

Application/Registration

Return completed form to:

Steward Funds
P.O. Box 183004
Columbus, OH 43218-3004
For assistance, call 1-800-695-3208

1 Account Registration Do not use this form for a retirement account. Contact 1-800-262-6631 to obtain the appropriate forms.

A. Type of Registration (check one)

- Individual
 Joint Tenants with Rights of Survivorship

- Community Property
 Tenants in Common
 Partnership*

- Nonprofit*
 Corporation*
 Trust*

- Charitable Organization*
 Custodian for Minor
 Other (Specify)*

* Attach a copy of the appropriate bylaws, corporate resolutions, a list of authorized traders or trust documents establishing authority to open this account. In addition, provide a copy of the IRS Issuance Letter for your Employer Identification or Tax Identification Number. If any such agreements or resolutions are not in existence, please contact Capstone the distributor for the Steward Funds at 1-800-695-3208 for further assistance.

Important Information About Procedures For Opening a New Account

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, you are required to provide your name, residential address, date of birth and identification number. We may require other information that will allow us to identify you.

B. Account Name

M M D D Y Y Y Y

Individual (Legal Name: First/Middle/Last)

Date of Birth

Social Security Number

Joint Owner--if any (Legal Name: First/Middle/Last)

Date of Birth

Social Security Number

Name of Custodian (only one) as custodian for

Custodian's Date of Birth

Custodian's Social Security Number

Name of Minor (only one)

Minor's State of Residence

Minor's Date of Birth

Minor's Social Security Number

Name of Trust/Corporation/Partnership/Other Entity

Date of Trust

Tax ID Number

Name of Trustee(s)

C. Other Account Information

Street Address: Residential/Business, Number and Street

Apt#/Suite

City

State

Zip

Mailing Address (If different from above)

Daytime Telephone Number

Evening Telephone Number

Email Address

For joint accounts, please provide the street address for additional owners if different from the primary address.

Street Address: Residential/Business, Number and Street

Apt#/Suite

City

State

Zip

Mailing Address (If different from above)

Daytime Telephone Number

Evening Telephone Number

Email Address

Citizenship

U.S. Citizen

Non-resident Alien (Attach IRS Form W-8. Dividends are subject to tax withholding.)

Resident Alien

Note: For non-resident aliens, in addition to submitting an IRS Form W-8, the following is required: a taxpayer identification number, passport number and country of issuance, 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 and a copy of the document. Please indicate form of identification:

Alien ID Card

Passport

Other

Alternate Identification Number: _____ Issuing body: _____ Country of Origin: _____

Are you or an immediate family member affiliated with or working for a member firm of a stock exchange or the National Association of Securities

Dealers, Inc.? No

Yes

Name of Institution _____

2 Fund Selection If you wish to invest in more than one Fund, be sure to indicate the amount you wish to invest in each Fund. Please make check payable to the name of the Fund in which you are investing. Refer to the prospectus for acceptable forms of payment and minimum initial investment amounts. You may invest only in a Fund for which you have a current prospectus.

| Steward Mutual Funds | Share Class | | Amount |
|--|--------------------------|--------------------------|--------|
| | Individual | Institutional | |
| <input type="checkbox"/> Steward Large Cap Enhanced Index Fund | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Steward Small-Mid Cap Enhanced Index Fund | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Steward Global Equity Income Fund | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Steward International Enhanced Index Fund | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Steward Select Bond Fund | <input type="checkbox"/> | <input type="checkbox"/> | \$ |

Total: \$

3 Account Options

A. Telephone Redemption and Exchange (If left blank, you will automatically receive telephone privileges.)
 I elect the telephone privileges as described in the prospectus. Yes No

B. Banking Services
 For your convenience, you may authorize Steward Funds to transfer funds between your bank account and your Steward Funds account. We will establish your banking instructions using the investment check you submitted. However, if you wish to establish banking instructions with another bank account, please provide a preprinted voided check or alternate banking instructions. Note: One or more of the name(s) in the Bank Registration must match the name(s) in the Account Registration in Section 1 of this application. I authorize you to establish banking services. Yes No

C. Distribution Selection (Your dividends and capital gains will automatically be reinvested into your account unless you indicate otherwise.)
 (If you choose the Cash Payment Option and do not specify, a check will be sent to your address of record.)

Distribution Options: Reinvest Cash Directed Cash Payment Method

Dividends: Account # _____ ACH (Bank of record) Check (Sent to address of record)

Capital Gains: Account # _____

D. Duplicate Statements & Confirmations (Unless indicated, duplicate statements and confirmations will be sent to the address below.)

Please send duplicate statements and/or confirmations to:

Name _____ Company _____

Address _____ City _____ State _____ Zip _____

E. Automatic Investment Plan This is only available to Individual Class shareholders. (Minimum Payment \$25) I would like the plan to begin the month of _____ 20 _____. Please have the amount(s) indicated below withdrawn from my bank account and invested in the Fund(s) listed below. (Minimum \$25 per transaction.)

| | | | |
|-----------------|---|-----------------|---|
| Fund _____ | <input type="checkbox"/> Each month on the 1st | Fund _____ | <input type="checkbox"/> Each month on the 1st |
| Amount \$ _____ | <input type="checkbox"/> Each month on the 15th | Amount \$ _____ | <input type="checkbox"/> Each month on the 15th |
| | <input type="checkbox"/> Each month on the 1st and 15th | | <input type="checkbox"/> Each month on the 1st and 15th |

F. Automatic Withdrawal Plan This is only available to Individual Class shareholders with an account value of \$5,000 or more (minimum payment \$50). I would like the plan to begin the month of _____ 20 _____. Please have the amount(s) indicated below deposited to my bank account. Mailed to me by check at the address indicated in Section 1. (Automatic withdrawal will be on the 1st of the month.)

| | | | |
|-----------------|------------------------------------|-----------------|------------------------------------|
| Fund _____ | <input type="checkbox"/> Monthly | Fund _____ | <input type="checkbox"/> Monthly |
| Amount \$ _____ | <input type="checkbox"/> Quarterly | Amount \$ _____ | <input type="checkbox"/> Quarterly |
| | <input type="checkbox"/> Annually | | <input type="checkbox"/> Annually |

4 Your Signature *(All registered shareholders must sign.)*

I have received and read the current prospectus(es) and privacy notice for the Fund(s) selected, and this Account Registration Form, and agree to be bound by their terms.

I certify under penalties of perjury that:

- 1) The taxpayer identification number shown on this application is correct (or I am waiting for a number to be issued to me); and
- 2) I am NOT subject to backup withholding because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest and dividends. (CROSS OUT the word "NOT" above if you have received IRS notification.); and
- 3) I am a U.S. Person (including a U.S. Resident alien).

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

X

Signature Date

X

Signature Date

X

Signature Date

X

Signature Date

BANK, BROKER-DEALER USE ONLY

Broker/Dealer Name: *Broker/Dealer #:*

Branch Name: *Branch #:*

Rep. Name: *Rep. #:*

5 Privacy Policy

THE STEWARD FAMILY OF FUNDS IS COMMITTED TO PROTECTING YOUR PRIVACY

The Steward Funds (the "Funds") appreciate the privacy concerns and expectations of our customers. We are committed to maintaining a high level of privacy and confidentiality when it comes to your personal information and we use that information only where permitted by law. This privacy policy contains information about how we fulfill this commitment to you. In compliance with government regulations, we provide this notice annually.

OUR COMMITMENT TO YOU

- We value the trust of our customers and will continue to recognize the importance of holding your personal financial information as confidential.
- We will use information responsibly in order to protect you from fraud, offer you improved products and services, and comply with legal obligations.
- We will maintain accurate customer information and respond promptly to customer requests to correct information.
- We will require companies with which we do business to use our customer information appropriately and to safeguard the confidentiality of such information.

THE STEWARD FUNDS COLLECT INFORMATION THAT MAY INCLUDE:

- Information that we receive from you personally on applications, forms, or other correspondence, such as your name, address, phone number, social security number, and e-mail address.
- Information about your transactions with us, such as your account holdings and transaction history.

DISCLOSURE OF INFORMATION

We do not disclose any Information about our customers or former customers to third parties except to the extent necessary to service your account, as permitted by law.

WE PROTECT NON-PUBLIC PERSONAL INFORMATION ABOUT FORMER CUSTOMERS

If you decide to close your account(s), we will continue to adhere to the privacy policies and practices provided in this notice.

WE HAVE SAFEGUARDS IN PLACE

We have safeguards in place to protect the confidentiality, security and integrity of your non-public personal information. We restrict access to non-public personal information to those who need to know that information in order to service your account. We maintain physical, electronic and procedural safeguards that comply with government requirements to guard non-public personal information.

We appreciate the opportunity to serve your investment needs. We pledge to follow the policies, safeguards and guidelines as described in this notice, and to protect the confidentiality of your information. Your relationship is very important to us, and we will take great care to honor these commitments to you. Thank you for choosing the Steward Funds.

For more information about the Steward Funds privacy notice, please call 1-800-262-6631

Steward Funds distributed by Capstone Asset Planning Company, Inc. (Member FINRA)