



Instructions for Opening Your Lone Peak Value Fund IRA

I. Included in this kit is:

- a. An IRA Application (Mail to Lone Peak Global Investors).
- b. The IRA Disclosure and Plan Agreement.
- c. A Transfer or Direct Rollover Request form. You may use this form to request your current custodian, trustee, or employer to directly transfer your plan assets to your Lone Peak Value Fund IRA.

II. To Open Your Lone Peak Value Fund IRA:

- Step 1** Complete the IRA Application. See Designation of Beneficiary explanation below.
- Step 2** If you are requesting a transfer or direct rollover of current plan assets (held elsewhere) to your Lone Peak Value Fund IRA, complete the Transfer or Direct Rollover Request form. You should complete this form **in addition** to the IRA Application.
- Step 3** Return the forms to the address below.
- Step 4** Include a check for the amount of your IRA contribution made payable to the mutual fund(s) in which you are investing.
- Step 5** Retain the IRA Plan Agreement and Disclosure for your records.

III. Designation of Beneficiary

You may designate a beneficiary to receive the IRA funds upon your death. The space provided is to name primary and contingent beneficiaries. If more space is needed, you may attach a supplementary sheet. If you wish a more complicated type of designation of beneficiary, you should consult an attorney. Some state's laws require married individuals to name their spouse as beneficiary. Married individuals should consult with their tax advisors prior to designating someone other than their spouse. You may change your beneficiary at any time by writing to the Custodian. If any of your beneficiaries die before you, the deceased beneficiary's share will be reallocated among the surviving beneficiaries on a *pro rata basis*. If none of your beneficiaries survive you, or if the Custodian cannot locate your beneficiary after a reasonable search, any balance in the IRA will be paid to your estate.

Revocation Information:

You have the right to revoke this Individual Retirement Account (IRA) within seven days of receiving your disclosure statement. To revoke your IRA account notify in writing by first-class mail to the address below and the notification will be accepted as the date notice is received and time-stamped.

Lone Peak Global Investors
c/o CFS, Inc
8730 Stony Point Parkway, Suite 205
Richmond, VA 23235



IRA ACCOUNT APPLICATION

U.S. Mail and Overnight:

Lone Peak Global Investors
c/o CFS, Inc
8730 Stony Point Parkway, Suite 205
Richmond, VA 23235

Toll Free:

(800) 673-0550

IMPORTANT INFORMATION

Please do not use this application to establish a regular Lone Peak Value Fund account. To request a regular Lone Peak Value Fund Account Application, please call (800) 673-0550 or visit our website at <https://lonepeakglobalfunds.com>. If you have any questions regarding this application or how to invest, please call Shareholder Services at (800) 673-0550.

In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: full name, date of birth, Social Security number, and permanent street address. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

1. IRA Owner Information

Name (first, middle, last)

Social Security Number

Date of Birth

Address

City, State, ZIP Code

Daytime Phone

Evening Phone

Citizen and Permanent U.S. Resident?

(Clifford Capital Funds are open to U.S. residents only)

☐ YES ☐ NO

2. Contribution Information

Amount to be Invested:

(may choose multiple funds)

Value Fund

\$ _____

Select only one: ☐ Investor Class (\$2,500 Minimum)

☐ Institutional Class (\$100,000 Minimum)

Account Type: ☐ Regular/Spousal

☐ SEP IRA

☐ Rollover

(check one)

☐ Roth

☐ Transfer

☐ Conduit*

* If you are moving assets from a qualified plan or tax-sheltered annuity and do not want to commingle these assets with regular IRA contributions, select this option.

Initial Contribution Type:

Type	Amount	Tax Year	Type	Amount	Tax Year
<input type="checkbox"/> Roth IRA	\$ _____	_____	<input type="checkbox"/> Transfer from IRA	\$ _____	_____
<input type="checkbox"/> Regular/Spousal IRA	\$ _____	_____	<input type="checkbox"/> Rollover from Simple IRA**	\$ _____	_____
<input type="checkbox"/> SEP IRA	\$ _____	_____	<input type="checkbox"/> Transfer from Simple IRA**	\$ _____	_____
<input type="checkbox"/> Rollover from IRA/ Qualified Plan (e.g. 401(k)) /Tax-sheltered Annuity	\$ _____	_____	<input type="checkbox"/> Coverdell Educational IRA	\$ _____	_____

** Simple IRA (SRA) funds cannot be combined with regular IRA funds during the first two years of initial participation

3. Designation of Beneficiary

In the event of my death, pay my IRA balance to the following primary beneficiary(ies):

(See instructions for additional conditions.)

_____ Name	_____ SSN or TIN	_____ Relationship	_____ Date of Birth	_____ Address	_____ %
				_____ City, State, ZIP Code	

_____ Name	_____ SSN or TIN	_____ Relationship	_____ Date of Birth	_____ Address	_____ %
				_____ City, State, ZIP Code	

If all of the primary beneficiaries die before me, pay my IRA balance to the following contingent beneficiaries:

_____ Name	_____ SSN or TIN	_____ Relationship	_____ Date of Birth	_____ Address	_____ %
				_____ City, State, ZIP Code	

_____ Name	_____ SSN or TIN	_____ Relationship	_____ Date of Birth	_____ Address	_____ %
				_____ City, State, ZIP Code	

If no percentage rate is indicated, the beneficiaries will share equally.

Total % _____

4. Signatures and Certifications

I certify under the penalty of perjury that my social security number stated above is correct, that I am of legal age in my state of residence and I agree that the designation of the tax year for my contribution and my election to treat a contribution as a rollover (if applicable) are irrevocable. By signing this application, I hereby authorize and appoint United Missouri Bank (UMB) to act as Custodian of my account. I indemnify UMB when making distributions in accordance with my beneficiary designation on file or in accordance with the Custodial Account Agreement absent any such designation. I acknowledge that I have received the IRA Disclosure Statement and IRA Custodial Account Agreement at least seven days prior to the date I signed this application. I have read both, which are incorporated in this application by reference, and I accept and agree to be bound by the terms and conditions contained in the IRA Custodial Account Agreement. I also certify that I have received and read the current Prospectus and understand that mutual fund shares are not obligations of or guaranteed by a bank, nor are they insured by the FDIC.

Complete only if required by State Law

Spousal Consent: I am the spouse of the IRA Owner and I approve and consent to the naming of a beneficiary other than myself. I transmute (transfer) any community property interest I have in this IRA into the separate property of my spouse.

IRA Owner's Signature

Date

UMB Bank Representative

Date

Spouse's Signature

Date

UMB accepts this application and agrees to act as Custodian of the account. **A confirmation will be sent to you regarding the above transaction(s) and will serve as notification of the Custodian's acceptance.**

Send completed forms to:

Lone Peak Global Investors
c/o CFS, Inc
8730 Stony Point Parkway, Suite 205
Richmond, VA 23235



IRA TRANSFER OR DIRECT ROLLOVER REQUEST FORM

Send completed forms to:

Lone Peak Global Investors
c/o CFS, Inc
8730 Stony Point Parkway, Suite 205
Richmond, VA 23235

1. General Information

Name (first, middle, last)

Social Security Number

Date of Birth

Address

City, State, ZIP Code

Account Number

Daytime Phone

Evening Phone

2. Current Custodian of Your IRA Account

Name

Address

Daytime Phone

City, State, ZIP Code

Your IRA Account Number

Please include a copy of your latest IRA statement.

If you choose to wire-transfer your funds, contact your financial organization for information regarding any incoming or outgoing wire-transfer fees that may apply. SIMPLE IRA (SRA) funds cannot be combined with regular IRA funds during the first two years of the initial participation in the SIMPLE IRA (SRA).

3. Authorization for Transfer to the Current Custodian of My IRA Account

Please Liquidate and Transfer: ☐ \$ _____ OR ☐ My Entire Account

To: ☐ My Existing IRA Account with Lone Peak Value Fund, # _____

OR

☐ A New IRA Account with Lone Peak Value Fund (*please attach an IRA Account Application*)

Signature

Date

4. Signature Guarantee

The current custodian of your IRA account may require your signature guaranteed. A signature guarantee requires you to sign your name in the presence of an officer of a commercial bank or a member firm of a domestic stock exchange. The offer will verify your signature at that time. Please notice that a notary public is **not** acceptable for signature guarantee.

Acceptance of Appointment – To be completed by UMB Representative (*Custodian for Lone Peak Global Investors*)

To Whom it may concern:

We have been requested to send you a letter of acceptance in order to transfer the assets of the above mentioned account for deposit to the Lone Peak Value Fund. To ensure proper crediting, please return the check made payable to:

Lone Peak Global Investors FBO

Mail To: Lone Peak Global Investors
c/o CFS Inc
8730 Stony Point Parkway, Suite 205
Richmond, VA 23235

Please include a copy of this form to identify the check as a transfer of assets. This is to be executed as a fiduciary to fiduciary transfer so as not to put the plan participant in actual or constructive receipt of all or any part of the transferred assets. Thank you for your prompt attention to this matter.

Custodian Signature

Date

(You may wish to retain a copy of this form for your records)



FUND AUTOMATIC INVESTMENT (ACH) FORM

Send completed forms to:

Lone Peak Global Investors
c/o CFS, Inc
8730 Stony Point Parkway, Suite 205
Richmond, VA 23235

1. Account Information

Account Holder Name(s): _____

Account Number: _____
(Leave blank if form accompanies a new application)

2. Transfers* (\$100 Minimum)

Transfer the amount of \$ _____ to the account listed above on the frequency selected below.

Select an option:

☐ Monthly, beginning on the 15th of _____ (insert month)

☐ Quarterly, beginning on the 15th of _____ (insert month)

Select your fund:

(should match either your current
fund holding OR the fund
selected for a new account)

Value Fund

☐ Investor Class (CLFFX)

☐ Institutional Class (CLIFX)

* if establishing an Automatic Fund Investment for more than one fund, please complete a separate form for each fund

3. Bank Information

Please complete with your bank information.

Bank Name

Bank Address

City, State, ZIP Code

Account Number

ABA Transit Routing Number (Bank)

☐ Checking ☐ Savings

Signature

Date

Please attach a copy of a voided check (checking account) or a pre-printed deposit slip (savings account) from the bank to enable transfer of funds.

I hereby authorize Commonwealth Fund Services, Inc. upon receiving instructions from me in accordance with the instructions provided to make investments into my mutual fund account. ***I acknowledge that this authorization may only be revoked by providing written notice to Commonwealth Fund Services, Inc.*** in such time and manner as to afford Commonwealth Fund Services, Inc. and the bank a reasonable opportunity to act upon it.

Signature of Primary Account Holder

Date

Signature of Additional Account Holder

Date

For Joint Account Registrations: If the name(s) on your bank account in Section 1 are not identical to the mutual fund account names, all bank account owners who are not owners of the mutual fund account must sign below.

Bank Account Owner's Name

Bank Account Owner's Signature