



Advised by James Investment Research, Inc.

ACCOUNT OPTIONS FORM

SECTION 1: Account Information

Account Number

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

Owner's Social Security Number

Date of Birth (MM/DD/YY)

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

Joint Owner's Social Security Number

Date of Birth (MM/DD/YY)

Check here if new address

Address of Residence (Required) - P.O. Box not accepted

City, State, Zip Code

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

City, State, Zip Code

()
Day Phone

()
Evening Phone

Check here if new phone number

E-mail Address

Check here if new e-mail address

SECTION 2: Name Change Instructions

Please Provide:

Account Number

Please indicate your former name and what your new name has changed to.

Former Name

One and the same as:

New Name

If your name is different from what is currently shown on your account, your signature must be guaranteed in Section 10.

SECTION 3: Transfer on Death

TOD status is only for Regular Accounts (non-IRAs)

Benefits will be paid only to those beneficiaries living at the time of your death. If percentages are not indicated, or do not total 100%, benefits will be paid in equal shares. If any of your beneficiaries are not living at the time of your death, benefits will be divided proportionately among the remaining beneficiaries. If more than two beneficiaries are designated, please continue on a separate sheet.

Complete all information requested to designate new/additional beneficiaries.

Primary

Contingent

SECTION 3: Transfer on Death (continued)

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

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

Address of Residence (Required) - P.O. Box 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 _____

Relationship _____ %
Percentage

Primary Contingent

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

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

Address of Residence (Required) - P.O. Box 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 _____

Relationship _____ %
Percentage

SECTION 4: Automatic Investment Plan

An automatic investment plan deposits money directly into this account from your checking or savings account on a monthly, quarterly or annual basis.

Please complete this section if you would like to:

Establish Modify or Discontinue an automatic investment plan

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
_____	_____	_____	\$ _____	_____	_____	%
Total			\$ _____		100	%

How often would you like automatic investments?

Monthly Quarterly Annually

On or about which date? (e.g., 2nd, 15th) _____

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

■ Please provide bank information in Section 8, if applicable.

■ Please Note:

- Attach a separate letter of instruction if the bank account holder is different than the James Advantage Funds account holder.
- For IRA accounts (including Coverdells), contributions made through an automatic investment plan will be considered contributions for the year in which shares are purchased.
- A signature guarantee is required if shares are redeemed within 30 days of adding or changing bank information.

SECTION 5: Systematic Withdrawal Plan

A systematic withdrawal plan automatically withdraws money from this account on a monthly, quarterly, or annual basis. An account balance of at least \$10,000 is required.

Please complete this section if you would like to:

- Establish Modify or Discontinue a systematic withdrawal plan.

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
Total			\$ _____		100	%

How often would you like automatic withdrawals?

- Monthly Quarterly Annually

On or about which date? (e.g., 2nd, 15th) _____

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

Money is to be sent by: ACH Check or Cross-Invest

Fund _____

Account Number _____

- Please provide bank information in Section 8.
- Please note, the cost basis method on your account will be used for redemptions.

SECTION 6: Distribution Options

Please complete this section if you would like to change your current distribution option.

Dividend distribution: Cash Reinvest
 Capital Gains distribution: Cash Reinvest

- Check here if you would like cash distributions deposited directly to your bank account. Please complete Section 8 if you do not have bank information listed on your account.

SECTION 7: Telephone & Online Privileges

Telephone/online privileges allow transactions to be placed via the telephone with a Shareholder Services Representative, using the automated service line, or on the website at www.jamesfunds.com.

Telephone privileges: Add Remove
 Online privileges: Add Remove

Adding telephone/online transaction privileges with purchase and redemption capabilities requires bank information. Please complete Section 8 if you do not have bank information listed on your account.

SECTION 8: Bank Information

Please provide bank information if you are establishing or modifying any of the following: an automatic investment plan, a systematic withdrawal plan, telephone/online transaction privileges, wire transfer capabilities, and/or are having cash distributions deposited into your account.

- I would like to add bank information to this account to authorize purchase and redemptions via: ACH transfer and/or Wire transfer. I understand this authorization will allow me to make such transactions via telephone with a Shareholder Services Representative, using the automated service line, or on the website at www.jamesfunds.com.

- I would like to modify my current bank information on this account for purchases and redemptions via: ACH and/or Wire transfer.

- I would like to remove bank information on this account for purchases and redemptions via: ACH and/or Wire transfer.

SECTION 8: Bank Information (continued)

Account type: Checking Savings

Name on Bank Account _____ Bank Name _____

ABA Routing Number (First 9 digits at the bottom of the check or deposit slip)

Bank Account Number (Second set of numbers at the bottom of check or deposit slip)

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 9: Signatures

I authorize the James Advantage Funds to make the changes indicated to my account.

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.

ALL owners of this account must sign below:

Signature _____ Date (MM/DD/YY) _____

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

SECTION 10: Signature Guarantee (If Required)

A signature guarantee is required if redeeming within 30 days of changing bank information or address, in addition to sending wires, ACHs and checks to instructions other than that on record for this account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

- Eligible guarantor's: Commercial Banks
- Credit Unions
- Member Firms of a domestic stock exchange
- National Securities Exchange & Savings (STAMP, SEMP, NYSE-MSP participation)
- Savings Associations
- Trust Companies

Medallion Signature Guarantee Stamp (ID Required) _____ Bank or Dealer Firm _____

Officer's Title _____ Officer's Signature _____ Date (MM/DD/YY) _____

[STAMP]

Please mail completed form to:

Mailing Address

James Advantage Funds
PO. Box 786
Denver, CO 80201

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.