



# IVA Funds New IRA Account Application

PLEASE PRINT ALL ITEMS CLEARLY

This form may be used to open a new Traditional IRA, Rollover IRA, Roth IRA, or SEP IRA in accordance with the Custodial Account Adoption Agreement with State Street Bank and Trust Company as Custodian.

**Mail To:** IVA Funds  
P.O. Box 8077  
Boston, MA 02266-8077

**Overnight Mail To:** IVA Funds  
c/o Boston Financial Data Services  
30 Dan Road  
Canton, MA 02021

For more information, call 1-866-941-4482 or visit the Funds' website at [www.ivafunds.com](http://www.ivafunds.com).

**Class A, Class C and Class I shares of both IVA Worldwide Fund and IVA International Fund (the "Closed Funds") are closed to new investors. You must demonstrate your eligibility to establish a new account in a Closed Fund by providing the information requested in Section 14. Please see page 9 for examples of eligible accounts.**

### CHECKLIST

- Complete all sections below marked as required – 1, 2, 3, 12 and 14. Section 7 is required for Systematic Investment Plans.
- Indicate your method of payment in Section 2. If paying by check include your check with this application. If paying by wire call 1-866-941-4482 prior to wiring funds and refer to the current IVA Funds Prospectus for wiring instructions.
- Mail the completed application (along with your check if applicable) to the address shown above.

### USA PATRIOT ACT NOTICE

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)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name	Suffix
<input type="text"/>		<input type="text"/>	
Social Security Number		Date of Birth (MM/DD/YYYY)	
<input type="text"/>		<input type="text"/>	
Daytime Telephone		Evening Telephone	

### 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	

*If the 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"/>	<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	

## 2. IVA FUNDS SELECTION (REQUIRED)

The minimum by Class for each Fund account is as follows: \$1,000 for Class A and C; \$1,000,000 for Class I. Please refer to the current IVA Funds Prospectus for the different sales charges and expenses.

You must select a share class and payment method below

IVA Worldwide Fund \$  Class A  Class C  Class I

IVA International Fund \$  Class A  Class C  Class I

Payment Method (select one of the following):

- Checks must be payable to: "IVA Funds". The Funds do not accept third party transactions, third party checks, starter checks and cash equivalents – such as traveler's checks, cashier's checks and money orders.
- By wire transfer, call 1-866-941-4482 prior to wiring funds; refer to the current IVA Funds Prospectus for complete instructions. ACH purchase for an initial investment is not allowed.

## 3. TYPE OF RETIREMENT ACCOUNT (REQUIRED)

Choose ONE of the following account types:

**Traditional IRA Account**

For tax year

IRA to IRA Transfer (please complete and include an IVA Funds: IRA Transfer Form)

Rollover (shareholder had receipt of funds)

Inherited IRA for non-spouse beneficiary (please supply the name of the deceased IRA or retirement planowner and date of death below).

First Name

MI

Last Name

Suffix

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 and include an IVA Funds: 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 a new IRA account application

Contribution

Transfer from another SEP IRA or Traditional IRA account

Rollover (shareholder had receipt of funds)

**4. TELEPHONE EXCHANGE AND REDEMPTION (OPTIONAL)**

Certain business entities cannot redeem by phone. Please refer to the current IVA Funds Prospectus for further details. 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.

**5. ELECTRONIC DELIVERY (OPTIONAL)**

Sign up below to receive your Prospectuses, Annual and Semi-Annual Reports online. If you make this election, which can be changed at any time, IVA Funds will no longer send you paper versions of these documents. Instead, we will send a notice to the e-mail address provided below informing you that the documents are available for viewing on the IVA Funds' website.

E-Mail Address

It is your responsibility to keep your e-mail address current. You can update your e-mail address and change your delivery preferences within the Account Services menu once you are logged into the Mutual Fund Shareholder page on the IVA Funds' website. If an e-mail is returned undeliverable, we are required to discontinue electronic delivery and resume sending you paper documents. IVA Funds reserves the right to resume sending paper documents to you at any time.

**6. SYSTEMATIC INVESTMENT PLAN (OPTIONAL)**

If you choose this option, you must attach a voided check and provide your complete bank information in Section 7. Initial investments may not be made through the Systematic Investment Plan.

- Check this box if you would like to establish a Systematic Investment Plan (SIP) (\$100 minimum per fund).
  - I/We hereby authorize and direct IVA Funds Distributors, LLC to draw on my/our bank account on a periodic basis, as indicated below for investment in my/our account.
  - I/We understand that if there are insufficient funds in my/our account, finance charges may apply.

**INVESTMENT SELECTION:**

IVA Worldwide Fund \$  Class A  Class C  Class I   
IVA International Fund \$  Class A  Class C  Class I

**PREFERRED INVESTMENT SCHEDULE:**

Month   
Date  5<sup>th</sup>  20<sup>th</sup>  
Frequency  Bi-Monthly  Monthly  Quarterly  Annually

**NOTE:** If a date is not chosen, investments will be made into the selected fund(s) on or about the 5<sup>th</sup>. 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.

**7. BANK INFORMATION (REQUIRED FOR SYSTEMATIC INVESTMENT PLANS)**

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 FOR CHECKING ACCOUNT OR DEPOSIT SLIP FOR SAVINGS ACCOUNT HERE

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

**8. LETTER OF INTENT (OPTIONAL FOR CLASS A SHARES ONLY)**

A Letter of Intent allows you to aggregate anticipated purchases over a 13-month period in order to obtain a reduced sales charge.

Check this box if you would like 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, as 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 current IVA Funds Prospectus.
- Although I/we am/are not obligated to do so, I/we intend to purchase shares of IVA Funds (as enumerated in the current IVA Funds Prospectus) over the next 13-month period which will equal or exceed the below amount:

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     \$1,000,000

**9. RIGHTS OF ACCUMULATION (OPTIONAL FOR CLASS A SHARES ONLY)**

Rights of Accumulation allow you to combine your current IVA Funds investment with your previous purchase(s) of shares to obtain a reduced sales charge.

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

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

Account Number <input type="text"/>	IVA Worldwide Fund <input type="checkbox"/>	IVA International Fund <input type="checkbox"/>
Account Number <input type="text"/>	IVA Worldwide Fund <input type="checkbox"/>	IVA International Fund <input type="checkbox"/>
Account Number <input type="text"/>	IVA Worldwide Fund <input type="checkbox"/>	IVA International Fund <input type="checkbox"/>
Account Number <input type="text"/>	IVA Worldwide Fund <input type="checkbox"/>	IVA International Fund <input type="checkbox"/>

**NOTE:** If there are more accounts than spaces provided, please list the remainder on a separate sheet.

**10. DESIGNATION OF BENEFICIARY(IES) (OPTIONAL)**

*Please note that the percentages of designation(s) must total 100%. If the percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. When a percentage is not indicated, the beneficiaries' shares will be divided equally. Attach a separate sheet to make additional beneficiary designations.*

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 completing an IVA Funds: IRA Beneficiary Form. 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(ies) 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 Beneficiary 1:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Date of Birth (MM/DD/YYYY)		Proportion (%)
<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	

**Primary Beneficiary 2:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Date of Birth (MM/DD/YYYY)		Proportion (%)
<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	

**Contingent Beneficiary 1:**

*Contingent Beneficiary(ies) will only receive the account if the Primary Beneficiary(ies) predeceases the account owner. Please list any other Contingent Beneficiary(ies) on a separate page.*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Date of Birth (MM/DD/YYYY)		Proportion (%)
<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	

**Contingent Beneficiary 2:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Date of Birth (MM/DD/YYYY)		Proportion (%)
<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	

**11. SPOUSAL CONSENT (OPTIONAL)**

**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.

<input type="text"/>	<input type="text"/>
Signature of Spouse	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
Signature of Witness for Spouse	Date (MM/DD/YYYY)

**12. SIGNATURE & CERTIFICATION (REQUIRED)**

- (1) I have read the current IVA Funds 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 current IVA Funds Prospectus in effect as updated 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. 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.
- (3) 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,
- (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

**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.

Authorized Signature

Date (MM/DD/YYYY)

**13. BROKER/DEALER or INVESTMENT ADVISOR AUTHORIZATION (OPTIONAL)**

Dealer Name

Dealer #

Branch #

Street Number

Street Name (To receive Statements)

Apt. # / Suite

P.O. Box

City

State

Zip Code

Representative Name

Rep #

Telephone #

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#### 14. NEW IRA ACCOUNT ELIGIBILITY CRITERIA (REQUIRED)

You may establish a new IRA account in a Closed Fund if one of the following applies:

- A. You are an existing shareholder of a Closed Fund (either directly or through a financial intermediary) and you open a new account that is registered in your name or has the same taxpayer identification or social security number assigned to it in the same Closed Fund. (Includes UGMA/UTMA accounts with you as custodian). This applies only to individuals or organizations opening accounts for their own benefit. It does not apply to institutions opening accounts on behalf of its clients.

IVA Worldwide Fund:

- I hold the IVA Worldwide Fund directly with IVA Funds.

Provide your account number:

- I hold the IVA Worldwide Fund through a financial intermediary.

Attach a copy of the current account statement that shows that you own shares of the IVA Worldwide Fund.

IVA International Fund:

- I hold the IVA International Fund directly with IVA Funds.

Provide your account number:

- I hold the IVA International Fund through a financial intermediary.

Attach a copy of the current account statement that shows that you own shares of the IVA International Fund.

- B. You are a participant in a qualified defined contribution retirement plan (for example, 401(k) plans, profit sharing plans and money purchase plans), 403(b) plan or 457 plan (each, a "Plan") that invests through existing accounts in a Closed Fund. A Plan may continue to open new participant accounts within the Plan.

IRA transfers and rollovers from a Plan can be used to open new accounts in the same Closed Fund:

- I am a participant in a qualified defined contribution retirement plan that invests in the IVA Worldwide Fund and want to roll over my plan assets to an IRA account in the Worldwide Fund.

- I am a participant in a qualified defined contribution retirement plan that invests in the IVA International Fund and want to roll over my plan assets to an IRA account in the International Fund.

*Attach a copy of a current account statement that shows that you own shares of the Closed Fund. (If the attached statement does not clearly show the Closed Fund as an investment option, attach a copy of the description of the investment vehicle indicating IVA as the manager or provide the name of the organization that sponsors the qualified defined contribution retirement plan and the name of someone we can contact at that organization.)*

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Name of Retirement Plan Provider

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Contact Name & Telephone Number

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C. A new account in a Closed Fund may be opened by way of share transfer from an existing account in the same Closed Fund and share class, provided one of the following is met (please check one):

The new account will be for the benefit of an immediate family\* member of the beneficial owner of the existing account. Please provide the relationship here –

\* "Immediate family" includes: spouse (or legal equivalent under state law), sibling, parent, step-parent, legal guardian, child, stepchild, father-in-law, mother-in-law, sister-in-law, brother-in-law, grandchild and grandparent.

The new account will have the same taxpayer identification number or primary mailing address as the existing account.

The new account is considered a 'charitable foundation' related to the beneficial owner of the existing account for purposes of the Internal Revenue Code.

The account was inherited by a non-family member.

D. You are a current trustee or officer of the Trust, or an employee of International Value Advisers, LLC or a member of the immediate family of any of these persons (please indicate the relationship by checking one of the boxes below):

I am a current trustee or officer of the Trust.

I am an employee of International Value Advisers, LLC.

I am a member of the immediate family of one of the above.

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Name of trustee, officer, or IVA employee

E. You are a financial adviser who currently has a client invested in one of the Closed Funds and would like to open a new account to purchase shares for a new client in the same Closed Fund.

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Name of financial adviser

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Telephone number

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Name of broker/dealer

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## AM I ELIGIBLE TO OPEN A NEW ACCOUNT IN A CLOSED FUND?

### Individuals

- If you have a joint tenant account in a Closed Fund, you may open an individual account in the same Fund.
- If you have an individual account in a Closed Fund, you may open a joint tenant account in the same Fund.
- If you own shares of a Closed Fund that are held through a financial intermediary, you may open an account in the same Fund.

### Uniform gifts to minors act/uniform transfers to minors act (UGMA/UTMA) accounts

- If you are the custodian of a UGMA/UTMA account in a Closed Fund, you may open additional UGMA/UTMA accounts for other children in your family in the same Fund.
- If you are the custodian of an existing UGMA/UTMA account in a Closed Fund, you may not open an account in your name in the Closed Fund.
- If you have a joint tenant or individual account in a Closed Fund, you may open an UGMA/UTMA account in the same Fund, as long as you are listed as custodian of the UGMA/UTMA.

### IRA accounts

- If you have an IRA account in a Closed Fund, you may open a non-IRA account in the same Fund.
- If you have a non-IRA account in a Closed Fund, you may open an IRA account in the same Fund.
- If the Closed Fund IRA account owner dies, each IRA beneficiary may open an account in the same Fund with the proceeds of the inherited IRA.

### Transfer on Death (TOD) accounts

- If the Closed Fund TOD account owner dies, each beneficiary may open an account in the same Fund with the proceeds of the inherited TOD account.

### Trusts/Trustees

- If you are a trustee of an individual or family trust which has an account in a Closed Fund, you may open an account in the same Fund, as long as you are a beneficial owner or beneficiary of the trust.
- If you are a trustee of an individual or family trust which has an account in a Closed Fund, but not a beneficial owner or beneficiary of the trust, you are **not** eligible to open an account in the Closed Fund.
- If you are a trustee of a foundation or endowment that owns shares of a Closed Fund, you are **not** eligible to open an account in the Closed Fund.

### 401(k)/Retirement Plan Participants

- If you own a Closed Fund through an employer's retirement plan and you are receiving a distribution from the retirement plan, you may open an IRA rollover account in the same Fund. You are **not** eligible to open other types of accounts in a Closed Fund.

### Single-participant or Solo 401 (k) Plan Participants

- If you own shares of a Closed Fund in an account in your name, you are **not** eligible to open a Single- Participant or Solo 401(k) in the Closed Fund. If you own shares of a Closed Fund in Single-Participant or Solo 401(k), you are eligible to open an account in the Closed Fund for IRA rollovers only. You are not eligible to open other types of accounts in the Closed Fund.

### Corporations or other legal Entities

- Corporations or other legal entities with accounts in a Closed Fund may open additional accounts in the same Fund for the same company/legal entity, as long as the Corporation or legal entity is the beneficial owner of the Fund account.

### Omnibus/trust accounts

- For omnibus and trust account owners, we view the shareholder to be the omnibus or trust account owner's **underlying client**, not the omnibus or trust account owner themselves. Therefore, omnibus and trust account owners **cannot** open new accounts within their omnibus or trust accounts for their underlying clients in a Closed Fund **unless** one of the eligibility rules defined here applies for each underlying client.

### Other

- If you are a court-appointed fiduciary and or have Power of Attorney for an account that owns shares of a Closed Fund, you are **not** eligible to open an account in the Closed Fund.
  - If you are a corporate officer or other authorized signatory for a corporation or legal entity that owns shares of a Closed Fund, you are **not** eligible to open an account in the Closed Fund.
-