

PLEASE DO NOT USE THIS APPLICATION TO OPEN AN IRA ACCOUNT.

SECTIONS 1 AND 2 MUST BE COMPLETED AND THE INFORMATION PROVIDED WILL BE VERIFIED AS REQUIRED BY THE USA PATRIOT ACT. FAILURE TO COMPLETE THESE SECTIONS MAY RESULT IN REJECTION OF YOUR APPLICATION.

The USA Patriot Act

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 to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. This information will be verified to ensure the identity of all persons opening a mutual fund account.

Notice for Non-U.S. persons:

Effective 1/31/07, non-U.S. persons are not permitted to open new accounts with Turner Funds. The Fund(s) has instructed its transfer agent accordingly.

1 ACCOUNT REGISTRATION

Please print or type clearly.

Please choose one type of account below:

Individual, or Joint

YOUR NAME: FIRST, MIDDLE, LAST

SOCIAL SECURITY NUMBER DATE OF BIRTH

JOINT OWNER'S NAME: FIRST, MIDDLE, LAST

JOINT OWNER'S SOCIAL SECURITY NUMBER DATE OF BIRTH

TRANSFER ON DEATH BENEFICIARY

SOCIAL SECURITY NUMBER DATE OF BIRTH

Custodial/Gift to Minors

CUSTODIAN'S NAME: FIRST, MIDDLE, LAST

SOCIAL SECURITY NUMBER DATE OF BIRTH

MINOR'S NAME: FIRST, MIDDLE, LAST

MINOR'S SOCIAL SECURITY NUMBER DATE OF BIRTH MINOR'S STATE OF RESIDENCE

Trust Corporation Partnership Other

Documents provided in connection with your application will be used solely to establish and verify your identity. The Fund will have no obligation with respect to the terms of such documents.

NAME OF ENTITY

TRUSTEE/PARTNER LAST NAME*

TRUSTEE/PARTNER FIRST NAME

DATE OF BIRTH SOCIAL SECURITY NUMBER

DATE OF TRUST AGREEMENT

AUTHORIZED TRADER LAST NAME †

AUTHORIZED TRADER FIRST NAME

DATE OF BIRTH TRADER SOCIAL SECURITY NUMBER

* Attach a separate list of additional Trustees, authorized traders and each individual partner of a partnership, including full name, social security number, address and date of birth.

† Enclose a corporate resolution which identifies individuals authorized to conduct transactions on this account.

We require the first and last page of the trust agreement to be attached.

The Turner Funds are taking advantage of the "Householding" Rule, which permits the delivery of one copy of an annual/semi-annual report, prospectus and/or proxy statement on behalf of two or more shareholders at a shared address. Unless you indicate otherwise by checking the box below, your signature on this application indicates your consent to householdings and the Funds will deliver one copy of the above referenced documents to your address for as long as you remain invested.

I do not consent to householding.

You may revoke your consent at any time by calling 1-800-224-6312. Upon receiving such notification, the Funds will begin mailing individual copies of the above referenced documents to your attention within 30 days.

2 SHAREHOLDER ADDRESS

U.S. Citizen

Resident Alien (must have U.S. tax identification number and domestic address).

STREET OR P.O. BOX (1)

CITY, STATE, ZIP COUNTRY OF TAX RESIDENCY

() ()

DAYTIME TELEPHONE EVENING TELEPHONE

E-MAIL ADDRESS

(1) If mailing address is a post office box (other than an Army Post Office Box or Fleet Post Office Box), a street address is also required by the USA Patriot Act).

Duplicate Confirmation/Statement Sent To (Optional):

NAME

STREET OR P.O. BOX

CITY, STATE, ZIP

3 FUND SELECTION INVESTMENT OPTION

Enclose your check (Minimum investment per Fund is \$2,500 for Investor Class and Retirement Class Shares and \$250,000 for Institutional Class Shares (\$25,000 for the Large Cap Value Fund). Please see the prospectus for more detail). **Please note that the Turner Funds do not accept third party checks, cash, money orders, travelers checks, credit cards, credit card checks, checks issued by internet banks and cashier checks.**

Turner Concentrated Growth Fund	<input type="checkbox"/> Investor Class (1237)	\$ _____
Turner Core Growth Fund	<input type="checkbox"/> Investor Class (1305)	\$ _____
	<input type="checkbox"/> Institutional Class (1311)	\$ _____
Turner Emerging Growth Fund	<input type="checkbox"/> Investor Class (1310)*	\$ _____
	<input type="checkbox"/> Institutional Class (2796)*	\$ _____
Turner International Core Growth Fund	<input type="checkbox"/> Investor Class (2787)	\$ _____
	<input type="checkbox"/> Institutional Class (2788)	\$ _____
Turner Large Cap Growth Fund	<input type="checkbox"/> Investor Class (2789)	\$ _____
	<input type="checkbox"/> Institutional Class (1245)	\$ _____
Turner Quantitative Broad Market Equity Fund	<input type="checkbox"/> Investor Class (2790)	\$ _____
	<input type="checkbox"/> Institutional Class (2791)	\$ _____
Turner Quantitative Large Cap Value Fund	<input type="checkbox"/> Investor Class (2794)	\$ _____
	<input type="checkbox"/> Institutional Class (1307)	\$ _____
Turner Midcap Equity Fund	<input type="checkbox"/> Investor Class (2785)	\$ _____
	<input type="checkbox"/> Institutional Class (2786)	\$ _____
Turner Midcap Growth Fund	<input type="checkbox"/> Investor Class (899)	\$ _____
	<input type="checkbox"/> Institutional Class (1309)	\$ _____
	<input type="checkbox"/> Retirement Class (1253)	\$ _____
Turner New Enterprise Fund	<input type="checkbox"/> Investor Class (1240)	\$ _____
Turner Small Cap Growth Fund	<input type="checkbox"/> Investor Class (897)*	\$ _____
Turner Small Cap Equity Fund	<input type="checkbox"/> Investor Class (1312)	\$ _____
	<input type="checkbox"/> Institutional Class (2797)	\$ _____
Turner Spectrum Fund	<input type="checkbox"/> Investor Class (3310)	\$ _____
	<input type="checkbox"/> Institutional Class (3311)	\$ _____
Total		\$ _____

*Closed to new investors.

New Account Options and Signature

4 DIVIDEND & CAPITAL GAINS INSTRUCTIONS

All distributions will be reinvested automatically unless one of the following is checked:

- Send all dividends and capital gains by direct deposit to the bank account indicated on the enclosed voided check.
- Send all dividends and capital gains by check to the address in section 2.

5 TELEPHONE AUTHORIZATION

I hereby authorize and direct the agent to accept and act upon telephone instructions for exchanges and / or redemptions involving the account with corresponding registration unless one or both of the following is (are) checked:

- I do not authorize telephone exchanges.
- I do not authorize telephone redemptions.

6 SYSTEMATIC INVESTMENT PLAN (SIP)

I hereby authorize and direct the agent to draw on my (our) bank account on a periodic basis, as indicated in section 8, for investment in my (our) account. Attached is a voided check of the bank account I (we) wish to use. Please note this privilege will be effective 15 days after The Turner Funds receive this application. **If no date is chosen below, your bank account will be debited on the 15th of the month.**

Preferred Investment Schedule:

- Monthly Quarterly Semi-Annually Annually
- 1st, or 15th

BEGIN INVESTMENT ON (ENTER MONTH/YEAR)

DAY OF MONTH

Debit My Bank Account and Invest as Follows (\$25 Minimum per account), unless otherwise stated in the prospectus:

	\$
FUND	AMOUNT
	\$
FUND	AMOUNT
	\$
FUND	AMOUNT

7 SYSTEMATIC WITHDRAWAL PLAN (SWP)

An account balance of at least \$10,000 Investor Class, \$250,000 Institutional Class, and \$25,000 Quantitative Large Cap Value Fund – Institutional Class is required. **If no date is chosen below, your bank account will be credited on the 15th of the month.**

Preferred Withdrawal Schedule:

- Monthly Quarterly Semi-Annually Annually
- 1st, or 15th

BEGIN INVESTMENT ON (ENTER MONTH/YEAR)

DAY OF MONTH

I Elect to Receive a Periodic Payment of (\$50 for Investor, \$25,000 for Institutional \$5,000 for Quantitative Large Cap Value Fund Minimum per account), unless otherwise stated in the prospectus:

	\$
FUND	AMOUNT
	\$
FUND	AMOUNT
	\$
FUND	AMOUNT

8 BANK INFORMATION

For ACH & Wire Redemptions, and SIP & SWP

Your bank account information must be on file in order to exercise telephone investment privileges. The account name(s) below must match exactly at least one name in section 1. A blank, voided check or deposit slip is necessary to provide account and bank routing information and must accompany this application.

NAME OF BANK

ABA NUMBER

REGISTRATION ON ACCOUNT

Checking

Savings

ACCOUNT NUMBER

ACCOUNT TYPE

BANK ADDRESS: CITY, STATE, ZIP

9 APPLICANT'S SIGNATURE

I have read the current prospectus and this application and agree to all terms. In addition, I authorize the instructions in this application. I hold harmless and indemnify The Turner Funds, any of their affiliates or mutual funds managed by such affiliates, and each of their respective directors, trustees, officers, employees and agents from any losses, expenses, costs or liability (including attorney fees) which I may incur in connection with these instructions or the exercise of the telephone exchange privilege. By my signature below I certify on my behalf or on behalf of the investor I am authorized to represent, under penalties of perjury:

- that the Social Security or Taxpayer Identification Number entered below is correct; I am a U.S. person (including U.S. resident alien)
- that the Internal Revenue Service (IRS) has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such backup withholding.
- the investor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and
- the information provided by the investor in this application is true and correct and any documents provided herewith are genuine.

The IRS does not require your consent to any provision of this document other than the certifications above, which are required to avoid back-up withholding.

SIGNATURE: OWNER, TRUSTEE, ETC., EXACTLY AS IT APPEARS IN SECTION 1

SOCIAL SECURITY OR TAXPAYER ID NUMBER

SIGNATURE: JOINT OWNER, EXACTLY AS IT APPEARS IN SECTION 1

SOCIAL SECURITY OR TAXPAYER ID NUMBER

Return the following to the address below:

- This completed application.
- Voided bank check or deposit slip if applicable.
- One check made payable to: The Turner Funds

Send to:

The Turner Funds
c/o DST Systems
P.O. Box 219805
Kansas City, MO 64121-9805

For overnight packages:

The Turner Funds
c/o DST Systems
430 W. 7th Street
Kansas City, MO 64105

For Broker Dealer Use Only

SECURITIES DEALER NAME/NUMBER

BRANCH NUMBER

BRANCH ADDRESS

REPRESENTATIVE NAME/NUMBER

TELEPHONE NUMBER