



IVA FUNDS NEW ACCOUNT APPLICATION

CLASS A, C & I INSTRUCTIONS/CHECKLIST

- Complete Sections 1-5 & 12. All other sections are optional.
- Include Payment
- Mail to:

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

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

PLEASE PRINT ALL ITEMS CLEARLY

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. SHAREHOLDER REGISTRATION – REQUIRED

**Individual or Joint Tenants with Rights of Survivorship
(unless otherwise noted)**

FIRST NAME

MI

SOCIAL SECURITY NUMBER

**Transfer on Death
(complete Section 11 also)**

LAST NAME

DATE OF BIRTH

JOINT:

FIRST NAME

MI

SOCIAL SECURITY NUMBER

LAST NAME

DATE OF BIRTH

OR

Gift / Transfer to Minor (UGMA / UTMA)

CUSTODIAN:

FIRST NAME

MI

SOCIAL SECURITY NUMBER

LAST NAME

DATE OF BIRTH

MINOR:

FIRST NAME

MI

SOCIAL SECURITY NUMBER

LAST NAME

DATE OF BIRTH

OR

Entity – Check type below:

REQUIRED: You must send us the documentation specified for each entity type with this application or there will be a delay in establishing your account.

- Trust** – A copy of the pages of the trust agreement containing the name and date of the trust and the names and signatures of the trustees.
- Corporation** – Certificate of Good Standing obtained from the Secretary of State of the state of incorporation or a copy of the Articles of Incorporation certified by the Secretary of State or appropriate state agency.
- Partnership** – A copy of the complete partnership agreement.
- ERISA Plan** – Retirement plans governed by ERISA are exempt from this requirement.
- Other** – A copy of the entities organizational documents.

NAME OF ENTITY - REQUIRED	
ENTITY'S TAX ID – REQUIRED	DATE OF TRUST
NAME OF TRUSTEE OR AUTHORIZED SIGNER – REQUIRED	
TRUSTEE / SIGNER'S U.S. TAX ID – REQUIRED	DATE OF BIRTH - REQUIRED
ADDITIONAL TRUSTEE / AUTHORIZED SIGNER	
ADDITIONAL TRUSTEE/SIGNER'S U.S. TAX ID – REQUIRED IF APPLICABLE	DATE OF BIRTH – REQUIRED IF APPLICABLE

2. ADDRESS

MAILING ADDRESS:

STREET NUMBER	STREET NAME	APT. # / SUITE	P.O. BOX
CITY		STATE	ZIP CODE

If mailing address above is a post office, a street address is also required by the USA Patriot Act:

STREET ADDRESS:

STREET NUMBER	STREET NAME	APT. # / SUITE
CITY		STATE
ZIP CODE		

3. 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: \$5,000 for Class A, C; \$1,000,000 for Class I

IVA Worldwide Fund	\$ <input style="width: 100%;" type="text"/>	Class A <input type="checkbox"/>	C <input type="checkbox"/>	I <input type="checkbox"/>
IVA International Fund	\$ <input style="width: 100%;" type="text"/>	Class A <input type="checkbox"/>	C <input type="checkbox"/>	I <input type="checkbox"/>

You must select a share class.

4. DISTRIBUTION OPTIONS

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

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.

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

- By check to address in Section 2
- By ACH to bank account identified in Section 8

NOTE: IF YOU CHOOSE PAYMENT BY ACH, YOU MUST ATTACH A VOIDED CHECK AND PROVIDE FULL BANK INFORMATION IN SECTION 8.

5. 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.

6. SYSTEMATIC INVESTMENT PLAN (OPTIONAL)

(IF YOU CHOOSE THIS OPTION, YOU MUST ATTACH A VOIDED CHECK AND PROVIDE FULL BANK INFORMATION IN SECTION 8.)

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 8, 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.

SIP INVESTMENT SELECTION:

IVA FUND

AMOUNT

IVA FUND

AMOUNT

PREFERRED INVESTMENT SCHEDULE:

BEGIN INVESTMENT ON (ENTER MONTH)

5TH

20TH

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 5TH OR 20TH OF THE MONTH. BECAUSE YOUR BANK MUST PROVIDE APPROVAL FOR THE TRANSFER PROCESS, ESTABLISHING A SIP MAY TAKE AT LEAST 30 DAYS.

7. 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.

8. SYSTEMATIC WITHDRAWAL PLAN (OPTIONAL)

Check box if you want the Systematic Withdrawal Plan (SWP) (\$500 minimum)

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

SYSTEMATIC WITHDRAWAL PLAN SELECTION:

IVA FUND

AMOUNT

PREFERRED REDEMPTION SCHEDULE:

Monthly Quarterly

BEGIN WITHDRAWAL ON (ENTER MONTH)

5TH

20TH

END WITHDRAWAL ON (ENTER MONTH/YEAR)

SWP PAYMENT INSTRUCTIONS (*check only one*):

- By check to the address in Section 2.
- By ACH to bank account identified in Section 8.
- By check to the following address:

STREET NUMBER

STREET NAME

APT. # / SUITE

P.O. BOX

CITY

STATE

ZIP CODE

SYSTEMATIC EXCHANGE PLAN (OPTIONAL)

Check box if you want the Systematic Exchange Plan (SEP).

- I/We understand that to establish a Systematic Exchange Plan, an investor must own or purchase shares of IVA Funds having a current value of at least \$5,000 and have dividends reinvested. The Systematic Exchange Plan is available on a monthly basis. The minimum exchange amount is \$5,000. If the balance in the account you are exchanging falls below \$5,000, all remaining shares in your account will be exchanged.

SYSTEMATIC EXCHANGE PLAN SELECTION:

BEGIN EXCHANGE ON (ENTER MONTH)

END EXCHANGE ON (ENTER MONTH)

5TH 20TH

EXCHANGE TO:

IVA Worldwide Fund IVA International Fund

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 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

10. 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.

11. 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.

PRIMARY 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 (%)

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 (%)

12. 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 employee identification number shown on this form is my correct Taxpayer Identification Number,**
 - b. **I am not subject to back-up withholding because:**
 - i. **I am exempt from back-up withholding OR**
 - ii. **I have not been notified that I am subject to back-up withholding as a result of failure to report all interest or dividend OR**
 - iii. **The Internal Revenue Service has notified me that I am no longer subject to back-up 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

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.

<input style="width: 100%; height: 20px;" type="text"/> X – SIGNATURE (INDIVIDUAL OR CUSTODIAN)	<input style="width: 100%; height: 20px;" type="text"/> DATE
<input style="width: 100%; height: 20px;" type="text"/> X – SIGNATURE (JOINT REGISTRANT, IF ANY)	<input style="width: 100%; height: 20px;" type="text"/> DATE
<input style="width: 100%; height: 20px;" type="text"/> X – SIGNATURE & TITLE (CORPORATE OFFICER, PARTNER, TRUSTEE, ETC.)	<input style="width: 100%; height: 20px;" type="text"/> DATE

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

<input style="width: 100%; height: 20px;" type="text"/> DEALER NAME	<input style="width: 100%; height: 20px;" type="text"/> DEALER #	<input style="width: 100%; height: 20px;" type="text"/> BRANCH NUMBER		
<input style="width: 100%; height: 20px;" type="text"/> STREET NUMBER	<input style="width: 100%; height: 20px;" type="text"/> STREET NAME (TO RECEIVE STATEMENTS)		<input style="width: 100%; height: 20px;" type="text"/> APT. # / SUITE	<input style="width: 100%; height: 20px;" type="text"/> P.O. BOX
<input style="width: 100%; height: 20px;" type="text"/> CITY	<input style="width: 100%; height: 20px;" type="text"/> STATE	<input style="width: 100%; height: 20px;" type="text"/> ZIP CODE		
<input style="width: 100%; height: 20px;" type="text"/> REPRESENTATIVE NAME	<input style="width: 100%; height: 20px;" type="text"/> REP #	<input style="width: 100%; height: 20px;" type="text"/> TELEPHONE NUMBER		

14. 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.

