

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

Do not use this application for Individual Retirement Accounts.
 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
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GIFT OR TRANSFER TO A MINOR (UGMA/UTMA)

Custodian's Name	Minor's Name	
Custodian's Date of Birth	Minor's Date of Birth	
Custodian's Social Security Number	Custodian's State	Minor's Social Security Number

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:	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident Alien/Exempt Foreign Citizen

(To be completed by Joint Tenant, if address is different from above.)

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:	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident Alien/Exempt Foreign Citizen

3. YOUR FUND CHOICES

The minimum initial investment is \$2,500 for each account. (Class I Shares minimum initial investment: \$500,000, unless the account falls within the category of "Retirement Plan and Other Plan Account" as defined in the William Blair Funds' Prospectus, in which case there is no minimum initial investment.) It is mandatory to complete this section.

Fund Names	N Shares:		I Shares:		Amount of Your Investment
	Fund Share Class	Fund #	Fund Share Class	Fund #	
Growth Fund	<input type="checkbox"/> N Shares	268	<input type="checkbox"/> I Shares	1752	\$
Large Cap Growth Fund	<input type="checkbox"/> N Shares	1765	<input type="checkbox"/> I Shares	1781	\$
Mid Cap Value Fund			<input type="checkbox"/> I Shares	2786	\$
Small-Mid Cap Core Fund			<input type="checkbox"/> I Shares	6200	\$
Small-Mid Cap Growth Fund	<input type="checkbox"/> N Shares	1475	<input type="checkbox"/> I Shares	1474	\$
Small-Mid Cap Value Fund			<input type="checkbox"/> I Shares	2181	\$
Small Cap Growth Fund	<input type="checkbox"/> N Shares	1762	<input type="checkbox"/> I Shares	1778	\$
Small Cap Value Fund	<input type="checkbox"/> N Shares	2893	<input type="checkbox"/> I Shares	2894	\$
Global Leaders Fund	<input type="checkbox"/> N Shares	2153	<input type="checkbox"/> I Shares	2154	\$
International Leaders Fund	<input type="checkbox"/> N Shares	2270	<input type="checkbox"/> I Shares	2271	\$
Emerging Markets Leaders Fund	<input type="checkbox"/> N Shares	2156	<input type="checkbox"/> I Shares	2157	\$
Emerging Markets Growth Fund	<input type="checkbox"/> N Shares	1836	<input type="checkbox"/> I Shares	1835	\$
Emerging Markets ex China Growth Fund			<input type="checkbox"/> I Shares	2788	\$
Emerging Markets Debt Fund			<input type="checkbox"/> I Shares	6202	\$
China Growth Fund			<input type="checkbox"/> I Shares	2747	\$
Total \$					_____

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 5.

**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. I have established the Automatic Investment Program. (Please refer to Section 7.)

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? Yes No

7. SPECIAL ACCOUNT SERVICES

AUTOMATIC INVESTMENT PROGRAM (\$250 MONTHLY MINIMUM)

To be completed if you would like to automatically add to your account by transferring money from your bank to your William Blair Fund on a monthly basis.

\$ Amount	Start Date (Month)
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Type of Account (Please attach a voided check or deposit slip to the space provided below.) Savings Account Checking Account

Name of Bank	Bank Account Number
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Investments will be posted on the 5th day of the month.

AUTOMATIC WITHDRAWAL PROGRAM (\$250 MINIMUM WITHDRAWAL)

Complete the section below to arrange for automatic withdrawals from your account. Your account must have a minimum balance of \$5,000; a signature guarantee is required for institutional and UGMA/UTMA accounts.

Frequency of Withdrawals:

Monthly Quarterly Semi-Annually Annually

Fund Name	Amount (\$ or %)
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Please indicate where the proceeds of your Automatic Withdrawal Program should be sent:

Transfer via ACH to my financial institution. *(Applicable only to withdrawals in dollar amounts.)* Mail the check to the account address. Attach a voided check or deposit slip to the space provided below. Send checks to the following third party:

First Name	MI	Last Name	
Street Address	City	State	Zip

SYSTEMATIC EXCHANGE (\$250 MINIMUM PER EXCHANGE)

Complete this section to arrange for automatic exchanges from one fund to another. A \$2,500 minimum initial investment is required in the account you are exchanging from; exchanges must be made within the same share class.

William Blair Fund Exchanging From	Account Number	William Blair Fund Exchanging To	Account Number
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Please make exchanges: Monthly Quarterly Semi-Annually Annually Investments will be posted on the 5th day of the month.

Exchange Options (Choose one): Exchange \$ _____ from the balance of my account.

Exchange _____ % *(Annual rate)* of the balance of my account

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.

- First In First Out (FIFO)**
A standing order to sell the oldest shares in the account first.
- Last In First Out (LIFO)**
A standing order to sell the newest shares in an account first.
- High Cost First Out (HIFO)**
A standing order to sell shares purchased at the highest cost first.
- Low Cost First Out (LOFO)**
A standing order to sell shares purchased at the lowest cost first.
- 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.
- 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.
- 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.
- 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.

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
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Print Name

Joint Tenant's Signature (If applicable)	Title or Capacity (If applicable)	Date
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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. SIGNATURE GUARANTEE (FOR CORPORATE ACCOUNTS ONLY)

For your protection, a signature guarantee is required for corporate accounts if special payee(s) is/are designated under Dividend Payment Options. A signature guarantee can be obtained through a commercial bank, trust company, savings and loan association, federal savings bank, member of a national securities exchange or other eligible financial institution. Please note that we must receive the original copy of the signature guarantee; a **Notary Public is not an acceptable guarantor.**

Signature Guaranteed By	Authorized Signature
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Affix Signature Guarantee Stamp Here

11. 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 Home Address

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

Full Home Address

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

Full Home Address

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

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 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

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 complete and correct.
Print Name

Signature Title Date