



**FOR YOUR PROTECTION – YOUR SIGNATURE IS REQUIRED BELOW FOR CHECKWRITING PRIVILEGES**

By electing the “checkwriting” privilege and signing this signature card, I agree to comply with any and all rules, regulations and charges imposed, from time to time, by the Bank in connection with each payable through draft drawn by me on my Fund Account (the “Check”). I authorize the Bank to present each Check to the Fund or its agent, and if such Check is honored by the Fund or its agent, forward the proceeds thereof to the payee named in such Check. If there are two or more owners of the Fund Account, each of us guarantees the genuineness of the signature of the other and agrees to provide at the request of the Bank and/or the Fund any missing endorsement. Each of us agrees to ensure that each Check bears our signature and the signature of the other.

I understand that the checks may not be in amounts less than \$100 and that the Fund reserves the right to change these limits in its sole discretion. I agree that neither the Bank nor the Fund or its Agent is responsible for any loss, expense or cost arising out of check redemption. Also, if any of my shares have been purchased by my check, I understand that redemption proceeds will not be available until such check (including a certified or cashier’s check) received for purchase has been cleared by the bank on which it is drawn, which could take up to fifteen days or more.

----- (please cut here) -----

**Checkwriting Signature Card**

*Please return to:*  
**BB&T Funds**  
PO BOX 9762  
Providence, RI 02940

*For Internal Use Only:*  
  
*IBTS Account #*

ACCOUNT NUMBER: \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

All owners must sign this form. If a corporation, a corporate resolution naming the individual (s) authorized above must accompany this form.

Indicate number of signatures required on checks (1 or 2) \_\_\_\_\_ Date signed \_\_\_\_\_