BB&T Funds

Sensible Investing for Generations®

Institutional 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 indentifying 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 acivities 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 prevaling 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 identificaton materials we request or from a subsequent inability to adequately verify your identity in accordance with Federal law.

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1. Account Registration

A) Type of Registration

❑ Corporation* ❑ Partnership* ❑ Trust*
❑ Nonprofit* ❑ Charitable Organization* ❑ Other *(Specify)* ______________________

❑ Individual ❑ Joint Tenants with Rights of Survivorship

❑ Amend Account Existing Account Number ______________________

Do not use this form for a retirement account. A separate application must be used to open each new account or to amend each existing account. If you use this application to amend an existing account, please mark the "Amend Account" box and indicate the account number.

**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 or for assistance in completing this application, please contact BB&T at 1-800-228-1872.*

Mail your completed and signed application to: BB&T Funds
P.O. Box 182533
Columbus, OH 43218-2533

Important information about 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/corporation 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

______________________ ______________ ______________
Name of Trust/Corporation/Partnership/Other Entity — Date of Trust — Tax ID Number

____
Name of Trustee(s)/Authorized Trader

____
Name of Trustee(s)/Authorized Trader

______________________ ______________ ______________
Individual *(Leagal Name: First/Middle/Last)* — Date of Birth — Social Security Number

______________________ ______________ ______________
Joint Owner-if any *(Legal Name: First/Middle/Last)* — Date of Birth — Social Security Number

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C) Other Account Information

Street Address *(Business/Residential, Number & 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 *(Specify)* ______

Are you or an immediate family member affiliated with or working for a member firm or a stock exchange of 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.

	Institutional Share Class	Amount			
Select Equity Fund	❑	$ ______	or	______	%
Mid Cap Value Fund	❑	$ ______	or	______	%
Sterling Capital Small Cap Value Fund	❑	$ ______	or	______	%
International Equity Fund	❑	$ ______	or	______	%
Special Opportunities Equity Fund	❑	$ ______	or	______	%
Equity Income Fund	❑	$ ______	or	______	%
Equity Index Fund	❑	$ ______	or	______	%
Short U.S. Government Fund	❑	$ ______	or	______	%
Intermediate U.S. Government Fund	❑	$ ______	or	______	%
Total Return Bond Fund	❑	$ ______	or	______	%
Kentucky Intermediate Tax-Free Fund	❑	$ ______	or	______	%
Maryland Intermediate Tax-Free Fund	❑	$ ______	or	______	%
North Carolina Intermediate Tax-Free Fund	❑	$ ______	or	______	%
South Carolina Intermediate Tax-Free Fund	❑	$ ______	or	______	%
Virginia Intermediate Tax-Free Fund	❑	$ ______	or	______	%
West Virginia Intermediate Tax-Free Fund	❑	$ ______	or	______	%
Prime Money Market Fund	❑	$ ______	or	______	%
U.S. Treasury Money Market Fund	❑	$ ______	or	______	%
National Tax-Free Money Market Fund	❑	$ ______	or	______	%
Capital Manager Conservative Growth Fund	❑	$ ______	or	______	%
Capital Manager Moderate Growth Fund	❑	$ ______	or	______	%
Capital Manager Growth Fund	❑	$ ______	or	______	%
Capital Manager Equity Fund	❑	$ ______	or	______	%
Other ______	❑	$ ______	or	______	%
	Total	**$** ______	**or**	______	**100%**

3. Account Options

A) 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

B) 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 listed below.

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

Bank Name ____________________ ABA Routing Number ____________________

Account Name ____________________ Account Number ____________________

C) 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	Reinvestment	Cash	Directed	Cash payment Method
Dividends	________	________	________ Account Number	❑ ACH *(Bank of record)*
Capital Gains	________	________	________ Account Number	❑ Check *(Send to address of record)*

D) Duplicate Statements and 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

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 the following terms:

- I authorize BB&T Funds, the Transfer Agent, affiliates thereof, and the directors and employees of such entities to act on any instructions or inquiries reasonably believed to be genuine and agree that they will not be liable for a resulting loss or expense from such instructions or inquiries.

- Upon any telephone order, which may be taped recorded for share purchases or redemptions received from me or any person so representing him or herself, the Transfer Agent is authorized, without the giving of any notice regardless of the amount of any preceding transaction, to debit or credit my account at my bank indicated in Section 3B. (There are limitations as to amount and frequency of transactions permissible through the Wire Redemption Privilege. In order to determine current limitations, please call 1-800-228-1872.) Further, I certify that by authorizing the Transfer Agent to debit or credit my bank account pursuant to my instructions or those of any person so representing him or her, that I am waiving any and all rights to have my bank account recredited in the event of an unauthorized debit entry. Further, I certify that I understand that this service may be terminated at any time without notice, and that the Transfer Agent is not obligated to advise me of the nonpayment of any debit or credit. Further, I certify that I understand that I may terminate this authorization at any time by written notification to the Transfer Agent, and that any such notification will be effective only as to entries initiated later than three business days following receipt of such notification.

- I understand that BB&T Funds are not insured or guaranteed by the FDIC or any other governmental agency, are not deposits or obligations of Branch Banking and Trust Company, BB&T Corporation, their affiliates, or any bank, and are not guaranteed by Branch Banking and Trust Company, BB&T Corporation, their affiliates, or any bank, and involve investment risk, including possible loss of principal.

- I understand that all of the terms I agree to in this application apply to any fund into which I may exchange.

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 then 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 OUTLINED ABOVE.

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.

Signature	Date	Signature	Date
Signature	Date	Signature	Date

A signature guarantee is required when amending existing accounts as indicated in Section 1, 3B, and 3C.

Signature Guarantee
Place Stamp Here

Name of Institution Guaranteeing Signature(s) Date

THANK YOU FOR INVESTING IN BB&T FUNDS. WE WILL SEND YOU A CONFIRMATION STATEMENT SHORTLY.

FOR USE BY DEALERS AND ADVISORS ONLY

BANK, BROKER-DEALER USE ONLY

Broker/Dealer Name:		*Broker/Dealer #:*
Branch Name:		*Branch #:*
Rep. Name:	*Rep. #:*	*Rep. Office Phone #:*