



**IVA FUNDS  
NEW ACCOUNT APPLICATION  
INDIVIDUAL RETIREMENT ACCOUNT (IRA)**

**PLEASE PRINT ALL ITEMS CLEARLY**

Please call us at 1-866-941-4482 with any questions

**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.

**1. ACCOUNT REGISTRATION – REQUIRED**

<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	MI	LAST NAME
<input type="text"/>		<input type="text"/>
SOCIAL SECURITY NUMBER		DATE OF BIRTH

**MAILING ADDRESS:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET NUMBER	STREET NAME	APT. # / SUITE	P.O. BOX
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP CODE	
<input type="text"/>			
TELEPHONE NUMBER			

*If mailing address above is a post office box except for APO or FPO, a street address is also required by the USA PATRIOT Act:*

**STREET ADDRESS:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET NUMBER	STREET NAME	APT. # / SUITE
<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP CODE
<input type="text"/>		
TELEPHONE NUMBER		

**2. IVA FUND SELECTION**

(PLEASE MAKE CHECKS PAYABLE TO "IVA FUNDS." THIRD PARTY TRANSACTIONS, THIRD PARTY CHECKS, STARTER CHECKS AND CASH EQUIVALENTS – SUCH AS TRAVELERS CHECKS, CASHIER CHECKS AND MONEY ORDERS – CANNOT BE ACCEPTED TO PURCHASE SHARES.)

Please see the current IVA Funds prospectus for the different sales charges and expenses.  
The minimum initial investments are as follows: \$1,000 for Class A, C; \$1,000,000 for Class I

IVA Worldwide Fund	\$ <input type="text"/>	Class A <input type="checkbox"/>	C <input type="checkbox"/>	I <input type="checkbox"/>
IVA International Fund	\$ <input type="text"/>	Class A <input type="checkbox"/>	C <input type="checkbox"/>	I <input type="checkbox"/>

***You must select a share class.***

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### 3. TYPE OF RETIREMENT ACCOUNT

Choose ONE of the following account types:

**Traditional IRA Account**

- For tax year \_\_\_\_\_
- IRA to IRA Transfer (please complete IRA Transfer form)
- Rollover (shareholder had receipt of funds)
- Inherited IRA for non-spouse beneficiary (please supply below the name of the deceased IRA or retirement planowner and date of death).

FIRST NAME

MI

LAST NAME

DATE OF DEATH

**IRA Rollover Account**

- Rollover IRA to Rollover IRA
- Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator. Please check the type of qualified plan:
  - Corporate
  - Pension
  - PSP
  - 401(k)
  - 403(b)
  - Other \_\_\_\_\_

**Roth IRA Account**

- For tax year \_\_\_\_\_
- Roth IRA to Roth IRA Transfer (please complete IRA Transfer form)
- Traditional IRA to Roth IRA
- Rollover from Roth IRA (shareholder had receipt of funds)
- Taxable Rollover to Roth IRA from a Qualified Plan
- Non-taxable Rollover to Roth IRA from a Designated Roth Account in a Qualified Plan

**SEP (Simplified Employee Pension Plan) – Each employee must complete an IRA application**

- Contribution
- Transfer from another SEP IRA or Traditional IRA account
- Rollover (shareholder had receipt of funds)

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### 4. TELEPHONE EXCHANGE & REDEMPTION OPTION

(PLEASE NOTE THAT CERTAIN BUSINESS ENTITIES CANNOT REDEEM BY PHONE. PLEASE SEE PROSPECTUS FOR FURTHER DETAILS.)

All shareholders will be able to redeem and/or exchange by telephone, unless one of the following boxes is marked.

- I do not wish to establish the **telephone redemption option** on my/our account.
- I do not wish to establish the **telephone exchange option** on my/our account.

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### 5. SYSTEMATIC INVESTMENT PLAN (OPTIONAL)

(IF YOU CHOOSE THIS OPTION, YOU MUST ATTACH A VOIDED CHECK AND PROVIDE FULL BANK INFORMATION IN SECTION 7.)

IF YOU ARE CHANGING EXISTING BANK INFORMATION, THIS REQUIRES A SIGNATURE GUARANTEE SUCH AS A SIGNATURE VALIDATION PROGRAM (SVP) STAMP.

- Check box if you want the Systematic Investment Plan (SIP) (\$100 minimum per fund).
  - I/We hereby authorize and direct the IVA Funds Distributors, LLC to draw on my/our bank account on a periodic basis, as indicated in Section 7, 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 a joint owner of the checking account, I give authorization to draft the bank account for the Automatic Investment Plan.

**SIP INVESTMENT SELECTION:**

IVA FUND

AMOUNT

IVA FUND

AMOUNT

**PREFERRED INVESTMENT SCHEDULE:**

BEGIN INVESTMENT ON (ENTER MONTH)

5<sup>TH</sup>

20<sup>TH</sup>

**PREFERRED PURCHASE SCHEDULE:**

Bi-Monthly     Monthly     Quarterly     Annually

**NOTE:** THE SPECIFIED AMOUNT WILL BE INVESTED AUTOMATICALLY FROM A CHECKING OR SAVINGS ACCOUNT ON OR ABOUT THE 5<sup>TH</sup> OR 20<sup>TH</sup> OF THE MONTH. BECAUSE YOUR BANK MUST PROVIDE APPROVAL FOR THE TRANSFER PROCESS, ESTABLISHING A SIP MAY TAKE AT LEAST 30 DAYS.

**6. BANK INFORMATION (OPTIONAL)**

BANK NAME

BRANCH OFFICE (IF APPLICABLE)

STREET NUMBER

STREET NAME (DO NOT USE P.O. BOX)

APT. # / SUITE

CITY

STATE

ZIP CODE

NAME(S) ON YOUR BANK ACCOUNT

BANK ACCOUNT NUMBER

BANK ABA NUMBER

Account Type (check one):  Checking     Savings

ATTACH VOIDED CHECK HERE



**NOTE:** IVA FUNDS IS NOT RESPONSIBLE FOR REJECTED PURCHASE OR RECEIPT OF FUNDS DUE TO BAD ABA ON VOIDED CHECK.

**7. 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 IVA Funds Distributors, LLC, my attorney, with full power of substitution, to surrender for redemption any or all shares of the IVA Funds held as a security as described in the prospectus.

- Although I/we am/are not obligated to do so, I/we intend to purchase shares of IVA Funds (as enumerated in the prospectus) over the next 13-month period which will equal or exceed:

Over the next 13-month period I intend to purchase an amount equal to or in excess of:

\$50,000     \$100,000     \$250,000     \$500,000     \$1 million

## 8. RIGHTS OF ACCUMULATION (*Optional Class A Shares*)

(RIGHTS OF ACCUMULATION ALLOW YOU TO COMBINE YOUR CURRENT IVA FUNDS INVESTMENT WITH YOUR PREVIOUS PURCHASE(S) OF IVA 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 IVA 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 IVA FUND

ACCOUNT NUMBER

NAME OF IVA FUND

ACCOUNT NUMBER

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

## 9. 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 laws of your state of residence). You may change the beneficiary (ies) named below at any time 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, or, if no Primary Beneficiaries survive me, to any surviving Contingent Beneficiaries that I have designated.

### PRIMARY BENEFICIARIES:

INDIVIDUAL FIRST NAME

MI

INDIVIDUAL LAST NAME

RELATIONSHIP

DATE OF BIRTH

INDIVIDUAL SOCIAL SECURITY NUMBER

PROPORTION (%)

INDIVIDUAL FIRST NAME

MI

INDIVIDUAL LAST NAME

RELATIONSHIP

DATE OF BIRTH

INDIVIDUAL SOCIAL SECURITY NUMBER

PROPORTION (%)

**CONTINGENT BENEFICIARIES:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
INDIVIDUAL FIRST NAME	MI	INDIVIDUAL LAST NAME
<input type="text"/>		<input type="text"/>
RELATIONSHIP		DATE OF BIRTH
<input type="text"/>		<input type="text"/>
INDIVIDUAL SOCIAL SECURITY NUMBER		PROPORTION (%)

<input type="text"/>	<input type="text"/>	<input type="text"/>
INDIVIDUAL FIRST NAME	MI	INDIVIDUAL LAST NAME
<input type="text"/>		<input type="text"/>
RELATIONSHIP		DATE OF BIRTH
<input type="text"/>		<input type="text"/>
INDIVIDUAL SOCIAL SECURITY NUMBER		PROPORTION (%)

**10. SPOUSAL CONSENT**

**IMPORTANT:** This Beneficiary Designation may have important tax or estate planning effects. Also, if you are married and reside in a community property or marital property state (e.g., **Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin**), you may need to obtain your spouse’s consent if you have not designated your spouse as primary beneficiary for at least half of your Account(s). Consult legal counsel or a tax advisor for additional information and advice.

This section should be reviewed if you are married and designate a beneficiary other than your spouse. It is your responsibility to determine if this section applies. State Street Bank and Trust Company, IVA Funds, Boston Financial Data Services, Inc., and any affiliate and/or any of their directors, trustees, employees, and agents are not liable for any consequences resulting from your failure to provide proper spousal consent.

*I am the spouse of the above-named IRA owner. I acknowledge that I have received a full and reasonable disclosure of my spouse’s property and financial obligations. Due to any possible consequences of giving up my community or marital property interest in this IRA, I have been advised to consult legal counsel or a tax advisor.*

*I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian, Boston Financial Data Services, Inc. or IVA Funds.*

\_\_\_\_\_  
*Signature of Spouse*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness for Spouse*

\_\_\_\_\_  
*Date*

**11. 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 in effect as updated from time to time.
  - 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. If the individual for whom this IRA is being established is a minor under the laws of his or her state of residence, a parent or guardian also must sign and provide personal information (date of birth, Social Security Number and address). 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.
- (2) If I am a U.S. citizen, U.S. person, or a representative of a U.S. entity, I certify, under penalty of perjury that:
  - a. The social security number or employee identification number shown on this form is my correct Taxpayer Identification Number,

**(3) 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.**

- (4) 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**

**By signing below, I** (1) establish an Individual Retirement Account (IRA) pursuant to the Internal Revenue Code of 1986, as amended, and in accordance with all the terms of the applicable Custodial Agreement; (2) certify that all contributions to the IRA meet the requirements of the Code governing such contributions; (3) appoint State Street Bank and Trust Company, or its successors, as custodian on the account; (4) agree that I have received, read, and accepted and specifically incorporated herein the applicable Custodial Agreement and the IRA Disclosure Statement; (5) agree to promptly give instructions to the custodian necessary to enable the custodian to carry out its duties under the Custodial Agreement; (6) agree that this account will be subject to the Custodial agreement as amended from time to time; and (7) agree that the terms, representations and conditions in this application and the prospectus, as amended from time to time, will apply to this account and any account established at a later date.

**NOTE:** THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT.

X – AUTHORIZED SIGNATURE

DATE

**11. BROKER/DEALER or INVESTMENT ADVISOR AUTHORIZATION (Complete only if applicable)**

DEALER NAME

DEALER #

BRANCH NUMBER

STREET NUMBER

STREET NAME (TO RECEIVE STATEMENTS)

APT. # / SUITE

P.O. BOX

CITY

STATE

ZIP CODE

REPRESENTATIVE NAME

REP #

TELEPHONE NUMBER

**12. MAIL COMPLETED FORM TO:**

***(Please retain a photocopy of the completed application for your records.)***

**Regular Mail**

IVA Fiduciary Trust  
P.O. Box 8077  
Boston, MA 02266-8077

**Overnight Mail:**

IVA Fiduciary Trust  
c/o Boston Financial Data Services  
30 Dan Road  
Canton, MA 02021

***Make checks payable to "IVA Funds."***

*Third-party checks, starter checks and cash equivalents (such as travelers' checks, cashier checks and money orders) cannot be accepted to purchase shares.*

