



Retail Account Application

Important Information About U.S. Government Requirements That May Affect Your Account

PFPC Trust ("PFPC", "we", or "us") provides custodial and administrative services for your non-retirement, retirement or savings account. As a result of this role, persons who open a non-retirement, retirement or savings account are considered 'customers' of PFPC ("you" or "your").

To help the U.S. Government fight the funding of terrorism and money laundering activities, Federal law requires PFPC, as a financial institution, to obtain, verify, and record information that identifies each person who opens an account. All accounts we open are opened on a conditional basis - conditioned on our ability to verify your identity in accordance with Federal law.

When establishing an account, you are required to provide your full legal name, address, government issued identification number (e.g. social security number), date of birth, and other information within your account-opening application that will allow us to identify you. We may also request a copy of your driver's license or other identifying documents and may consult third-party databases to help verify your identity. If the account you are opening will be registered in the name of a beneficiary, trust, or estate or charity, we may require additional identifying documentation.

If you fail to provide any requested identifying information or documentation when opening your account, your new account application may be rejected.

If we open your account, and you subsequently fail to provide all identification materials we request, or if we are subsequently unable to adequately verify your identity as required by U.S. Government regulations, we reserve the right to take any one or more of the following actions:

We may place restrictions on your account which block all purchase transactions and we may place additional restrictions on your account blocking other transactional activities if we determine such additional restrictions are appropriate under Federal law or regulation.

We may close your account, sell (i.e. "liquidate") the assets in your account in the prevailing market at the time, and send you a check representing the cash proceeds of your account. This distribution will be reported to the Internal Revenue Service and may result in unfavorable consequences to you under Federal and state tax laws.

You may incur losses. Despite being opened as a conditional account, your account will be invested as you instruct and you will be subject to all market risks during the period between account opening and any liquidation necessitated by your failure to furnish requested identifying information or by an inability to adequately verify your identity. You may also be subject to additional market risks if the additional transactional restrictions discussed in the first bullet above are placed on your account. In addition, the closing of your account may subject you to fees and charges imposed by the fund or funds in which you are invested, and any sales charges you may have paid in connections with your purchases will not be refunded.

You assume All Responsibility For These Losses. PFPC expressly disclaims any responsibility or liability for losses you incur as a result of your failure to furnish identification materials we request, including investment losses and any other loss or damage (including but not limited to lost opportunities and adverse tax consequences). If you proceed with the account opening process, you accept all risks of loss resulting from any failure of yours to furnish the identification materials we request or from a subsequent inability to adequately verify your identity in accordance with Federal law.

Application/Registration

Return completed form to:

BB&T Funds
P.O. Box 9762
Providence, RI 02940-9762
For assistance, call 1-800-228-1872



1 Account Registration

Do not use this form for a retirement account. Contact 1-800-228-1872 to obtain the appropriate forms.

A. Type of Registration (check one)

- Individual
- Joint Tenants with Rights of Survivorship
- Community Property
- Tenants in Common
- Partnership*
- Nonprofit*
- Corporation*
- Trust*
- Charitable Organization*
- Custodian for Minor
- Other (Specify)* _____

*Attach a copy of the appropriate bylaws, corporate resolutions, a list of authorized traders or trust documents establishing authority to open this account. In addition, provide a copy of the IRS Issuance Letter for your Employer Identification or Tax Identification Number. If any such agreements or resolutions are not in existence, please contact BB&T at 1-800-228-1872 for further assistance.

Important Information About Procedures For Opening a New Account

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, you are required to provide your name, residential address, date of birth and identification number. We may require other information that will allow us to identify you.

B. Account Name

Individual (Legal Name: First/Middle/Last)

Joint Owner--if any (Legal Name: First/Middle/Last)

Name of Custodian (only one) as custodian for

Name of Minor (only one) Minor's State of Residence

Name of Trust/Corporation/Partnership/Other Entity

Name of Trustee(s) Trust Date

M M D D Y Y Y Y

_____ Date of Birth	_____ Social Security Number
_____ Date of Birth	_____ Social Security Number
_____ Custodian's Date of Birth	_____ Custodian's Social Security Number
_____ Minor's Date of Birth	_____ Minor's Social Security Number
_____ Date of Trust	_____ Tax ID Number

C. Other Account Information

Street Address (PO Box Not Allowed): Number and Street Apt#/Suite City State Zip

Mailing Address (If different from above)

Daytime Telephone Number Evening Telephone Number Email Address

For joint accounts, please provide the street address for additional owners if different from the primary address.

Street Address (PO Box Not Allowed): Number and Street Apt#/Suite City State Zip

Mailing Address (If different from above)

Daytime Telephone Number Evening Telephone Number Email Address

Citizenship U.S. Citizen Non-resident Alien (Attach IRS Form W-8. Dividends are subject to tax withholding.) Resident Alien

Note: For non-resident aliens, in addition to submitting an IRS Form W-8, the following is required: a taxpayer identification number, passport number and country of issuance, alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard and a copy of the document. Please indicate form of identification:

- Alien ID Card
- Passport
- Other

Alternate Identification Number: _____ Issuing body: _____ Country of Origin: _____

Are you or an immediate family member affiliated with or working for a member firm of a stock exchange or the National Association of Securities

Dealers, Inc.? No Yes Name of Institution _____

2 Fund Selection If you wish to invest in more than one Fund, be sure to indicate the amount you wish to invest in each Fund. Please make check payable to the BB&T Funds. Refer to the prospectus for acceptable forms of payment and minimum initial investment amounts. If no share class is selected, you will automatically be invested in the Class A Shares. You may invest only in a Fund for which you have a current prospectus.

	<u>Select a Share Class</u>		<u>Amount</u>	
	<u>A</u>	<u>C</u>		
Select Equity Fund (010, 210).....	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
Mid Cap Value Fund (012, 212).....	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
Sterling Capital Small Cap Value Fund (015, 215)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
International Equity Fund (020, 220)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
Special Opportunities Equity Fund (021, 221)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
Equity Income Fund (022, 222)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
Equity Index Fund (023, 223)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
Short U.S. Government Fund (040).....	<input type="checkbox"/>		\$ _____	or _____ %
Intermediate U.S. Government Fund (041, 241)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
Total Return Bond Fund (042, 242)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
Kentucky Intermediate Tax-Free Fund (043).....	<input type="checkbox"/>		\$ _____	or _____ %
Maryland Intermediate Tax-Free Fund (044)	<input type="checkbox"/>		\$ _____	or _____ %
North Carolina Intermediate Tax-Free Fund (045).....	<input type="checkbox"/>		\$ _____	or _____ %
South Carolina Intermediate Tax-Free Fund (046).....	<input type="checkbox"/>		\$ _____	or _____ %
Virginia Intermediate Tax-Free Fund (047)	<input type="checkbox"/>		\$ _____	or _____ %
West Virginia Intermediate Tax-Free Fund (048)	<input type="checkbox"/>		\$ _____	or _____ %
Prime Money Market Fund (050, 250)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
U.S. Treasury Money Market Fund (051, 251)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
National Tax-Free Money Fund (052, 252)	<input type="checkbox"/>		\$ _____	or _____ %
Capital Manager Conservative Growth Fund (060, 260)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
Capital Manager Moderate Growth Fund (061, 261)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
Capital Manager Growth Fund (062, 262)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
Capital Manager Equity Fund (063, 263)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
	Total		\$ _____	or _____ 100%

3 Account Options

A. Rights of Accumulation (Class A Shares only. See the prospectus for qualifications.)

A family member or I own shares of more than one Fund in the BB&T, which may entitle me to a reduced sales charge. The shareholder account numbers are:

Fund Name _____ Fund Name _____ Fund Name _____
 Account # _____ Account # _____ Account # _____

B. Letter of Intent (Class A Shares only.)

I understand that through accumulated investments I can reduce my sales charges as outlined in the prospectus. I plan to invest over a 13-month period in shares of one or more of the funds in the BB&T Funds (except the Prime Money Market Fund and US Treasury Money Market fund) an aggregate amount of at least:

\$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

C. Sales Charge Waivers (See current prospectus under "Sales Charge Waivers" for qualified purchaser types.)

Qualified Purchaser Category and Explanation _____

D. Telephone Redemption and Exchange (If left blank, you will automatically receive telephone privileges.)

I elect the telephone privileges as described in the prospectus. Yes No

E. Banking Services

For your convenience, you may authorize BB&T Funds to transfer funds between your bank account and your BB&T account. We will establish your banking instructions using the investment check you submitted. However, if you wish to establish banking instructions with another bank account, please provide a preprinted voided check or alternate banking instructions. Note: One or more of the name(s) in the Bank Registration must match the name(s) in the Account Registration in Section 1 of this application. I authorize you to establish banking services. Yes No

Tape voided check here.

F. Distribution Selection (Your dividends and capital gains will automatically be reinvested into your account unless you indicate otherwise.)
(If you choose the Cash Payment Option and do not specify, a check will be sent to your address of record.)

Distribution Options:	<u>Reinvest</u>	<u>Cash</u>	<u>Directed</u>	<u>Cash Payment Method</u>
Dividends:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Account # _____	<input type="checkbox"/> ACH (Bank of record) <input type="checkbox"/> Check (Sent to address of record)
Capital Gains:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Account # _____	

G. Checkwriting Please be sure to fill out a signature card. (Checkwriting is only available for the money market funds.)

Yes. I want to be able to write checks from my BB&T Funds account (minimum check redemption amount of \$100).

H. Automatic Investment Plan

Beginning _____, I would like to have the amounts indicated below withdrawn from my bank account and invested on the following

month / year
day(s)** _____ and _____ as follows (Minimum \$25 per transaction.):
day day

Fund _____	Fund _____
Amount \$ _____	Amount \$ _____
<input type="checkbox"/> Weekly	<input type="checkbox"/> Weekly
<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Bi-Monthly
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Semi-Annually
<input type="checkbox"/> Annually	<input type="checkbox"/> Annually

**If you do not indicate a frequency, we will invest assets monthly. If you do not specify a day of the month, we will schedule your bank withdraw on the 15th.

I. Automatic Withdrawal Plan This is available to shareholders with an account value of \$5,000 or more (minimum payment \$25). Please have the amount(s) indicated below deposited to my bank account. Mailed to me by check at the address indicated in Section 1.

Beginning _____, I would like to have the amounts withdrawn from my BB&T Funds account on the following

month / year
day(s)** _____ and _____ as follows:
day day

Fund _____	Fund _____
Amount \$ _____	Amount \$ _____
<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Bi-Monthly
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Semi-Annually
<input type="checkbox"/> Annually	<input type="checkbox"/> Annually

**If you do not indicate a frequency, we will withdraw assets monthly. If you do not specify a day of the month, we will schedule your bank withdraw on the 15th.

J. Systematic Exchange Program (A and C Shares only) You may use the Fund's Systematic Exchange feature to purchase shares at regular intervals by exchanging shares for one BB&T Fund for shares of the same class of another BB&T Fund. Keep a minimum of \$10,000 in your BB&T Funds account and \$1,000 in the Fund whose shares you are buying.

Beginning _____, I would like to have the amounts indicated below withdrawn from my BB&T Fund and invested into the selected fund(s) below on the following day(s)** _____ and _____ as follows:
month / year
day day

From: Fund Name _____ Acct. Number (or New) _____ Amount \$ _____

To: Fund Name _____ Acct. Number (or New) _____ Amount \$ _____

- Bi-Monthly
- Monthly
- Quarterly
- Semi-Annually
- Annually

****If you do not indicate a frequency, we will exchange assets monthly. If you do not specify a day of the month, we will schedule your exchange on the 15th.**

K. Duplicate Statements & Confirmations (Unless indicated, duplicate statements and confirmations will be sent to the address below.)

Please send duplicate statements and/or confirmations to:

 Name Company

 Address City State Zip

4 Your Signature (All registered shareholders must sign.)

I have received and read the current prospectus(es) and privacy notice for the Fund(s) selected, and this Account Registration Form, and agree to be bound by their terms.

I certify under penalties of perjury that:

- 1) The taxpayer identification number shown on this application is correct (or I am waiting for a number to be issued to me); and
- 2) I am NOT subject to backup withholding because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest and dividends. (CROSS OUT the word "NOT" above if you have received IRS notification.); and
- 3) I am a U.S. Person (including a U.S. Resident alien).

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

BY SIGNING BELOW, I REPRESENT THAT I HAVE READ THE TERMS AND CONDITIONS GOVERNING THIS ACCOUNT AND AGREE TO BE BOUND BY SUCH TERMS AND CONDITIONS AS ARE CURRENTLY IN EFFECT AND AS MAY BE AMENDED FROM TIME TO TIME, AND I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE DISCLOSURE WITH RESPECT TO NON-DEPOSIT INVESTMENT PRODUCTS AT THE INTRODUCTION TO THIS AGREEMENT.

Householding: In the event that family members in my household have multiple accounts in a single fund, I agree that BB&T Funds may send a **single copy** of that fund's updated prospectus, annual or semiannual report that is required to be delivered. I agree to notify BB&T Funds by phone, in writing or by email if I wish to stop householding, and receive multiple copies of these materials.

X
 Signature _____ Date _____

X
 Signature _____ Date _____

X
 Signature _____ Date _____

X
 Signature _____ Date _____

BANK, BROKER-DEALER USE ONLY

Broker/Dealer Name: _____ Broker/Dealer #: _____
 Branch Name: _____ Branch #: _____
 Rep. Name: _____ Rep. #: _____