



877.807.4122 | SMEADCAP.COM

## Form Instructions

Subscriptions may also be made by calling the telephone number above.

### To: Smead Funds

C/O BFDS  
PO Box 55968  
Boston MA 02205-5968

### Attn: Smead Funds

C/O BFDS  
30 Dan Road Suite 55968  
Canton, MA 02021-2809

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.

## Section 1 | TYPE OF IRA

If no tax year is indicated, we will assume it is for the current tax year. Refer to disclosure statement for eligibility requirements and contribution limits.

### 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 - Name of Decedent  Date of Death  Date of Birth

#### IRA Rollover Account

- For tax year
- 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  Profit Sharing Plan  401(k)  403(b)  Other

#### ROTH IRA Account

- For tax year
- Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
- Traditional IRA Conversion to Roth IRA – year of conversion  in which Traditional IRA was converted to Roth IRA
- Rollover from Roth IRA (shareholder had receipt of funds)
- Inherited IRA - Name of Decedent  Date of Death  Date of Birth

#### SEP (Simplified Employee Pension Plan) – Each employee must complete an IRA Application.

- Contribution
- Transfer from another SEP IRA Account
- Rollover (shareholder had receipt of funds)

#### SIMPLE IRA (Be sure to complete Section 12)

- Contribution
- Transfer from another SEP IRA Account
- Rollover (shareholder had receipt of funds)



## Section 2 | INVESTOR INFORMATION

**Individual**

FIRST NAME  LAST NAME  DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

## Section 3 | PERMANENT STREET ADDRESS

Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed.

STREET  APT / SUITE

CITY  STATE  ZIP CODE

DAYTIME PHONE NUMBER  EVENING PHONE NUMBER

E-MAIL ADDRESS

**Mailing Address\*** (if different from Permanent Address)

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.

STREET  APT / SUITE

CITY  STATE  ZIP CODE

\* A.P.O. Box may be used as the mailing address.

**Duplicate Statement #1**

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME  NAME

STREET  APT / SUITE

CITY  STATE  ZIP CODE

**Duplicate Statement #2**

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME  NAME

STREET  APT / SUITE

CITY  STATE  ZIP CODE

Required Field



### Section 4 | INVESTMENT AMOUNT

**By check:** Make check payable to the Smead Value Fund.  
Note: Cashier's checks of \$10,000 or less, money orders of any amount and third party checks are not accepted.

**By wire:** Call 877.807.4122  
Note: A completed application is required in advance of a wire.

**Smead Value Fund Investor Shares**  
4601

INVESTMENT AMOUNT \$500 Minimum

**Smead Value Fund I1 Shares**  
4602

INVESTMENT AMOUNT \$1,000,000 Minimum

**Smead Value Fund Y Shares**  
4604

INVESTMENT AMOUNT \$10,000,000 Minimum

### Section 5 | AUTOMATIC INVESTMENT PLAN (AIP)

Your signed Application must be received at least 15 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to Section 7 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

**Draw money for my AIP:**  Monthly (\$100 minimum)

**Smead Value Fund Investor Shares**  
4601

AMOUNT PER DRAW

AIP START MONTH

AIP START DAY

**Please keep in mind that:**

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.
- An AIP will cease the year in which a shareholder reaches the age of 70 1/2 (excluding SEP, SIMPLE and Roth IRA accounts).

### Section 6 | TELEPHONE OPTIONS

**You have the ability to make telephone purchases\* per the prospectus by checking the box below. See the prospectus for minimum and maximum amounts.**

\* You must provide bank instructions and a voided check in Section 7.

**I accept telephone transaction privileges**

**I do not accept telephone transaction privileges**

Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information.

### Section 7 | VOIDED CHECK FOR BANK INFORMATION

Please attach a voided check or savings deposit slip to this application if you chose the Automatic Investment Plan. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

John Doe  
Jane Doe  
123 Main St.  
Anytown, USA 12345

53289

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ Dollars

Memo \_\_\_\_\_ Signed \_\_\_\_\_



## Section 8 | BENEFICIARY INFORMATION | If you need more space, please enclose a separate sheet of paper.

### Primary

NAME	RELATIONSHIP	CITY/STATE/ZIP	SSN	DATE OF BIRTH	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Secondary

NAME	RELATIONSHIP	CITY/STATE/ZIP	SSN	DATE OF BIRTH	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

SIGNATURE OF SPOUSE	DATE
<input type="text"/>	<input type="text"/>

## Section 9 | SIGNATURE

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Smead Value Fund Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and understand the prospectus for the Smead Value Fund (the "Fund"). I understand the Fund's objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable, if I fail to notify the Fund within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. [If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e., "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)]

If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

Your mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.

The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing Sections 4, 5, 6, I authorize my bank to honor all entries to my bank account initiated through UMB Bank, n.a., on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE	DATE (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

U.S. Citizen, OR  Resident Alien

I certify under penalties of perjury that: (1) the Social Security number or Taxpayer Identification number provided above is correct; and (2) I am not subject to IRS backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding; or (c) I have been notified by the IRS that I am no longer subject to backup withholding.

Appointment as Custodian accepted: UMB Bank, n.a.

**Custodian Acceptance:** UMB Bank, n.a. accepts appointment as Custodian of the Depositor's Account; however, this Agreement is not binding upon the Custodian until the Depositor has received a statement confirming the initial transaction for the Account. Receipt by the Depositor of a confirmation of the purchase of the Fund Shares indicated above will serve as notification of UMB Bank, n.a.'s acceptance of appointment as Custodian of the Depositor's Account.



## Section 10 | SIMPLE IRA PLANS ONLY

### Employer Information:

EMPLOYER (COMPANY) NAME

EMPLOYER STREET ADDRESS

EMPLOYER CITY / STATE / ZIP CODE

EMPLOYER CONTACT NAME

EMPLOYER CONTACT BUSINESS PHONE

## Section 11 | DEALER INFORMATION

### Dealer head office information:

DEALER'S NAME

DEALER'S ID

DEALER'S BRANCH ID

DEALER ADDRESS

DEALER'S CITY / STATE / ZIP

DEALER'S PHONE NUMBER

### Representative branch office information:

REPRESENTATIVE'S NAME

REPRESENTATIVE'S ID

REPRESENTATIVE'S BRANCH ID

REPRESENTATIVE'S ADDRESS

REPRESENTATIVE'S CITY / STATE / ZIP

REPRESENTATIVE'S PHONE NUMBER

## Before you mail, have you:

Completed all USA PATRIOT Act required information?

- Social Security or Tax ID Number in Section 2?
- Birth Date in Section 2?
- Full Name in Section 2?
- Permanent street address in Section 3?

Enclosed your check made payable to Smead Value Fund?

Included a voided check, if applicable?

Signed your application in Section 9?

Enclosed additional documentation, if applicable?

For additional information please call toll-free **877.807.4122** or visit us on the web at **www.smeadcap.com**.