



IVA Funds Shareholder Services Form

PLEASE PRINT ALL ITEMS CLEARLY

This form may be used to establish and/or revise any of the items listed below for your existing IVA Funds' account(s):

- (1) Name Change
- (2) Financial Advisor Information
- (3) Distribution Options and/or Address Change
- (4) Telephone Exchange and Redemption Options
- (5) Electronic Delivery
- (6) Systematic Investment Plan
- (7) Systematic Withdrawal Plan
- (8) Systematic Exchange Plan
- (9) Banking Information

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.

CURRENT ACCOUNT INFORMATION

Please provide the following information as it appears on your statement.

Account Owner

First Name

MI

Last Name

Suffix

Social Security Number

Joint Account Owner (if applicable)

First Name

MI

Last Name

Suffix

Social Security Number

Check here to have the changes listed on this form applied to all accounts with the social security number above, or list specific account numbers below:

1. NAME CHANGE

Completing this section revises the name on your account due to marriage, divorce, etc. The social security number (or Tax ID) will remain the same.

New Account Owner Name

First Name

MI

Last Name

Suffix

New Joint Account Owner Name (if applicable)

First Name

MI

Last Name

Suffix

New Trust, Company or Other Entity Name (if applicable)

First Name

MI

Last Name

Suffix

2. FINANCIAL ADVISOR INFORMATION

Completing this section revises your financial advisor information. Please note that if you elect to remove the current financial advisor and a new financial advisor is not provided, the account will be defaulted to an IVA Funds House Dealer.

Check here to remove the current financial advisor on your account

Check here to add a financial advisor to your account or change the existing advisor to the below:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Dealer Name	Dealer #	Branch #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	Street Name (To receive Statements)	Apt. # / Suite
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Representative Name	Rep #	Telephone #

3. DISTRIBUTION OPTIONS AND/OR ADDRESS CHANGE

Completing this section revises your distribution options and/or changes your permanent address.

Reinvest all dividend income and capital gains

Pay all dividend income and capital gains

Pay all dividend income and short term capital gains. Reinvest long term capital gains.

Pay long term capital gains. Reinvest all dividend income and short term capital gains.

METHOD OF PAYMENT - Select one of the following if dividend income or capital gains are to be distributed.

By ACH to the bank account identified in Section 9. If you choose payment by ACH, you must provide a voided check or deposit slip in Section 9.

By check to the address on record

By check to an address other than what is currently on file. Please provide the mailing address below.

ADDRESS CHANGE - Check here to make the address below your new permanent 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	

4. TELEPHONE EXCHANGE AND REDEMPTION OPTIONS

Completing this section revises your telephone exchange and/or redemption options.

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

I wish to establish the **telephone redemption option** on my/our account

I wish to establish the **telephone exchange option** on my/our account

5. ELECTRONIC DELIVERY

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 not 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

Completing this section establishes a systematic investment plan. Please note if you choose this option, you must provide a voided check or deposit slip in Section 9.

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 5th 20th
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 5th. 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. SYSTEMATIC WITHDRAWAL PLAN

Completing this section establishes a systematic withdrawal plan. Please note that this section cannot be used for an IRA account. For an IRA account, please complete the IVA Funds Distribution Form.

Check here if you would like to establish a Systematic Withdrawal Plan (SWP) (\$50 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.

INVESTMENT SELECTION:

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

PREFERRED REDEMPTION SCHEDULE:

Beginning Month
Date 5th 20th
Frequency Monthly Quarterly Semi-Annually Annually
Ending Month/Year

NOTE: If a date is not chosen, withdrawals will be made on or about the 5th.

PAYMENT INSTRUCTIONS (select one of the following):

- By check to the address on record
- By ACH to bank account on record
- By ACH to the bank account identified in Section 9. If you choose payment by ACH, you must provide a voided check or deposit slip in Section 9.
- By check to the following address:

Street Number Street Name Apt. # / Suite P.O. Box

City State Zip Code

8. SYSTEMATIC EXCHANGE PLAN

Completing this section establishes a systematic exchange plan.

Check here if you would like to establish a 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.

Beginning Month :

Ending Month/Year :

Date : 5th 20th

Exchange Amount (\$) :

NOTE: The specified amount will be exchanged automatically on or about the 5TH or the 20TH of the month based on the selection above. If a date is not chosen, investments will be made into the selected fund(s) on or about the 5th.

EXCHANGE FROM (check only one, can only exchange within the same share class):

IVA Worldwide Fund – Class A

IVA International Fund – Class A

IVA Worldwide Fund – Class C

IVA International Fund – Class C

IVA Worldwide Fund – Class I

IVA International Fund – Class I

EXCHANGE TO (check only one, can only exchange within the same share class):

IVA Worldwide Fund – Class A

IVA International Fund – Class A

IVA Worldwide Fund – Class C

IVA International Fund – Class C

IVA Worldwide Fund – Class I

IVA International Fund – Class I

9. BANKING INFORMATION

Completing this section will add or modify your banking information.

Check here to add banking information to your account based on the below

Check here to modify the existing banking information on your account to the below

Check here to add secondary banking information to your account based on the below

Account Type (check one): Checking Savings

ABA Number (For Savings Account)

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.

SIGNATURE & CERTIFICATION

- (1) I have read the current prospectus and this form and agree to all terms. In addition, I authorize the instructions in this form. 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) Under the laws of certain states, my property may be transferred (escheated) to the state if no activity occurs in my account for a period specified by state law. As with all personal financial accounts, property may be transferred to the state if no activity occurs in my account within the time period specified by state law and IVA Funds is unable to communicate with me about my account.
- (3) By execution of this form, the investor represents and warrants that (i) he/she has the full right, power, and authority to make the investment applied for and (ii) he/she is a natural person of legal age in their 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 form and purchase or redeem shares of the fund on behalf of the investor. Each person named in the registration must sign below.
- (4) 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.)
- (5) 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.
- (6) 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 form 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.

Signature (Individual or Custodian)

Date (MM/DD/YYYY)

Signature (Joint Registrant, if applicable)

Date (MM/DD/YYYY)

Signature & Title (Corporate Officer, Partner, Trustee, Co Trustee, etc.)

Date (MM/DD/YYYY)

Signature & Title (Corporate Officer, Partner, Trustee, Co Trustee, etc.)

Date (MM/DD/YYYY)

Medallion Signature Guarantee or Signature Verification Program (SVP)

A medallion signature guarantee or signature verification program stamp is required If you are making a name change, requesting a distribution to an alternate address or an address that has been on file for less than 30 days, and for adding or modifying banking information.

.....

NOTE: A medallion signature guarantee or signature verification program stamp may be obtained from a domestic bank or trust company, broker, dealer, clearing agency, savings association, or other financial institution which participates in a Medallion program recognized by the Securities Transfer Association.