/ Tax ID Number _____

Street or P.O. Box _____ City, State, Zip _____

Spousal Waiver: If you name someone other than your spouse as beneficiary, your spouse may be required to consent to the designation you have made. A Medallion signature guarantee may be obtained from a commercial bank, savings and loan association, credit bureau, or a broker-dealer. A notary public is not an acceptable guarantor.

Signature of Spouse _____ Date _____

SECTION 11: Signature(s)

I am of legal age, have received and read the Prospectus for the Funds in which I am investing and agree to the terms therein. Under penalties of perjury, I hereby certify that (1) my Tax ID (Social Security) number is correct and (2) I am not subject to back-up withholding because: a) I am exempt from the back-up withholding; (b) I have not been notified by the Internal Revenue Service (IRS) of being subject to back-up withholding as a result of a failure to report all interest or dividends; or (c) The IRS has provided notification to me that I am no longer subject to back-up withholding (3) I am a U.S. person (including a U.S. Resident Alien). I understand that if I have been notified by the IRS that I am subject to backup withholding as a result of dividend or interest underreporting, and I have not received a notice from the IRS advising me that backup withholding is terminated, I must strike or cross out the information contained in item 2 above. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.

I authorize the James Advantage Funds, and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither the James Advantage Funds nor its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

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.

Signature _____ Date (MM/DD/YY) _____

Signature (if applicable) _____ Date (MM/DD/YY) _____

Distributor: ALPS Distributors, Inc. for the James Advantage Funds

Shares of the James Advantage Funds are offered by the Distributor. The Distributor is not a bank, and shares of the Fund are not deposits, obligations of, guaranteed, or endorsed by any bank, nor are they federally insured or otherwise supported by the FDIC, the Federal Reserve Board or any other agency.

Please mail completed form to:

Mailing Address
James Advantage Funds
PO. Box 786
Denver, CO 80201-0786

Overnight Address
James Advantage Funds
1290 Broadway, Suite 1100
Denver, CO 80203

If you have any questions, please contact an Investor Service Representative at 1-800-99JAMES (52637) or visit www.jamesfunds.com.

For Broker/Dealer Use Only	
Broker/Dealer Name	Broker/Dealer Number
Representative Name	Representatives Number
Street Address (Street, City, State, Zip Code)	