

**The IRA Transfer Request Form is used to facilitate the transfer of assets between two IRAs. This form may be used to transfer Traditional, Roth, SEP, or SIMPLE IRA assets from one IRA Trustee/Custodian/Issuer to another. This form should not be used to facilitate a rollover of assets from an employer-sponsored qualified plan or to convert Traditional, SEP or SIMPLE IRA assets to a Roth IRA. If you have any questions regarding this form, please call Shareholder Services at 1-888-345-1898. Note: Please complete a New Account Agreement if you do not already have an account established.*

PART I: IRA OWNER INFORMATION (RECEIVING IRA) (*DENOTES REQUIRED INFORMATION)

Owner's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number * _____

Street Address (Physical Address)* _____ Apt # _____ City* _____ State* _____ Zip Code* _____

Mailing Address (if different than above) _____ Apt # _____ City _____ State _____ Zip Code _____

Daytime Phone* _____ Evening Phone _____

PART II: CURRENT IRA TRUSTEE, CUSTODIAN OR ISSUER

Name of Current Trustee/Custodian/Issuer* _____ Current Account/Plan Number/Fund Name* _____

P. O. Box* _____ Suite # _____ City* _____ State* _____ Zip Code* _____

Name of Contact* _____ Contact's Phone Number* _____

***Note:** If you wish to have paperwork sent overnight, please provide the physical street address.

PART III: TRANSFER DESCRIPTION (PLEASE ATTACH A STATEMENT)

Type of Transfer (Select One)

Traditional IRA-to-Traditional IRA
 SIMPLE IRA-to-SIMPLE IRA
 Roth IRA-to-Roth IRA
 SEP IRA-to-SEP IRA
 SIMPLE IRA-to-Traditional IRA**
 SIMPLE IRA-to-SEP IRA**

****You may not transfer SIMPLE IRA assets to a Traditional IRA until at least two years have elapsed from the time of your initial participation in your employer-sponsor SIMPLE IRA plan.**

PART IV: TRANSFER INSTRUCTIONS

This is a new account; a completed New Account Agreement is attached.
 The proceeds of this transfer will purchase shares into my existing account as listed below.

Account Number _____

Transfer Allocation

List the percentage that will be transferred using whole percentages, the total must add up to 100%.

Name of Investment	Investment
Commonwealth Australia/New Zealand Fund	\$ _____ or _____ %
Commonwealth Africa Fund	\$ _____ or _____ %
Commonwealth Japan Fund	\$ _____ or _____ %
Commonwealth Global Fund	\$ _____ or _____ %
Commonwealth Real Estate Securities Fund	\$ _____ or _____ %
	TOTAL: \$ _____ or _____ %

PART V: LIQUIDATION/TRANSFER INSTRUCTIONS

I authorize and direct the current Trustee, Custodian or Issuer to liquidate/transfer assets as follows (select one).

Immediately liquidate all assets and send the cash proceeds to the new IRA Trustee/Custodian identified below.

Partially liquidate \$ _____ of the current IRA account and send the proceeds to the new IRA Trustee/Custodian identified below. (Note to IRA Owner: Attach additional written liquidation instructions, if necessary.)

Transfer-in-kind

Other (describe): _____

***Note:** If you are transferring a Certificate of Deposit (CD), mail this form at least 14 days, but not more than 21 days before the maturity date.

Please send proceeds by check:

Make check payable as follows: Commonwealth International Series Trust: FBO _____
 (Investor's Name)

Please mail check to:

Regular Mail Delivery
 Commonwealth International Series Trust
 P.O. Box 46707
 Cincinnati, OH 45246-0707

Overnight Delivery
 Commonwealth International Series Trust
 225 Pictoria Drive, Suite 450
 Cincinnati, OH 45246

PART VI: INSTRUCTIONS REGARDING REQUIRED MINIMUM DISTRIBUTION (RMD)

***Note: Complete this section only if the current (i.e., distributing) IRA is subject to Required Minimum Distributions (RMDs).**

Keep my RMD in the existing IRA and transfer the balance as instructed.

I have already satisfied my RMD for the year.

Send me my RMD and transfer the remaining IRA balance as instructed above.

Transfer my RMD to the new IRA Trustee/Custodian.

Special Instructions: _____

PART VII: ACKNOWLEDGEMENTS

By signing this *IRA Transfer Request Form*, I certify that the information I have provided is true and correct. I authorize the current IRA Trustee/Custodian to transfer the IRA assets as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this transfer and I assume all responsibilities for any consequences that arise as a result of my actions. I agree to indemnify and hold the IRA Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the IRA Trustee/Custodian. I also understand that if this transfer involves a SIMPLE IRA, or if I am subject to the required minimum distribution requirements, special rules apply; and I assume responsibility for my actions regarding those issues.

Signature of IRA Owner (or other Authorized Person):

X _____ Date: _____

PART VIII: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program (“STAMP”)
- Commercial banks which are members of the Federal Deposit Insurance Corporation (“FDIC”)
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges
- Foreign branches of any of the above

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



PART IX: LETTER OF ACCEPTANCE (TO BE COMPLETED BY NEW CUSTODIAN)

By signing below, the Trustee/Custodian of the receiving IRA agrees to accept this transfer as instructed above.

Signature of Receiving IRA Trustee/Custodian Representative: X _____ Date: _____

A handwritten signature in black ink, appearing to be "R. J. S.", written over a horizontal line.

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
 Commonwealth International Series Trust
 P.O. Box 46707
 Cincinnati, OH 45246-0707

Overnight Delivery
 Commonwealth International Series Trust
 225 Pictoria Drive, Suite 450
 Cincinnati, OH 45246

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

I. GENERAL INSTRUCTIONS/DEFINITIONS

In compliance with the Customer Due Diligence requirements issued by the Financial Crimes Enforcement Network (FinCEN), financial institutions must identify and verify the identity of the beneficial owners of all legal entity customers.

This form must be completed by the person opening a new account on behalf of a legal entity customer. For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by filing a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening account on their own behalf.

This form requires you provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of non-U.S. Persons) for the following individuals (i.e., the beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. **Regardless of the number of individuals identified in section (i), you must provide the identifying information of one individual under section (ii).** It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of ACME, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

- a. Name and Title of Natural Person Opening Account: _____
- b. Name, Type (select below), and Address of Legal Entity for Which the Account is Being Opened: _____
 - Corporation Limited Liability Company Limited Partnership
 - General Partnership Business Trust Other entity created by filing with a state office
- c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number

(If no individual meets this definition, please write, "Not Applicable")

- d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:
 - An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, Vice President, Treasurer); or
 - Any other individual who regularly performs similar functions.

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____ Date: _____

Commonwealth International Series Trust

Notice of Privacy Policy & Practices

Commonwealth International Series Trust (the “Trust”) recognizes and respects the privacy expectations of our customers¹. We provide this notice to you so that you will know what kinds of information we collect about our customers and the circumstances in which that information may be disclosed to third parties who are not affiliated with the Trust.

Collection of Customer Information

We collect nonpublic personal information about our customers from the following sources:

- *Account Applications and other forms*, which may include a customer’s name, address, social security number, and information about a customer’s investment goals and risk tolerance;
- *Account History*, including information about the transactions and balances in a customer’s accounts; and
- *Correspondence*, written, telephonic or electronic between a customer and the Trust or service providers to the Trust.

Disclosure of Customer Information

We may disclose all of the consumer information outlined above to third parties who are not affiliated with the Trust:

- as permitted by law - for example with service providers who maintain or service shareholder accounts for the Trust or to a shareholder’s broker or agent;
- to perform marketing services on our behalf or pursuant to a joint marketing agreement with another financial institution.

Security of Customer Information

We require service providers to the Trust:

- to maintain policies and procedures designed to assure only appropriate access to, and use of information about customers of the Trust; and
- to maintain physical, electronic and procedural safeguards that comply with federal standards to guard nonpublic personal information of customers of the Trust.

We will adhere to the policies and practices described in this notice regardless of whether you are a current or former customer of the Trust.

¹ For purposes of this notice, the terms “customer” or “customers” includes both individual shareholders of the Trust and individuals who provide nonpublic personal information to the Trust, but do not invest in Trust shares.