

First American Prime Obligations Fund Class A Account Application

(To Be Used in Connection with an existing or simultaneous investment in The Primary Trend Fund.)

Mail to:
 The Primary Trend Fund
 c/o U.S. Bancorp Fund Services, LLC
 P.O. Box 701
 Milwaukee, WI 53201-0701

Overnight Express Mail To:
 The Primary Trend Fund
 c/o U.S. Bancorp Fund Services, LLC
 615 E. Michigan St., 3rd Floor
 Milwaukee, WI 53201-0701

Notice: In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: *Full Name, Date of Birth, Social Security Number and Permanent Street Address. Corporate, trust and similar accounts require additional documentation.* This information will be used to verify your identity. We will not accept your application unless and until your true identity can be verified. We will return your application if any of this information is missing, and we may ask for supplemental information about you for verification purposes.

1. Investment – PT 0006 First American Prime Obligations Class A

\$2,500 minimum initial investment. \$100 minimum additional investment.

- By Check: Make check payable to The Primary Trend Fund. \$ _____
- By wire: Call 1-800-968-2122. Indicate amount of wire \$ _____
 (A completed application is required in advance of your wire.)

2. Investor Information - Select one

- Individual

| | | | | |
|------------|------|-----------|-----------------|-----------|
| FIRST NAME | M.I. | LAST NAME | SOCIAL SECURITY | BIRTHDATE |
|------------|------|-----------|-----------------|-----------|

- Joint Owner

| | | | | |
|------------|------|-----------|-----------------|-----------|
| FIRST NAME | M.I. | LAST NAME | SOCIAL SECURITY | BIRTHDATE |
|------------|------|-----------|-----------------|-----------|

Registration will be Joint Tenancy with Rights of Survivorship (JTWROS), unless otherwise specified.

- Gift to Minors

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|---|------|-----------|-----------------|-----------|
| CUSTODIAN'S FIRST NAME (ONLY ONE PERMITTED) | M.I. | LAST NAME | SOCIAL SECURITY | BIRTHDATE |
| MINOR'S FIRST NAME (ONLY ONE PERMITTED) | M.I. | LAST NAME | SOCIAL SECURITY | BIRTHDATE |
| STATE OF RESIDENCE | | | | |

- Corporation/ Trust*

| |
|---|
| NAME OF TRUST/CORPORATION/PARTNERSHIP AND STATE OF ORGANIZATION |
|---|

- Partnership*

| |
|---|
| NAME OF TRUSTEES/PARTNERS (IF TO BE INCLUDED IN REGISTRATION) |
|---|

- Other Entity*

| | |
|-------------------------------|-------------------------|
| SOCIAL SECURITY/TAX ID# _____ | DATE OF FORMATION _____ |
|-------------------------------|-------------------------|

* You must supply documentation to substantiate existence of your organization. (i.e., Articles of Incorporation/Formation/Organization, Trust Agreements, Partnership Agreement or other official documents).

Remember to include a separate sheet detailing the Full Name, Date of Birth, Social Security Number and Permanent Street Address for all individuals authorized to act on behalf of the named entity.

Check Writing Signature Card

| | |
|--------------------------------------|------------------------|
| OWNER'S NAME | SOCIAL SECURITY NUMBER |
| OWNER'S SIGNATURE | DATE |
| SIGNATURE(S) OF CO-OWNER(S) (IF ANY) | DATE |

Check here if more than one signature is required. If this is not marked, only one signature will be required on checks.

6. Signature and Certification Required by the Internal Revenue Service

CUSTOMER AGREEMENT: Under penalties of perjury, I certify: (1) that the number shown on this application is the correct taxpayer identification number; (2) that the taxpayer is not subject to backup withholding because (i) it is exempt from backup withholding; (ii) it has not been notified by the Internal Revenue Service that it is subject to backup withholding as a result of failure to report all interest and dividends; or (iii) the Internal Revenue Service has notified it that it is no longer subject to backup withholding (If the taxpayer has been notified by the Internal Revenue Service that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return, cross out item (2).); and (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Failure to provide a correct taxpayer identification number with this application will result in backup withholding.

By signing below, I certify and agree that the information provided in this application is complete and correct. I have received and reviewed the current prospectus of the Class A shares of the Prime Obligations Fund, a series of First American Funds, Inc., in which I am investing and agree to the terms and conditions contained therein. I have read and understood the terms set forth in this application, including the Customer Agreement. I understand that certain account options and features available to investors, such as Automatic Investment Plan and Systematic Withdrawal Plan options may not be available to me unless I provide The Primary Trend Fund, with additional information. I understand that these investment products are not FDIC insured, are not deposits of, obligations of, or guaranteed by any bank, and involve investment risks, including possible loss of the principal invested. I agree that Quasar Distributors, LLC, First American Funds, Inc., or any affiliate or their officers, directors or employees will not be liable for any loss, expense or cost for acting upon any instructions or inquiries believed genuine.

SIGNATURE OF OWNER*

DAY (Mo/Dy/Yr)

SIGNATURE OF JOINT OWNER, if any

DAY (Mo/Dy/Yr)

* If shares are to be registered in (1) joint names, both persons sign, (2) a custodial account for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided below.

PRINT NAME AND TITLE OF OFFICER SIGNING FOR A CORPORATION OR OTHER ENTITY