



New Account Application/
Account Change Form

RETAIL CLASS A & C INSTRUCTIONS/CHECKLIST

- Complete Sections 1-4 & 13 • Sections 5-12 & 14 Optional
Include Payment
Mail To: HighMark Funds • P.O. Box 8416
Boston, MA 02266-8416

PLEASE PRINT ALL ITEMS CLEARLY, EXCEPT SIGNATURE
If you wish to open an IRA or a HighMark Asset Allocation Account, please contact
HighMark Funds Investor Services at 1.800.433.6884 or our website at:
www.highmarkfunds.com for more information.

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.

Failure to complete these sections may result in the rejection of your application. Section 1 must be completed and
the information provided will be verified as required by the USA Patriot Act.
Notice for non-U.S. person(s): HighMark Funds permits certain non-U.S. persons (i.e., non-U.S. persons that have
U.S. social security numbers or taxpayer identification numbers issued by the United States government) to purchase
shares of HighMark Funds' series, subject to the usual terms and conditions of making an investment in any series of
HighMark Funds and such other criteria as the Funds may impose.

1 Account Registration

IF THIS IS A CHANGE TO AN EXISTING ACCOUNT, ALL INFORMATION PROVIDED WILL
SUPERSEDE INFORMATION CURRENTLY ON RECORD. A MEDALLION GUARANTEE IN
SECTION 14 IS REQUIRED TO PROCESS ANY CHANGES IN SECTIONS 1, 4, 5, 6, 7, 8 OR 11.

Form fields for New Account and Change To Account with existing account number input.

SELECT TYPE OF ACCOUNT. COMPLETE ONLY ONE SECTION BELOW.

Form fields for Individual, Joint, and Trust* account types.

Please check one: Is the applicant an employee of HighMark Funds
or its affiliates? Yes No

*PLEASE REFER TO CURRENT PROSPECTUS ON REQUIREMENTS FOR ESTABLISHING A
TRUST ACCOUNT. FOR QUESTIONS, CONTACT HIGHMARK FUNDS INVESTOR SERVICES
AT 1.800.433.6884.

ATTACH A SEPARATE LIST FOR ADDITIONAL TRUSTEES, AUTHORIZED TRADERS, AND
EACH INDIVIDUAL PARTNER OF A PARTNERSHIP, INCLUDING FULL NAME, SOCIAL
SECURITY NUMBER, DATE OF BIRTH, AND ADDRESS.

IF MAILING ADDRESS IS A POST OFFICE BOX (OTHER THAN AN ARMY/AIR POST OFFICE
BOX OR A FLEET POST OFFICE BOX), THEN A STREET ADDRESS IS ALSO REQUIRED BY
THE USA PATRIOT ACT.

Form fields for Individual (First Name/Initial/Last Name)

Form fields for Individual Social Security Number and Date of Birth (Month/Day/Year)

Form field for Address

Form field for City, State, ZIP

Form fields for Individual Home Phone Number

Form fields for Individual Work Phone Number

Form field for E-mail Address (Optional)

Form fields for Joint Owner (if any) (First Name/Initial/Last Name)

Form fields for Joint Owner Social Security Number and Date of Birth (Month/Day/Year)

Form field for Joint Owner Address

Form field for Joint Owner City, State, ZIP

Form fields for Joint Owner Individual Home Phone Number

Form fields for Joint Owner Individual Work Phone Number

Form fields for Trustee (First Name/Initial/Last Name)

Form fields for Trustee Partner Social Security Number

Form fields for Date of Birth (Month/Day/Year)

Form field for Tax ID Number

GIFT TO MINOR:

Form fields for Adult Custodian's Name (First Name/Initial/Last Name)

Form fields for Custodian's Social Security Number

Form fields for Date of Birth (Month/Day/Year)

Form field for Custodian's Address

Form field for Custodian's City, State, ZIP

Form field for E-mail Address (Optional)

Form fields for Minor's Name (First Name/Initial/Last Name)

Form fields for Minor's Social Security Number

Form fields for Date of Birth (Month/Day/Year)

Form field for Minor's State of Residence

CORPORATION, BANK & TRUST COMPANY OR PARTNERSHIP

ATTACH A SEPARATE LIST FOR ADDITIONAL TRUSTEES, INCLUDING FULL NAME, DATE OF
BIRTH AND SOCIAL SECURITY NUMBER, AUTHORIZING TRADERS AND EACH INDIVIDUAL
PARTNER OF THE PARTNERSHIP. ENCLOSE A CERTIFIED CORPORATE RESOLUTION WHICH
IDENTIFIES INDIVIDUALS AUTHORIZED TO CONDUCT TRANSACTIONS ON THE ACCOUNT.
ALSO ENCLOSE A COPY OF THE ARTICLES OF INCORPORATION.

Form fields for Corporation, Bank & Trust Company, Partnership, and Other

Form field for Name of Entity

Form field for Tax ID Number

If publicly traded corporation, please provide symbol

Form fields for Trustee's Name (First Name/Initial/Last Name)

Form fields for Trustee's Social Security Number

Form fields for Date of Birth (Month/Day/Year)

Form field for Date of Trust Agreement (if Trust)

Form fields for Authorized Trader's Name

Form fields for Trader's Social Security Number

Form fields for Date of Birth (Month/Day/Year)

DOCUMENTS PROVIDED IN CONNECTION WITH YOUR APPLICATION WILL BE USED
SOLELY TO ESTABLISH AND VERIFY YOUR IDENTITY. THE FUND WILL HAVE NO
OBLIGATION WITH RESPECT TO THE TERMS OF ANY SUCH DOCUMENT.

2 HighMark Fund Selection

CHECK THE FUND(S), EITHER CLASS A SHARES, OR CLASS C SHARES AND INDICATE THE AMOUNT OF INVESTMENT FOR EACH FUND. ENCLOSE ONE CHECK FOR THE TOTAL AMOUNT OF YOUR INVESTMENT. **MINIMUM INITIAL INVESTMENT: \$1000 PER FUND. (MINIMUM INVESTMENT MAY BE REDUCED UNDER CERTAIN CIRCUMSTANCES. PLEASE SEE PROSPECTUS FOR DETAILS.)**

TO OPEN A HIGHMARK ASSET ALLOCATION ACCOUNT, PLEASE OBTAIN AN APPLICATION BY CALLING HIGHMARK FUNDS INVESTOR SERVICES AT 1.800.433.6884.

CLASS A SHARES	Fund Number	Amount To Be Invested
<input type="checkbox"/> Balanced	(480)	\$ <input type="text"/>
<input type="checkbox"/> Cognitive Value	(2203)	\$ <input type="text"/>
<input type="checkbox"/> Core Equity	(1626)	\$ <input type="text"/>
<input type="checkbox"/> Enhanced Growth	(2204)	\$ <input type="text"/>
<input type="checkbox"/> International Opportunities	(2205)	\$ <input type="text"/>
<input type="checkbox"/> Large Cap Growth	(481)	\$ <input type="text"/>
<input type="checkbox"/> Large Cap Value	(479)	\$ <input type="text"/>
<input type="checkbox"/> Small Cap Advantage	(2212)	\$ <input type="text"/>
<input type="checkbox"/> Small Cap Value	(41)	\$ <input type="text"/>
<input type="checkbox"/> Value Momentum	(870)	\$ <input type="text"/>
<input type="checkbox"/> Bond	(478)	\$ <input type="text"/>
<input type="checkbox"/> CA Intermediate Tax-Free Bond	(846)	\$ <input type="text"/>
<input type="checkbox"/> National Intermediate Tax-Free Bond	(1598)	\$ <input type="text"/>
<input type="checkbox"/> Short Term Bond	(1505)	\$ <input type="text"/>
<input type="checkbox"/> Diversified MMF	(473)	\$ <input type="text"/>
<input type="checkbox"/> CA Tax-Free MMF	(476)	\$ <input type="text"/>
<input type="checkbox"/> U.S. Government MMF	(474)	\$ <input type="text"/>
<input type="checkbox"/> 100% U.S. Treasury MMF	(475)	\$ <input type="text"/>

CLASS C SHARES	Fund Number	Amount To Be Invested
<input type="checkbox"/> Balanced	(1760)	\$ <input type="text"/>
<input type="checkbox"/> Cognitive Value	(2206)	\$ <input type="text"/>
<input type="checkbox"/> Core Equity	(1632)	\$ <input type="text"/>
<input type="checkbox"/> Enhanced Growth	(2207)	\$ <input type="text"/>
<input type="checkbox"/> International Opportunities	(2208)	\$ <input type="text"/>
<input type="checkbox"/> Large Cap Growth	(1755)	\$ <input type="text"/>
<input type="checkbox"/> Large Cap Value	(1754)	\$ <input type="text"/>
<input type="checkbox"/> Small Cap Advantage	(2213)	\$ <input type="text"/>
<input type="checkbox"/> Small Cap Value	(1756)	\$ <input type="text"/>
<input type="checkbox"/> Value Momentum	(1753)	\$ <input type="text"/>
<input type="checkbox"/> Bond	(1492)	\$ <input type="text"/>
<input type="checkbox"/> CA Intermediate Tax-Free Bond	(1491)	\$ <input type="text"/>
<input type="checkbox"/> Short Term Bond	(1470)	\$ <input type="text"/>
<input type="checkbox"/> U.S. Government MMF	(1499)	\$ <input type="text"/>
		\$ <input type="text"/>

TOTAL INVESTMENT

METHOD OF PAYMENT:

Enclosed is my check for the total amount of my investment made payable to HighMark Funds.

Bank wire sent --
CONTROL NO. DATE (MONTH/DAY/YEAR)

NOTE: THE FUND(S) DOES NOT ACCEPT CASH, TRAVELER'S CHECKS, MONEY ORDERS, STARTER, COUNTER, OR THIRD PARTY CHECKS.

SALES CHARGE WAIVER: See current prospectus for eligibility requirements.

Check if eligible for waiver and indicate investor category:

INVESTOR CATEGORY

3 Dividend Income & Capital Gains

UNLESS ONE OF THE BELOW IS CHECKED, ALL DIVIDEND INCOME AND CAPITAL GAINS WILL BE REINVESTED AUTOMATICALLY.

EQUITY FUNDS - Check your dividend income and capital gain distribution payment methods:

- Reinvest all dividend income and capital gains.
- Pay all dividend income and capital gains.
- Pay all dividend income and reinvest all capital gains.
- Pay all capital gains and reinvest all dividends.

FIXED INCOME AND MONEY MARKET FUNDS - Check your dividend income and capital gain distribution payment methods:

- Reinvest all dividend income and capital gains.
- Pay all dividend income and capital gains.
- Pay all dividend income and reinvest all capital gains.
- Pay all capital gains and reinvest all dividends.
- Invest all dividend income and capital gains into the following fund of the same class.
 - Balanced
 - Cognitive Value
 - Core Equity
 - Enhanced Growth
 - International Opportunities
 - Large Cap Growth
 - Large Cap Value
 - Small Cap Advantage
 - Small Cap Value
 - Value Momentum
 - Income Plus Allocation
 - Growth & Income Allocation
 - Capital Growth Allocation
 - Diversified Equity Allocation

METHOD OF PAYMENT: If dividend income or capital gains are to be distributed, select one of the following:

- By check to address in Section 1
- By ACH to bank account identified in Section 5

NOTE: IF YOU CHOOSE PAYMENT BY ACH YOU MUST ATTACH A VOIDED CHECK AND PROVIDE FULL BANK INFORMATION IN SECTION 5.

4 Telephone Exchange & Redemption

IF YOU ARE CHANGING EXISTING BANK INFORMATION, THIS REQUIRES A MEDALLION GUARANTEE. PLEASE SEE SECTION 14. CHECK THE APPROPRIATE BOX(ES) IF YOU **DO NOT** WANT TELEPHONE PRIVILEGES.

- I/We do NOT authorize telephone exchanges.
- I/We do NOT authorize telephone redemptions.

NOTE: UNLESS ONE OR BOTH OF THE ABOVE IS (ARE) CHECKED, YOU CAN USE THE PHONE TO REDEEM SHARES OR MAKE EXCHANGES AMONG ANY PORTFOLIO WITH THE SAME REGISTRATION AND THE SAME LOAD STRUCTURE.

5 Bank Information (Optional)

COMPLETE THIS SECTION IF YOU INTEND TO MAKE ACH & WIRE REDEMPTIONS OR UTILIZE THE AUTOMATIC INVESTMENT OR SYSTEMATIC WITHDRAWAL PLANS.

IF YOU ARE CHANGING EXISTING BANK INFORMATION, THIS REQUIRES A MEDALLION GUARANTEE. PLEASE SEE SECTION 14.

To exercise these investment and redemption privileges, your bank account information must be on file. Please attach a voided check or deposit slip for the bank account you wish to use AND complete the section below.

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

BANK NAME BRANCH OFFICE (IF APPLICABLE)

BANK ADDRESS (DO NOT USE PO BOX)

CITY STATE ZIP

NAME(S) ON YOUR BANK ACCOUNT

BANK ACCOUNT NO. BANK ABA NO.

Account Type (check one): Checking Savings

6 Automatic Investment Plan (Optional)

IF YOU CHOOSE THIS OPTION, YOU MUST ATTACH A VOIDED CHECK AND PROVIDE FULL BANK INFORMATION IN SECTION 5.

IF YOU ARE CHANGING EXISTING BANK INFORMATION, THIS REQUIRES A MEDALLION GUARANTEE. PLEASE SEE SECTION 14.

Check box if you want the Automatic Investment Plan (AIP).

- I/We hereby authorize and direct the HighMark Funds Distributor, PFPC Distributors, Inc., to draw on my/our bank account on a periodic basis, as indicated in Section 5, for investment in my/our account. Initial investments may not be made through the Automatic Investment Plan.
- I/We understand that if there are insufficient funds in my/our account, finance charges may apply.

As joint owner of the checking account, I give authorization to draft the bank account for the Automatic Investment Plan.

SIGNATURE OF JOINT OWNER DATE (MONTH/DAY/YEAR)

AIP INVESTMENT SELECTION:

HIGHMARK FUND AMOUNT (\$100 MIN)

HIGHMARK FUND AMOUNT (\$100 MIN)

PREFERRED INVESTMENT SCHEDULE:

BEGIN INVESTMENT ON (ENTER MONTH/DAY/YEAR)

PREFERRED PURCHASE SCHEDULE:

Monthly Quarterly Semi-annually Annually

NOTE: THIS PRIVILEGE WILL BE EFFECTIVE 15 DAYS AFTER HIGHMARK FUNDS RECEIVES THIS APPLICATION. **IF NO DATE IS CHOSEN ABOVE, YOUR AIP WILL BE ESTABLISHED FOR THE 15TH OF THE MONTH.**

7 Systematic Withdrawal Plan (Optional)

IF YOU CHOOSE PAYMENT BY ACH, YOU MUST ATTACH A VOIDED CHECK AND PROVIDE FULL BANK INFORMATION IN SECTION 5.

IF YOU ARE CHANGING EXISTING BANK INFORMATION, THIS REQUIRES A MEDALLION GUARANTEE. PLEASE SEE SECTION 14.

Check box if you want the Systematic Withdrawal Plan (SWP)

- I/We understand that to establish a SWP, an investor must own or purchase shares of HighMark Funds having a current net asset value of at least \$5,000 and have dividends reinvested.

SWP REDEMPTION SELECTION:

HIGHMARK FUND AMOUNT (\$100 MIN)

HIGHMARK FUND AMOUNT (\$100 MIN)

PREFERRED REDEMPTION SCHEDULE:

Monthly Quarterly Semi-annually Annually

BEGIN REDEMPTION ON (ENTER MONTH/DAY/YEAR)

NOTE: THIS PRIVILEGE WILL BE EFFECTIVE 15 DAYS AFTER HIGHMARK FUNDS RECEIVES THIS APPLICATION. **IF NO DATE IS CHOSEN ABOVE, YOUR SWP WILL BE ESTABLISHED FOR THE 25TH OF THE MONTH.**

SWP PAYMENT INSTRUCTIONS (check only one):

- By check to the address in Section 1.
- By ACH to bank account identified in Section 5.
- By check to the following address:

ADDRESS

CITY STATE ZIP

8 Systematic Exchange Plan (Optional)

IF YOU ARE CHANGING EXISTING BANK INFORMATION, THIS REQUIRES A MEDALLION GUARANTEE. PLEASE SEE SECTION 14.

Check box if you want the Systematic Exchange Plan.

- I/We understand that to establish a Systematic Exchange Plan, an investor must own or purchase shares of HighMark Fixed Income or Money Market Funds having a current net asset value of at least \$5,000 and have dividends reinvested.

SYSTEMATIC EXCHANGE PLAN SELECTION:

HIGHMARK FIXED INCOME OF MARKET FUND AMOUNT (\$100 MIN)

PREFERRED EXCHANGE SCHEDULE:

Monthly Quarterly Semi-annually Annually

BEGIN EXCHANGE ON (ENTER MONTH/DAY/YEAR) END EXCHANGE ON (ENTER MONTH/DAY/YEAR)

EXCHANGE TO: (Select equity fund of the same class)

- Balanced
- Cognitive Value
- Enhanced Growth
- Core Equity
- International Opportunities
- Large Cap Growth
- Large Cap Value
- Small Cap Advantage
- Small Cap Value
- Value Momentum
- Income Plus Allocation
- Growth & Income Allocation
- Capital Growth Allocation
- Diversified Equity Allocation

9 Letter of Intent (Optional Class A Shares)

A LETTER OF INTENT ALLOWS YOU TO AGGREGATE ANTICIPATED PURCHASES OVER A 13-MONTH PERIOD TO OBTAIN A REDUCED SALES CHARGE.

Check box if you want to establish a Letter of Intent.

- By completing this Letter of Intent and signing this Application, I/we agree to the terms and conditions of the Letter of Intent. I/we hereby irrevocably constitute and appoint the HighMark Funds Distributor, my attorney, with full power of substitution, to surrender for redemption any or all shares of HighMark Funds held as security as described in the prospectus.
- Although I/we am/are not obligated to do so, I/we intend to purchase shares of HighMark Funds (as enumerated in the prospectus) over the next 13-month period which will equal or exceed:

Indicate below the amount of shares of HighMark Funds you intend to purchase over the next 13-month period:

Equity: \$50,000 \$100,000 \$250,000
 \$500,000 \$1 Million

Fixed Income: \$100,000 \$250,000 \$500,000 \$1 Million

NOTE: THE LETTER OF INTENT MAY INCLUDE ALL PURCHASES UP TO 90 DAYS PRECEDING THE DATE THE LETTER WAS SIGNED. EACH PURCHASE WILL BE MADE AT THE THEN REDUCED OFFERING PRICE APPLICABLE TO THE AMOUNT CHECKED ABOVE, AS DESCRIBED IN THE PROSPECTUS.

10 Rights of Accumulation (Optional Class A Shares)

RIGHTS OF ACCUMULATION ALLOW YOU TO COMBINE YOUR CURRENT HIGHMARK FUNDS INVESTMENT WITH YOUR PREVIOUS PURCHASE(S) OF HIGHMARK FUNDS RETAIL SHARES TO OBTAIN A REDUCED SALES CHARGE.

Check box if you wish to take advantage of the Rights of Accumulation.

- I/We understand that all positions in or purchases for these accounts will be taken into account as described in provisions detailed in the prospectus.

Indicate below the previously established HighMark Funds account(s) that qualify for inclusion with the account established by this application under the Rights of Accumulation provisions in the prospectus.

NAME OF HIGHMARK FUND ACCOUNT NUMBER

NAME OF HIGHMARK FUND ACCOUNT NUMBER

NOTE: IF THERE ARE MORE ACCOUNTS THAN SPACES PROVIDED, PLEASE LIST THE REMAINDER ON A SEPARATE SHEET.

DIRECTORY OF SERVICE

TO PURCHASE

MAIL



HighMark Funds
PO Box 8416
Boston, MA 02266-8416

OVERNIGHT
REGISTERED MAIL



HighMark Funds
30 Dan Road
Canton, MA 02021-2809

WIRE



Call 1.800.433.6884

TO EXCHANGE

PHONE



Call 1.800.433.6884
Monday-Friday, 8 am to 6 pm EST
(Requests received after 4 pm EST will be processed at the next business day's NAV)

TO REDEEM

MAIL



Send letter of instruction to:
HighMark Funds
PO Box 8416
Boston, MA 02266-8416

PHONE



Call 1.800.433.6884
Monday-Friday, 8 am to 8 pm EST
(Requests received after 4 pm EST will be processed at the next business day's NAV)

CUSTOMER SERVICE

PHONE



Call 1.800.433.6884
Monday-Friday, 8 am to 8 pm EST

INTERNET

INTERNET



For more info please visit us at:
www.highmarkfunds.com