

New Account Application

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the finding 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. We may also ask to see your driver's license or other identifying documents. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. Your account may be restricted and/or closed if we cannot verify this information. We will not be responsible for any losses or damages (including but not limited to lost opportunities) resulting from any failure to provide this information, from any restriction placed upon, or closing of, your account. By opening an account you signify you agree to these procedures and accept responsibility for any losses or damages resulting from their implementation.

INSTRUCTIONS

- Please print in CAPITAL LETTERS and use a blue or black pen.
- Use this application for non-IRA accounts only. To open an IRA, call 1-855-280-6423 and ask for an IRA application or you can visit our website at rmbfunds.com and download the forms.
- Questions? Call Shareholder Services 1-800-462-2392.

1 YOUR ACCOUNT REGISTRATION

- Fill in one type of registration only.

Individual/Joint Account

YOUR NAME (first, middle initial, last)

SOCIAL SECURITY OR FEDERAL TAX ID #

DATE OF BIRTH

NAME OF JOINT OWNER, IF ANY (first, middle initial, last)

SOCIAL SECURITY OR FEDERAL TAX ID #

DATE OF BIRTH

Joint accounts will be registered as joint tenants with right of survivorship unless you check one of these options:

- tenants in common tenants by the entirety
 community property

Gift/Transfer to a Minor (UGMA/UTMA)

NAME OF ONE CUSTODIAN (first, middle initial, last)

CUSTODIAN'S SOCIAL SECURITY #

CUSTODIAN'S DATE OF BIRTH

UNDER THE _____ UNIFORM GIFT/TRANSFER TO MINORS ACT
(minor's state of residence)

MINOR'S SOCIAL SECURITY #

MINOR'S DATE OF BIRTH

Trust Account

NAME OF TRUSTEE (first, middle initial, last)

TRUSTEE'S SOCIAL SECURITY #

TRUSTEE'S DATE OF BIRTH

NAME OF CO-TRUSTEE, IF ANY (first, middle initial, last)

CO-TRUSTEE'S SOCIAL SECURITY #

CO-TRUSTEE'S DATE OF BIRTH

- I/We have included a copy of the first and last page of the trust agreement (required to open this account).

NOTE FOR TRUSTS: In the event of multiple trustees, please provide a list of all trustees; including name, date of birth, address and social security number for each trustee as a separate attachment.

Business/Corporations/Partnerships/Other Account

In addition to completing this section, before the account can be opened you must also complete the **Legal Entity Addendum** found at the end of this application.

NAME OF BUSINESS OR OTHER ENTITY

ENTITY'S FEDERAL TAX ID NUMBER

Corporation (*A certified copy of the Articles of Incorporation or Corporate Resolution and business license of the corporation must be attached.)

- S-Corporation
 C-Corporation

Partnership, Limited Liability Company or Other entity not listed above (*A copy of the Partnership Agreement, LLC Agreement or other organization document must be attached.)

* All required organization documents must be certified and should list all authorized trader(s) for the account, a street address, date of birth and social security number(s) for each authorized trader.

Please indicate Federal Income Tax Classification:

- S-Corporation
 C-Corporation
 Partnership
 Disregarded Entity (Indicate federal income tax classification of Owner _____)
 Type of Entity under State Law, if different _____
 Exempt Payee (please check if exempt from verification)
 An Estate
 A Guardian
 Other Entity _____

(Please indicate federal income tax classification)

2 YOUR ADDRESS

STREET (P.O. BOXES ARE NOT ACCEPTED)

CITY, STATE, ZIP

YOUR E-MAIL

()

DAYTIME PHONE

I am a citizen of:

the U.S.A.

()

EVENING PHONE

and I am a resident of:

the U.S.A.

(name of country)

Note: The funds generally will not accept new account applications to establish an account with a non-U.S. address or for a non-resident alien. Puerto Rico, Guam and U.S. military addresses are acceptable.

3 INVESTMENT INSTRUCTIONS

Class A and Class C Shares: You must invest at least \$2,500 per fund.

I/We would like to invest as follows:

FUND NAME:

RMB Fund Class A

RMB Fund Class C

RMB Mendon Financial Services Fund Class A

RMB Mendon Financial Services Fund Class C

TOTAL INVESTMENT

FUND# AMOUNT:

(003) \$ _____

(004) \$ _____

(602) \$ _____

(606) \$ _____

\$ _____

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Class I Shares: You must invest at least \$100,000 per fund.

I/We would like to invest as follows:

FUND NAME:	FUND#	AMOUNT:
<input type="checkbox"/> RMB Fund Class I	(703)	_____
<input type="checkbox"/> RMB Mendon Financial Services Fund Class I	(702)	_____
<input type="checkbox"/> RMB SMID Cap Fund Class I	(1261)	_____
<input type="checkbox"/> RMB Quality Intermediate Core Fund Class I	(1264)	_____
<input type="checkbox"/> RMB Quality Inter Tax-Exempt Muni Fund Class I	(1265)	_____
TOTAL INVESTMENT		_____

4 SALES CHARGE REDUCTIONS

- These apply only when investing in Class A shares.
- Letter of Intent and Right of Accumulation may be used separately or together.

Letter of Intent

Use for reducing sales charges. Minimum initial investment: at least 5% of total intended investment.

I intend to invest, without obligation, a total of at least the following amount in eligible shares over a 13-month period:

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$500,000 |
| <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$1,000,000 |
| <input type="checkbox"/> \$250,000 | |

Please include all investments made after _____
(month/day/year)

Right of Accumulation

Use for reducing sales charges. Write any additional account numbers on a separate sheet.

When figuring my sales charges for this investment, please include the assets in the following accounts owned by me, my spouse, or any children under the age of 21:

ACCOUNT NUMBER _____

ACCOUNT NUMBER _____

Please include all investments made after _____
(month/day/year)

Waivers

See "Sales Charge Waivers" in the prospectus for eligibility information. If you are eligible because of a job or affiliation, please have a representative of your organization provide a verifying signature below.

I certify that I am eligible for a sales charge waiver and request it for all investments of this account:

ELIGIBILITY CATEGORY _____

I verify that the person(s) named in section 1 is/are employed by, or affiliated with, the company organization named below.

AUTHORIZED SIGNATURE

NAME AND TITLE OF AUTHORIZED PERSON

NAME OF COMPANY OR ORGANIZATION

5 DIVIDEND/CAPITAL GAIN CHOICES

- If you don't check any of these boxes, we will reinvest your dividends and capital gains in shares of the fund they came from.

I/We would like our dividends: _____ and our capital gain distributions: _____

- | | |
|--|--|
| <input type="checkbox"/> reinvested in fund shares | <input type="checkbox"/> reinvested in fund shares |
| <input type="checkbox"/> paid in cash | <input type="checkbox"/> paid in cash |

If you choose to have any distribution paid in cash, please check one of the options below. Note: We will send all distributions to you, by check, at your current address of record if you do not make a selection.

- Send distributions to my bank account (Complete Section 10, Your bank Account).
- Send distributions to me at my address of record by check.

6 TELEPHONE SERVICES

- You automatically have the ability to exchange and sell shares by phone (amounts of \$50,000 or less; see the prospectus for more information). You can have this feature removed from your account by checking the box at the end of this section.
- Proceeds from shares you sell will be mailed to the address of record. To have them wired or transferred to a bank account, check the appropriate box below.

Wire Redemption Feature

Minimum redemption: \$5,000.

Be sure to complete sections 10 through 12 of this application.

I/We authorize RMB Investors Trust to wire proceeds from telephone redemption orders to the bank account indicated in section 10 of this application.

Electronic Transfer Feature

Be sure to complete sections 10 through 12 of this application.

I/We authorize RMB Investors Trust to transfer money between the funds and the bank account indicated below in processing telephone orders to buy and sell.

Request to Decline Telephone Privileges

Be sure to complete section 12 of this application.

I/We do not want the ability to sell or exchange shares by telephone on this account.

Broker Dealer Information (For broker use only)

NAME OF BROKER/DEALER FIRM _____

BROKER DEALER NUMBER _____

BRANCH OFFICE NUMBER _____

BRANCH OFFICE ADDRESS _____

CITY, STATE, ZIP _____

()

REP NAME _____

REP NUMBER _____

REP PHONE _____

REP E-MAIL _____

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7 BUYING SHARES AUTOMATICALLY

- These services let you set up automatic investments or exchanges on non-retirement accounts.

Automatic Investment Plans

Minimum investment: \$100.

For this service to work, your bank must offer Automated Clearing House (ACH) services.

Money will be withdrawn from your bank account on the date(s) you indicate below (or the next business day, whenever that date isn't a business day).

Newly purchased shares will appear in your "RMB account" within three business days of the withdrawal.

Be sure to complete sections 10 through 12 of this application.

\$ _____
AMOUNT TO TRANSFER FROM BANK INDICATED IN SECTION 10

FUND TO TRANSFER TO _____ SHARE CLASS, IF ANY _____

ACCOUNT NUMBER TO TRANSFER TO _____

Please schedule my transfers to occur beginning _____
DATE (month/year)

(check one box in each column):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> monthly | <input type="checkbox"/> on the 5th of the month |
| <input type="checkbox"/> quarterly | <input type="checkbox"/> on the 15th of the month |
| <input type="checkbox"/> yearly | <input type="checkbox"/> on the 5th and the 15th
(i.e., twice a month) |

Automatic Exchange Plan

Minimum exchange: \$100 (or minimum initial investment if opening a new fund account).

Shares of your source fund will be sold on the date(s) you indicate below (or the next business day, when that date isn't a business day).

Newly purchased shares will appear in the fund of your choice within three business days of the sales of the source fund shares.

Be sure to complete section 12 of this application.

\$ _____
VALUE OF FUND SHARES TO SELL

SOURCE FUND (FUND TO SELL SHARES FROM) _____ SHARE CLASS, IF ANY _____

ACCOUNT NUMBER OF SOURCE FUND _____

FUND TO EXCHANGE INTO _____ SHARE CLASS, IF ANY _____

ACCOUNT NUMBER TO EXCHANGE INTO _____

Please schedule my exchange to occur beginning _____
DATE (month/year)

(check one box in each column):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> monthly | <input type="checkbox"/> on the 5th of the month |
| <input type="checkbox"/> quarterly | <input type="checkbox"/> on the 15th of the month |
| <input type="checkbox"/> yearly | <input type="checkbox"/> on the 5th and the 15th
(i.e., twice a month) |

8 SELLING SHARES AUTOMATICALLY

- This service lets you set up automatic redemptions from non-retirement accounts.

Systematic Withdrawal Plan

Minimum withdrawal: \$50.

For this service to work, your bank must offer Automated Clearing House (ACH) services.

Minimum current account balance: \$5,000.

Shares of your source fund will be sold on the 20th of the month (or the next business day, whenever the 20th isn't a business day).

Proceeds will be transferred to the bank account indicated in section 10.

Be sure to complete sections 10 through 12 of this application.

\$ _____
VALUE OF EACH WITHDRAWAL

SOURCE FUND (FUND TO SELL SHARES OF) _____ SHARE CLASS, IF ANY _____

SOURCE FUND ACCOUNT NUMBER _____

Please schedule my withdrawals to occur beginning _____
DATE (month/year)

- monthly quarterly yearly

9 DUPLICATE STATEMENTS

CHECK ONE:

- Interested Party Dealer Financial Planner

NAME _____

COMPANY _____ E-MAIL ADDRESS _____

STREET ADDRESS OR P.O. BOX _____

CITY _____ STATE _____ ZIP _____

10 YOUR BANK ACCOUNT

- Below, please attach a voided, unsigned check or, if the account is not a checking account, a blank deposit slip. (Passbook savings accounts are not eligible.)

BANK NAME _____

BANK ADDRESS _____

CITY, STATE, ZIP _____

BANK ROUTING NUMBER _____

BANK ACCOUNT NUMBER _____

NAME OF ONE BANK ACCOUNT HOLDER (as it appears on bank statements) _____

NAME OF JOINT BANK ACCOUNT HOLDER, IF ANY _____

TAPE YOUR VOIDED CHECK OR DEPOSIT SLIP HERE:

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11 COST BASIS ELECTION

NOTE: If you do not specify a cost basis reporting method below, the fund's default method of Average Cost will be assigned to your account investment.

Please choose ONE cost basis reporting method from the list of reporting methods below by marking an **X** in the box. Please be sure to use black or blue ink.

- 1. Average Cost (AC) (Fund Default) [AC]
- 2. First in, First Out (FIFO) [FI]
- 3. Last in, First Out (LIFO) [LI]
- 4. High Cost in, First Out (HIFO) [HI]
- 5. Low Cost in, First Out (LOFO) [LO]
- 6. Specific Lot Identification (SLID) [SL]

Please note that if you choose Specific Lot Identification you will need to identify the lot(s) at the time of your redemption request. If you do not, the redemption will be processed using the FIFO method.

WE URGE YOU TO CONSULT YOUR TAX ADVISOR BEFORE ELECTING A COST BASIS METHOD.

12 CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER AND SIGNATURE(S)

- If your name appears in section 1 of this application, you need to sign below.
- If you are subject to backup withholding, cross out clause 2 below.

By signing below, I acknowledge that:

I have received and read a current RMB Investors Trust prospectus and agree to be bound by the terms; I have the authority to purchase these shares, and am of a legal age to do so; and I am responsible for all unauthorized telephone instructions on my account, unless the Fund or its agents are negligent or unless I have declined telephone privileges in section 6 of this application.

Required by Federal tax law to avoid backup withholding:

I certify under penalties of perjury that:

- 1. The number shown on this form in section 1 is my correct Social Security/Taxpayer Identification Number
- 2. I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. person (including a U.S. resident alien)
- 4. I am exempt from Foreign Account Tax Compliance Act ("FATCA") reporting. If you are exempt from FATCA reporting, please select the appropriate FATCA Exemption Code(s) from the list above and enter them here _____

The following codes identify payees that are exempt from FATCA backup withholding:

- 1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2. The United States or any of its agencies or instrumentalities
- 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5. A corporation
- 6. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7. A futures commission merchant registered with the Commodity Futures Trading Commission
- 8. A real estate investment trust
- 9. An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10. A common trust fund operated by a bank under section 584(a)
- 11. A financial institution
- 12. A middleman known in the investment community as a nominee or custodian
- 13. A trust exempt from tax under section 664 or described in section 4947

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.

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

- If you are a non-U.S. citizen please check here and include an IRS Form W-8 (BEN, BEN-E, IMY, or EXP) with this application to ensure applicable backup withholding for your country or residency (Form W-8 may be downloaded from www.irs.gov).**

Notice Regarding Unclaimed Property: If no activity occurs in your account within the time period specified by the applicable law, your property may be transferred to the appropriate state.

SIGNATURE OF OWNER, TRUSTEE OR CUSTODIAN DATE (MM/DD/YY)

SIGNATURE OF JOINT OWNER, OR CO-TRUSTEES, IF ANY DATE (MM/DD/YY)

Standard Mail Address:
RMB INVESTORS TRUST
C/O BNY MELLON ASSET SERVICING
PO BOX 534464
PITTSBURGH, PA 15253-4464

Overnight Mail Address:
RMB INVESTORS TRUST
C/O BNY MELLON ASSET SERVICING
ATTN: 534464
500 ROSS STREET 154-0520
PITTSBURGH, PA 15262

QUESTIONS: Please call 1-800-462-2392

Legal Entity Addendum

Mutual Funds are required to identify beneficial owners, and control persons of Legal Entity* Customers BEFORE opening an account. This page must be fully completed and signed by all Legal Entities or Account will NOT be opened.

* "Legal Entity" means "a corporation, a limited liability company, or other entity that is created by the filing of a public document with a Secretary of State or similar office, a general partnership, and any similar entity formed under the laws of a foreign jurisdiction that opens an account."

Excluded from this definition are: financial institutions regulated by a federal functional regulator, or banks regulated by a state bank regulator; issuers of a class of securities registered under section 12 of the Securities Exchange Act of 1934 (the "1934 Act") or that are required to file reports under section 15(d) of that Act; any other entities registered with the SEC under the 1934 Act; investment companies registered under the Investment Company Act of 1940; investment advisers registered under the Investment Advisers Act of 1940; and pooled investment vehicles that are operated or advised by excluded legal entity customers.

"Beneficial owner" means:

1. Each individual (natural person), if any, who, directly or indirectly, owns 25% or more of the equity interests of a legal entity customer; and
2. A single individual with significant responsibility to control, manage, or direct a legal entity customer, including an executive officer or senior manager, or any other individual who regularly performs similar functions.

Persons opening an account on behalf of a Legal Entity must provide the following information:

1 Legal Name(s) and Title(s) of Natural Person(s) Opening the Account

NAME 1 (first, middle initial, last) TITLE

NAME 2 (first, middle initial, last) TITLE

NAME 3 (first, middle initial, last) TITLE

NAME 4 (first, middle initial, last) TITLE

2 Name, Street Address, and Type of Legal Entity for which the Account Is Being Opened

NAME OF LEGAL ENTITY

Type of Legal Entity

S-Corporation C-Corporation LLC General Partnership

Other Legal Entity (Specify) _____

LEGAL ENTITY ADDRESS (street address, city, state, zip/postal code)

3 25% Ownership

The following information for each natural person, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity listed above.

If no individual meets this definition, please write "Not Applicable"

NAME OF NATURAL PERSON 1 DATE OF BIRTH

STREET ADDRESS

SOCIAL SECURITY NUMBER (for Non-US Persons, please enter Social Security number, passport number and country of issuance, or other similar identification number*)

NAME OF NATURAL PERSON 2 DATE OF BIRTH

STREET ADDRESS

SOCIAL SECURITY NUMBER (for Non-US Persons, please enter Social Security number, passport number and country of issuance, or other similar identification number*)

NAME OF NATURAL PERSON 3 DATE OF BIRTH

STREET ADDRESS

SOCIAL SECURITY NUMBER (for Non-US Persons, please enter Social Security number, passport number and country of issuance, or other similar identification number*)

NAME OF NATURAL PERSON 4 DATE OF BIRTH

STREET ADDRESS

SOCIAL SECURITY NUMBER (for Non-US Persons, please enter Social Security number, passport number and country of issuance, or other similar identification number*)

* In lieu of a passport number, Non-US Persons may also provide an 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.

4 Individual with Significant Management Responsibility

The following information for one individual with significant responsibility for managing the legal entity listed above, such as: An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section 3 above may also be listed in this section 4.)

NAME OF NATURAL PERSON DATE OF BIRTH

STREET ADDRESS (residential or business)

SOCIAL SECURITY NUMBER (for Non-US Persons, please enter Social Security number, passport number and country of issuance, or other similar identification number*)

* In lieu of a passport number, Non-US Persons may also provide an 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.

5 Signatures

I/(We), _____

(name(s) of natural persons opening account)

hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

SIGNATURE 1 DATE

SIGNATURE 2 DATE

SIGNATURE 3 DATE

SIGNATURE 4 DATE

SIGNATURE 5 DATE

LEGAL ENTITY IDENTIFIER NUMBER (if applicable)