HIGHMARK® FUNDS

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.

New Account Application/ Account Change Form

RETAIL CLASS A & C INSTRUCTIONS/CHECKLIST

- ✔ Complete Sections 1-4 & 13 • Sections 5-10 & 12 Optional
- ✔ Include Payment
- ✔ Mail To: HighMark Funds • P.O. Box 8416
  Boston, MA 02266-8416

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 to 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. This information will be verified to ensure the identity of all persons opening a mutual fund 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.

☐ New Account

☐ Change To Account ______ EXISTING ACCOUNT NUMBER

SELECT TYPE OF ACCOUNT. COMPLETE ONLY ONE SECTION BELOW.

☐ Individual ☐ Joint ☐ Trust*

☐ Transfer on Death (complete Section 11)

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.

INDIVIDUAL (FIRST NAME/INITIAL/LAST NAME)

___-__-____ INDIVIDUAL SOCIAL SECURITY NUMBER

__-__-____ DATE OF BIRTH (MONTH/DAY/YEAR)

ADDRESS

CITY, STATE, ZIP

INDIVIDUAL HOME PHONE NUMBER

INDIVIDUAL WORK PHONE NUMBER

E-MAIL ADDRESS (OPTIONAL)

JOINT OWNER (IF ANY) (FIRST NAME/INITIAL/LAST NAME)

___-__-____ JOINT OWNER SOCIAL SECURITY NUMBER

__-__-____ DATE OF BIRTH (MONTH/DAY/YEAR)

JOINT OWNER ADDRESS

JOINT OWNER CITY, STATE, ZIP

JOINT OWNER INDIVIDUAL HOME PHONE NUMBER

JOINT OWNER INDIVIDUAL WORK PHONE NUMBER

TRUSTEE (FIRST NAME/INITIAL/LAST NAME)

___-__-____ TRUSTEE PARTNER SOCIAL SECURITY NUMBER

__-__-____ DATE OF BIRTH (MONTH/DAY/YEAR)

__-_______ TAX ID NUMBER

GIFT TO MINOR:

ADULT CUSTODIAN'S NAME (FIRST NAME/INITIAL/LAST NAME)

___-__-____ CUSTODIAN'S SOCIAL SECURITY NUMBER

__-__-____ DATE OF BIRTH (MONTH/DAY/YEAR)

CUSTODIAN'S ADDRESS

CUSTODIAN'S CITY, STATE, ZIP

E-MAIL ADDRESS (OPTIONAL)

MINOR'S NAME (FIRST NAME/INITIAL/LAST NAME)

___-__-____ MINOR'S SOCIAL SECURITY NUMBER

__-__-____ DATE OF BIRTH (MONTH/DAY/YEAR)

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.

☐ CORPORATION ☐ BANK & TRUST COMPANY ☐ PARTNERSHIP

☐ OTHER ______________________________

☐ NAME OF ENTITY ______________________________

__-_______ TAX ID NUMBER

If publicly traded corporation, please provide symbol ___________

TRUSTEE'S NAME (FIRST NAME/INITIAL/LAST NAME)

___-__-____ TRUSTEE'S SOCIAL SECURITY NUMBER

__-__-____ DATE OF BIRTH (MONTH/DAY/YEAR)

__-__-____ DATE OF TRUST AGREEMENT (IF TRUST)

AUTHORIZED TRADER'S NAME

___-__-____ TRADER'S SOCIAL SECURITY NUMBER

__-__-____ 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.

PLEASE COMPLETE OTHER PAGES

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

Equity	Fund Number	Amount To Be Invested
☐ Balanced	(480)	$
☐ Cognitive Value	(2203)	$
☐ Core Equity	(1626)	$
☐ Enhanced Growth	(2204)	$
☐ Equity Income	(2640)	$
☐ Fundamental Equity	(2215)	$
☐ Geneva Mid Cap Growth	(2644)	$
☐ Geneva Small Cap Growth	(2648)	$
☐ International Opportunities	(2205)	$
☐ Large Cap Growth	(481)	$
☐ Large Cap Value	(479)	$
☐ NYSE Arca Tech 100 Index	(2651)	$
☐ Small Cap Advantage	(2212)	$
☐ Small Cap Value	(41)	$
☐ Value Momentum	(870)	$
Fixed Income		
☐ Bond	(478)	$
☐ CA Intermediate Tax-Free Bond	(846)	$
☐ National Intermediate Tax-Free Bond	(1598)	$
☐ Short Term Bond	(1505)	$
☐ Wisconsin Tax-Exempt	(2655)	$
Money Market		
☐ CA Tax-Free MMF	(476)	$
☐ Diversified MMF	(473)	$
☐ Treasury Plus MMF	(2218)	$
☐ U.S. Government MMF	(474)	$
☐ 100% U.S. Treasury MMF	(475)	$

CLASS C SHARES

Equity		
☐ Balanced	(1760)	$
☐ Cognitive Value	(2206)	$
☐ Core Equity	(1632)	$
☐ Enhanced Growth	(2207)	$
☐ Equity Income	(2642)	$
☐ Fundamental Equity	(2216)	$
☐ Geneva Mid Cap Growth	(2646)	$
☐ Geneva Small Cap Growth	(2649)	$
☐ International Opportunities	(2208)	$
☐ Large Cap Growth	(1755)	$
☐ Large Cap Value	(1754)	$
☐ NYSE Arca Tech 100 Index	(2653)	$
☐ Small Cap Advantage	(2213)	$
☐ Small Cap Value	(1756)	$
☐ Value Momentum	(1753)	$
Fixed Income		
☐ Bond	(1492)	$
☐ CA Intermediate Tax-Free Bond	(1491)	$
☐ National Intermediate Tax-Free Bond	(1490)	$
☐ Short Term Bond	(1470)	$
☐ Wisconsin Tax-Exempt	(2657)	$
Money Market		
☐ U.S. Government MMF	(1499)	$
		$ 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	☐ Growth & Income Allocation
☐ Capital Growth Allocation	☐ Income Plus Allocation
☐ Cognitive Value	☐ International Opportunities
☐ Core Equity	☐ Large Cap Growth
☐ Diversified Equity Allocation	☐ Large Cap Value
☐ Enhanced Growth	☐ NYSE Arca Tech 100 Index
☐ Equity Income	☐ Small Cap Advantage
☐ Fundamental Equity	☐ Small Cap Value
☐ Geneva Mid Cap Growth	☐ Value Momentum
☐ Geneva Small Cap Growth	

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 HighMark Funds 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.

X

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
☐ Capital Growth Allocation
☐ Cognitive Value
☐ Core Equity
☐ Diversified Equity Allocation
☐ Enhanced Growth
☐ Equity Income
☐ Fundamental Equity
☐ Geneva Mid Cap Growth
☐ Geneva Small Cap Growth
☐ Growth & Income Allocation
☐ Income Plus Allocation
☐ International Opportunities
☐ Large Cap Growth
☐ Large Cap Value
☐ NYSE Arca Tech 100 Index
☐ Small Cap Advantage
☐ Small Cap Value
☐ Value Momentum

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 HighMark Funds, 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.

11 Primary Beneficiary Designation

COMPLETE THIS SECTION IF THIS IS A TRANSFER ON DEATH.

NOTE: Any amount remaining in the Account that is not disposed of by a proper Designation of Beneficiary will be distributed to your estate (unless otherwise required by the laws of your state of residence). You may change the beneficiary(ies) named below at anytime by filing a new Designation of Beneficiary with the Custodian. Any subsequent Designation filed with the Custodian will revoke all prior Designations, even if the subsequent Designation does not dispose of your entire Account. As Depositor, I hereby make the following designation of beneficiary: In the event of my death, pay any interest I may have under my Account to the following Primary Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). Percentages or proportions for Beneficiaries must total 100%. If any Primary Beneficiary predeceases me, his/her share is to be divided among the Primary Beneficiary who survives me in the relative proportions assigned to each such surviving Primary Beneficiary.

PRIMARY BENEFICIARIES:

INDIVIDUAL (FIRST NAME/INITIAL/LAST NAME)

RELATIONSHIP ______ DATE OF BIRTH (MONTH/DAY/YEAR) __ __ – __ __ – __ __ __ __

ADDRESS

CITY, STATE, ZIP

INDIVIDUAL SOCIAL SECURITY NUMBER ___–__–____ PROPORTION ______ %

INDIVIDUAL (FIRST NAME/INITIAL/LAST NAME)

RELATIONSHIP ______ DATE OF BIRTH (MONTH/DAY/YEAR) __ __ – __ __ – __ __ __ __

ADDRESS

CITY, STATE, ZIP

INDIVIDUAL SOCIAL SECURITY NUMBER ___–__–____ PROPORTION ______ %

12 Check Writing Privilege *(Optional)*

AVAILABLE ON MONEY MARKET FUNDS ONLY.

☐ Check box if you want this service.

If you choose to have this option, be sure to fill out and sign the attached signature card and return it with your application. Allow 14 business days for delivery of your checkbook after our receipt of the signed signature card. Checks may be written against your money market investment for a minimum of $500 per check. Please read the prospectus for more information about this service.

PLEASE DO NOT DETACH THIS PORTION

(Please print clearly)

HIGHMARK® FUNDS

Money Market Check Writing Signature Card (SUBJECT TO CONDITIONS ON REVERSE SIDE)

To make use of check writing privileges on money market accounts, all registered shareholders or fiduciaries must sign this card.

☐ Check here if both signatures are required on checks.

☐ Check here if only one signature is required on checks.

If neither box is checked, all checks will require both signatures.

Account number: ______________________

Please indicate name of HighMark Fund:

☐ Cal Tax-Free MMF (476)

☐ Diversified MMF (473)

☐ Treasury Plus MMF (2218)

☐ U.S. Government MMF (474)

☐ 100% U.S. Treasury MMF (475)

NAME OF ACCOUNT OWNER ______ X SIGNATURE ______

NAME OF ACCOUNT OWNER ______ X SIGNATURE ______

13 Signature & Certification

(1) I have read the current prospectus and this application and agree to all terms. In addition, I authorize the instructions in this application. I also agree that any shares purchased now or later are and will be subject to the terms of the prospectus as in effect from time to time.
(2) By execution of this application, the investor represents and warrants that (i) he has the full right, power, and authority to make the investment applied for and (ii) he is a natural person of legal age in his state of residence. The person or persons, if any, signing on behalf of the investor represent and warrant that they are duly authorized to sign this application and purchase or redeem shares of the fund on behalf of the investor. Each person named in the registration must sign below.
(3) If I am a U.S. citizen, non-U.S. person, or a representative of a U.S. entity, I certify, under penalty of perjury, that:
a. The social security number or employer identification number shown on this form is my correct Taxpayer Identification Number,
b. I am not subject to backup withholding because:
i. I am exempt from backup withholding OR
ii. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividend OR,
iii. The Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Strike out this item (b) if you have been notified that you are subject to backup withholding.)
(4) Special Considerations for non-U.S. shareholders: special withholding and filing rules apply to foreign shareholders. Please consult the Statement of Additional Information and your tax adviser for additional information.
(5) By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:
a. the investor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and
b. the information provided by the investor in this application is true and correct and any documents provided herewith are genuine.

NOTE: THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACK-UP WITHHOLDING.

X ______________________ __-__-__
SIGNATURE (INDIVIDUAL OR CUSTODIAN) DATE (MONTH/DAY/YEAR)

X ______________________ __-__-__
SIGNATURE (JOINT REGISTRANT, IF ANY) DATE (MONTH/DAY/YEAR)

X ______________________ __-__-__
SIGNATURE & TITLE (CORPORATE OFFICER, PARTNER, TRUSTEE, ETC.) DATE (MONTH/DAY/YEAR)

14 Medallion Guarantee *(If applicable)*

A MEDALLION GUARANTEE IS REQUIRED FOR YOUR PROTECTION IF YOU ARE MAKING CHANGES IN SECTIONS 1, 4, 5, 6, 7, 8 OR 11.

NOTE: A MEDALLION GUARANTEE IS **NOT** A NOTARY. A MEDALLION GUARANTEE IS VERIFICATION FROM A THIRD PARTY, USUALLY YOUR BANK, THAT THE SIGNATURE IN SECTION 13 MATCHES ANY ON FILE IN THE GUARANTOR'S RECORDS.

Check Writing Signature Card

(NOT AVAILABLE FOR RETIREMENT ACCOUNTS)

Please provide information requested on reverse side. The payment of funds on the conditions set forth below is authorized by the signature(s) appearing on the reverse side.

CERTIFICATION: I hereby authorize HighMark Funds to honor checks drawn by me on my HighMark account and to effect a redemption of sufficient shares in my account to cover payments of such checks. I understand that: (1) this privilege may be terminated at any time by the Fund and it shall not incur any liability to me for honoring such checks, or for effecting redemptions to pay such checks, or for returning checks which have not been paid; (2) no check shall be issued or honored, or redemption effected for any amounts represented by shares unless payment for such shares has been made in full and any checks given in such payment have been collected through normal banking channels; (3) this privilege is subject to all the terms and conditions contained in the current HighMark Money Market prospectus(es).

IF YOU HAVE ANY QUESTIONS, PLEASE CALL HIGHMARK FUNDS INVESTOR SERVICES AT 1.800.433.6884 OR VISIT OUR WEBSITE AT WWW.HIGHMARKFUNDS.COM

THANK YOU FOR YOUR INVESTMENT IN HIGHMARK FUNDS.

FOR BROKERAGE/DEALER USE ONLY

To properly process this application this section must be complete and correct

SECURITIES DEALER NAME

SECURITIES DEALER NUMBER

BRANCH NAME

BRANCH NUMBER

REPRESENTATIVE NAME

REPRESENTATIVE NUMBER

REPRESENTATIVE BRANCH ADDRESS

CITY STATE ZIP

___ - ___ - ____

REPRESENTATIVE PHONE NUMBER

Is this an Omnibus Account? ☐ YES ☐ NO

If yes is marked, please indicate approximate number of underlying accounts you hold:

☐ 0-25 ☐ 26-100 ☐ 100+

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