

Account Number (If known)

Return your completed application to:

William Blair Funds
 P.O. Box 219137
 Kansas City, MO 64121-9137

Our overnight mail address is:

William Blair Funds
 430 W. 7th Street, Suite 219137
 Kansas City, MO 64105-1407

For assistance, call 1-800-635-2886 or 1-800-742-7272.

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 for 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. You may also be asked to show other identifying documentation.

Bolded fields must be completed and will be verified as required by the Patriot Act. If bolded fields are not completed, this application will be rejected.

1. TYPE OF ACCOUNT

INDIVIDUAL/JOINT TENANT

Choose One: Individual Joint Tenants (With right of survivorship.) Tenants in Common Tenants in Entirety
 Community Property State Transfer on Death (Please complete TOD form)

Owner's Name **Social Security Number** **Date of Birth**

Joint Owner's Name **Joint Owner's Social Security Number** **Date of Birth**

Attach separate list for additional registrants including full name, social security number and date of birth.
For foreign accounts, one of the following must be provided: Taxpayer ID, Alien ID, or passport number with country of issuance.

U.S. Citizen Resident Alien Nonresident Alien Alien ID or Passport Number Country of Issuance

CORPORATE/ORGANIZATION (A copy of the certified articles of incorporation and the business license of the corporation must be attached. This information is **required** to set up the account.)

Name of Sole Proprietor or Names of Partners (If applicable) **Employer Tax Identification Number (For all businesses/organizations)**

Name of Business or Organization

TRUST (Please include copies of the first and last pages of the trust. This information is **required** to set up the account.)

Trustee's Name **Co-Trustee's Name**

Name of Trust Agreement **Trust's Tax Identification Number**

Date of Trust Agreement (Month, Day, Year) **Transfer on Death To**

Trustee's Date of Birth **Trustee's Social Security Number**

If more than one trustee, please attach separate list with Name(s), Date(s) of Birth, and Social Security Number(s).
Check if exempt from verification due to:

Publicly Traded Symbol Financial Institution regulated by a federal functional regulator Bank regulated by state bank regulator Retirement plan covered by ERISA

Authorized Trader/Trustee Last Name **First Name** **Middle Initial**

Social Security Number **Birth Date**

Attach separate list for additional Authorized Traders including full name, social security number, and date of birth.

2. YOUR ADDRESS

(If mailing address is a post office box, a street address is also required by the USA Patriot Act. APO and FPO addresses will be accepted.)

Street Address and Apartment or P.O. Box Number

City State Zip Code

Daytime Telephone Number Evening Telephone Number

E-Mail Address

Country of Residence

Citizenship: U.S. Citizen Resident Alien/Exempt Foreign Citizen

3. YOUR FUND CHOICES

- | | | | | | |
|---|------|----------|---|------|----------|
| <input type="checkbox"/> Growth Fund — Class R6 | 8378 | \$ _____ | <input type="checkbox"/> Global Leaders Fund — Class R6 | 2155 | \$ _____ |
| <input type="checkbox"/> Large Cap Growth Fund — Class R6 | 8379 | \$ _____ | <input type="checkbox"/> International Leaders Fund — Class R6 | 2272 | \$ _____ |
| <input type="checkbox"/> Mid Cap Growth Fund — Class R6 | 8380 | \$ _____ | <input type="checkbox"/> Emerging Markets Leaders Fund — Class R6 | 2158 | \$ _____ |
| <input type="checkbox"/> Mid Cap Value Fund — Class R6 | 2787 | \$ _____ | <input type="checkbox"/> Emerging Markets Growth Fund — Class R6 | 1837 | \$ _____ |
| <input type="checkbox"/> Small-Mid Cap Core Fund — Class R6 | 6201 | \$ _____ | <input type="checkbox"/> Emerging Markets Debt Fund — Class R6 | 6203 | \$ _____ |
| <input type="checkbox"/> Small-Mid Cap Growth Fund — Class R6 | 8381 | \$ _____ | <input type="checkbox"/> China Growth Fund — Class R6 | 2748 | \$ _____ |
| <input type="checkbox"/> Small Cap Growth Fund — Class R6 | 8383 | \$ _____ | <input type="checkbox"/> Macro Allocation Fund — Class R6 | 2264 | \$ _____ |
| <input type="checkbox"/> Small Cap Value Fund — Class R6 | 2895 | \$ _____ | | | |

4. DIVIDEND PAYMENT OPTIONS

All income dividends and capital gains distributions will be automatically reinvested unless indicated below.

INCOME DIVIDENDS Reinvest in Shares _____ Deposit to my financial institution* Send by check**
(Specify fund name if different than investing fund.)

CAPITAL GAINS Reinvest in Shares _____ Deposit to my financial institution* Send by check**
(Specify fund name if different than investing fund.)

*Please attach a voided check or deposit slip from your financial institution to the space provided on page 3.

**Check will be mailed to account address of record.

5. METHOD OF PAYMENT

Please indicate below how you will pay for your investment.

My check payable to William Blair Funds is enclosed.

My payment will be made by wire.
If you are wiring funds, first call 1-800-635-2886
(Massachusetts 1-800-635-2840) for an account number.
Then instruct your commercial bank to wire federal funds to:
State Street Bank & Trust Co.
ABA #011000028 DDA #99029340
Attn: Custody & Shareholder Services
225 Franklin Street
Boston, MA 02110

6. YOUR FINANCIAL REPRESENTATIVE

Representative's Name	Representative's Telephone Number	E-Mail Address (Optional)	
Branch Address	City	State	Zip Code
Name of Firm	Firm Number		
Would you like duplicate account statements sent to your Financial Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No			

7. SPECIAL ACCOUNT SERVICES

TELEPHONE EXCHANGE AND TELEPHONE REDEMPTION PRIVILEGES

Instead of mailing written instructions, you can use the telephone to conveniently exchange shares between fund accounts and to initiate redemptions. Telephone Exchange and Redemption privileges are automatically provided on individual, joint tenants, tenants in common, tenants in entirety, community property, and certain institutional accounts, unless indicated below.

- I do not authorize telephone exchanges between William Blair Funds.
- I do not authorize telephone redemption of my shares in William Blair Funds.

Neither the Fund nor the Transfer Agent will be liable for properly acting upon telephone instructions believed to be genuine. Should the Fund or its Transfer Agent fail to utilize reasonable procedures, it may be liable for any losses due to unauthorized or fraudulent instructions.

WIRE REDEMPTIONS (\$1,000 MINIMUM PER REDEMPTION)

- I authorize the proceeds from telephone redemptions to be wire transferred to my financial institution upon my authorization. (Attach voided check or deposit slip to space provided.)

Please tape a voided check here.

*The Check must be imprinted with
The name of the Banking Institution
Name of Bank Account Owners
Address of Banking Institution
Encoded Bank Account Number*

*Please Note: Starter checks or mutual fund/investment checks are not acceptable.
If you do not have a personalized check please call Investor Services.*

COST BASIS ELECTION

As of January 1, 2012, new cost basis regulations require mutual funds to report cost basis to shareholders and the IRS on Form 1099-B using the shareholder's method of choice. Please choose one cost basis reporting method from the list of reporting methods below by marking an X in the box of your chosen method. If you do not elect a method, William Blair Funds will select Average Cost as your cost basis method. You may change your cost basis method on future purchases, no matter what method you choose.

- | | |
|--|---|
| <p><input type="checkbox"/> First In First Out (FIFO)
A standing order to sell the oldest shares in the account first.</p> <p><input type="checkbox"/> Last In First Out (LIFO)
A standing order to sell the newest shares in an account first.</p> <p><input type="checkbox"/> High Cost First Out (HIFO)
A standing order to sell shares purchased at the highest cost first.</p> <p><input type="checkbox"/> Low Cost First Out (LOFO)
A standing order to sell shares purchased at the lowest cost first.</p> <p><input type="checkbox"/> Loss/Gain Utilization (LGUT)
A method that evaluates losses and gains then strategically selects lots based on that gain/loss in conjunction with a holding period.</p> | <p><input type="checkbox"/> Specific Lot Identification (SLID)
The shareholder needs to designate which specific shares or lots to redeem when placing their redemption request. Please note that Average Cost will be used as a secondary accounting method. The secondary accounting method will only be activated if the lots requested are no longer available.</p> <p><input type="checkbox"/> Average Cost (ACST)
A method for valuing the cost of shares in an account by averaging the effect of all transactions in the account. The gain/loss is calculated by taking the cumulative dollar cost of the shares owned and dividing it by the number of shares in the account.</p> <p>For purposes of determining the holding period of the shares exchanged or redeemed, the shares will be deemed to be exchanged or redeemed on a first in, first out basis.</p> |
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8. DUPLICATE STATEMENTS

Please complete this section if you would like a duplicate account statement sent to another party. (Other than your Financial Representative.)

Name

Street Address and Apartment or P.O. Box Number

City

State

Zip Code

Country of Residence

9. TERMS AND CONDITIONS

By signing this form, I/we certify that: I/we have received the current Fund prospectus and agree to be bound by its terms. I/we have full authority and legal capacity to purchase Fund shares, and establish and use regular privileges.

Applicable only for Automatic Investment Program

I/we request and authorize the financial institution indicated on the attached voided check/deposit slip to pay and charge my/our account debits drawn on my/our account by and payable to the order of William Blair Funds. I/we agree that their rights will be the same as if the check were drawn on them and signed by me/us. The authorization will remain in effect until they have received notice of cancellation from me/us and are fully protected in honoring any such check. If such check is dishonored, whether with or without cause, intentionally or unintentionally, you shall be under no liability whatsoever.

I/we agree to examine account statements and canceled checks, and notify William Blair Funds of any errors within 30 days of the mailing date. Failure to do so will preclude any claim against the Fund, or its agents, by reason of unauthorized or missing signature or endorsement, alteration, error or forgery of any kind.

If I/we am/are a U.S. citizen, resident alien, or a representative of a U.S. entity, I/we also certify under penalties of perjury that:

1. The number(s) shown in Section 1 is/are my/our correct Taxpayer Identification Number(s) (TIN) (or I/we am/are waiting for a number to be issued to me/us), and
2. I/we am/are NOT subject to backup withholding because (a) I/we am/are exempt from backup withholding, or (b) I/we have not been notified by the Internal Revenue Service (IRS) that I/we am/are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me/us that I/we am/are no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (this includes U.S. resident aliens).

CERTIFICATION INSTRUCTIONS: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

If I/we have not provided a TIN, I/we have not been issued a number, but applied (or will apply) for one. I/we understand that if I/we do not provide the Fund(s) a TIN within 60 days, all dividend, capital gain and redemption payments will be subject to backup withholding until I/we provide one.

If I am a nonresident alien, I understand that I am required to complete the appropriate Form W 8 to certify my foreign status. I understand that, if I am a non-resident alien, I am not under penalties of perjury for certifying to the above information.

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

Sign exactly as your name(s) appear(s) in **Section 1**. Your signature on the application **CERTIFIES THAT YOU HAVE READ AND ACCEPT THE TERMS AND CONDITIONS** of the form and that all statements contained thereon are true.

Signature

Title or Capacity (If applicable)

Date

Print Name

Joint Tenant's Signature (If applicable)

Title or Capacity (If applicable)

Date

Print Name (If applicable)

Please note that in some cases, under provisions of the Patriot Act, you may be required to provide additional verification to support your identity, such as a driver's license, birth certificate or passport.

10. BENEFICIAL OWNERSHIP CERTIFICATION: ANTI MONEY LAUNDERING

To help the government fight financial crime, Federal regulation requires certain financial Institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

a. Name and Title of Natural Person Opening Account:

b. Name and Address of Legal Entity for Which the Account is Being Opened:

Certain entities are exempt from the definition of a legal entity customer and therefore this form will not be required. If client is exempt please select all applicable boxes and proceed to the signature section at the bottom the following page.

- Regulated Financial Institution
 - Name of Primary Regulator _____
- Publicly traded entity – Stock symbol: _____
- Investment company registered with the U.S. Securities and Exchange Commission (SEC)
- SEC-registered investment adviser (RIA)
- Other SEC-registered entity
- Pooled Investment Vehicle operated/advised by an exempt legal entity
 - Name of Exempt Legal entity _____
 - Rationale for exemption: _____
- Non-profit or Charitable Organization (Control Person information only required)
- Beneficial Ownership and/or Control Person Information already on file
 - Date information was previously provided _____
 - Verbally Confirmed as still correct
 - Confirmed in writing as still correct (attach copy)
 - Individual at legal entity client confirming information is correct _____
- Other (please explain exemption) _____

CONTROL PERSONS INFORMATION

Provide information on at least one individual with significant responsibility to control, manage, or direct a legal entity customer, including an executive officer or senior manager (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer); or any other individual who regularly performs similar functions.

Full Legal Name	Date of Birth (mm/dd/yyyy)	Social Security Number	Position
Full Home Address			
Full Legal Name	Date of Birth (mm/dd/yyyy)	Social Security Number	Position
Full Home Address			
Full Legal Name	Date of Birth (mm/dd/yyyy)	Social Security Number	Position
Full Home Address			
Full Legal Name	Date of Birth (mm/dd/yyyy)	Social Security Number	Position
Full Home Address			

INDIVIDUALS

List individuals and/or entities that own 25% or more of the legal entity's voting rights or outstanding shares on a fully diluted basis.

Full Legal Name Date of Birth (mm/dd/yyyy) Social Security Number % of Ownership

Full Home Address

Full Legal Name Date of Birth (mm/dd/yyyy) Social Security Number % of Ownership

Full Home Address

Full Legal Name Date of Birth (mm/dd/yyyy) Social Security Number % of Ownership

Full Home Address

Full Legal Name Date of Birth (mm/dd/yyyy) Social Security Number % of Ownership

Full Home Address

ENTITIES

Beneficial ownership of any entities listed below must be provided by completing a separate form. The requirement is to identify each individual, if any, who, directly or indirectly, owns 25% or more of the equity interests of a legal entity customer. Trustee information should be provided for trusts who are beneficial owners of a legal entity client.

Full Legal Name Tax ID # % of Ownership

Legal Address

Full Legal Name Tax ID # % of Ownership

Legal Address

Full Legal Name Tax ID # % of Ownership

Legal Address

Full Legal Name Tax ID # % of Ownership

Legal Address

SIGNATURE

I, _____, hereby certify, to the best of my knowledge, that the information provided above is
Print Name
complete and correct

Signature Title Date