

CLEAR FORM >>

**IMPORTANT:** In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account.

**WHAT THIS MEANS FOR YOU:** When you open an account, we will ask for your name, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing, we will not be able to process your investment request. If we are unable to verify this information, your account may be closed, and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-888-345-1898.

**PART I: INVESTOR INFORMATION** \*Required Information

**CORPORATION, PARTNERSHIP OR OTHER BUSINESS ENTITY**

**CORPORATION:** The word "Incorporated," "Corporation," or the abbreviation "PC" is included in the name of the organization. A Corporate Resolution or Certificate of Incumbency originally certified within the last 60 days must be provided to establish the account. If publicly traded, you must provide CUSIP Number, Ticker Symbol, and exchange. If not publicly traded, official documentation to verify the entity's form of organization is required.

**PARTNERSHIP:** The word "Partnership" is included in the name of the organization. Partnership document or equivalent document confirming the existence of the entity and the individuals who have authorization to trade on behalf of the account are required to establish the account. If the entity is registered with a state corporation agency, a Good Standing Certificate with certified stamp/seal of the appropriate state agency is acceptable.

**RETIREMENT PLAN:** Only to be used if it is not a Unified Financial Securities sponsored retirement account. Please provide documents confirming the existence of the entity and the authority of all individuals who are authorized to act on behalf of this account.

**OTHER BUSINESS ENTITY:** Including non-profit and non-exempt organizations. Please provide documents confirming the existence of the entity and the authority of all individuals who are authorized to act on behalf of this account. Contact us to determine if additional documentation is required to open your account type.

- ▶ **REQUIRED:** All registrations require documentation confirming the existence of the entity and proof of the individuals who have authorization to act on behalf of this account along with these individuals identifying information. Please refer to the instruction sheet on the first page of this application for all other required identifying documentation.

This application must be signed and completed for all corporate officers whose signatures are required under the corporate by-laws and anyone authorized to place transactions on this account. If you require additional space, please include information on a separate sheet of paper.

**TYPE OF ENTITY:**

Corporation  Partnership  Retirement Plan (Non-Unified Financial Securities, Inc. sponsored retirement accounts only)

Other (specify): \_\_\_\_\_ If publicly traded, Exchange Number: \_\_\_\_\_

CUSIP: \_\_\_\_\_ Ticker Symbol: \_\_\_\_\_

\_\_\_\_\_  
Name of Corporation, Partnership or Other Entity\*

\_\_\_\_\_  
Entity's Tax Identification Number\*

\_\_\_\_\_  
Street Address (Physical Address)\*

Apt #

\_\_\_\_\_  
City\*

\_\_\_\_\_  
State\*

\_\_\_\_\_  
Zip Code\*

\_\_\_\_\_  
Mailing Address (if different than above)

Apt #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**PART I: INVESTOR INFORMATION (CONTINUED)**

Name of First Authorized Signor\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

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

Name of Second Authorized Signor\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

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

Daytime Phone\* \_\_\_\_\_

**PART II: FUNDS SELECTION AND INITIAL INVESTMENT**

\*Required Information

Next to the fund name, indicate the amount of your investment. The initial investment minimum is \$200 per each Fund. Refer to the prospectus for additional purchase requirements. Redemption proceeds of shares purchased by check are not available for 15 calendar days.

NAME OF INVESTMENT	INVESTMENT
Commonwealth Australia/New Zealand Fund	\$ _____ or _____ %
Africa Fund	\$ _____ or _____ %
Commonwealth Japan Fund	\$ _____ or _____ %
Commonwealth Global Fund	\$ _____ or _____ %
Commonwealth Real Estate Securities Fund	\$ _____ or _____ %
<b>TOTAL:</b>	\$ _____ or _____ %

**NOTE:** If an account is opened with an Automatic Investment Plan (AIP) of at least \$100/month, then the account can be opened with no initial minimum investment.

**PART III: COST BASIS ELECTION**

► The completion of this section is **OPTIONAL**.

The Commonwealth International Series Trust is responsible for tracking and reporting to the IRS adjusted cost basis on covered shares for mutual fund purchases on or after January 1, 2012. We will apply the Commonwealth International Series Trust's default cost basis reporting method of Average Cost to all applicable funds and accounts that are not listed or for which a method is not selected below.

**I choose the following cost basis method for all funds under the above account number:**

- Average Cost                       First In, First Out (FIFO)                       Last In, First Out (LIFO)  
 High Cost                               Low Cost     Specific ID

**AVERAGE COST:** Uses the average cost of the shares as the basis for redemptions to calculate capital gains and losses. To determine the holding period for the shares, average cost uses the First-In, First-Out method. The Average Cost method is available only for mutual funds.

**FIRST-IN, FIRST-OUT (FIFO):** Shares acquired first in the account are the first shares depleted to determine cost basis.

**LAST-IN, FIRST-OUT (LIFO):** Shares acquired last in the account are the first shares depleted to determine cost basis.

**HIGH COST:** Shares acquired with the highest cost per share in the account are the first shares depleted to determine cost basis.

**LOW COST:** Shares acquired with the lowest cost per share in the account are the first shares depleted to determine cost basis.

**SPECIFIC ID:** Shares specifically identified by the shareholder at the time of the sale are sold or redeemed first.

DIVIDENDS	SHORT-TERM CAPITAL GAINS	LONG-TERM CAPITAL GAINS
<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in CASH to my address of record <input type="checkbox"/> Automatically deposit into my bank account (complete bank account Part VIII)	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in CASH to my address of record <input type="checkbox"/> Automatically deposit into my bank account (complete bank account Part VIII)	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in CASH to my address of record <input type="checkbox"/> Automatically deposit into my bank account (complete bank account Part VIII)

▶ If you do not mark one for each of the following selections, all dividends and capital gains will be reinvested in the same fund that paid them.

**PART V: TELEPHONE TRANSACTION PRIVILEGES**

▶ The completion of this section is **OPTIONAL**.

Telephone instructions may be provided by any registered owner or the broker/dealer of record. Telephone requests for investments or withdrawals can be made on any day the Fund(s) are open for business. Requests must be received by the close of trading of the NYSE, normally 4 p.m. (Eastern) (Redemption proceeds of shares purchased by check are not available until payments for those shares are collectible. This may take up to fifteen (15) calendar days.) To allow for on demand telephone investments or withdrawals by transferring money directly between your mutual fund and your bank account via ACH (Automated Clearing House) please Complete Bank Account Information Part VIII.

Your account automatically includes telephone redemption privileges. In the case of telephone redemptions, a check will be mailed to the address and owners listed on your account, unless instructed to go via ACH to the bank information provided in Part VIII.

▶ Please check the box below if you **DO NOT** want these privileges.

By checking this box, you **DO NOT** authorize Commonwealth International Series Trust to accept and act upon telephone instructions from any registered owner or the broker/dealer of record for the redemption of shares.

**PART VI: AUTOMATIC INVESTMENT PLAN**

▶ The completion of this section is **OPTIONAL**.

**AUTOMATIC INVESTMENT PLAN (AIP)** — This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. Please refer to the funds prospectus for other account restrictions. Please provide all of your bank account information **AND** attach a voided check or deposit slip where requested in Part VIII.

I authorize Commonwealth International Series Trust to initiate investments into my mutual fund account according to the following frequency:

Twice Each Month     Monthly

- Commonwealth Australia/New Zealand Fund    Amount: \$ \_\_\_\_\_ Day of Month (15th, End of month): \_\_\_\_\_
- Africa Fund    Amount: \$ \_\_\_\_\_ Day of Month (15th, End of month): \_\_\_\_\_
- Commonwealth Japan Fund    Amount: \$ \_\_\_\_\_ Day of Month (15th, End of month): \_\_\_\_\_
- Commonwealth Global Fund    Amount: \$ \_\_\_\_\_ Day of Month (15th, End of month): \_\_\_\_\_
- Commonwealth Real Estate Securities Fund    Amount: \$ \_\_\_\_\_ Day of Month (15th, End of month): \_\_\_\_\_

## PART VII: SYSTEMATIC WITHDRAWAL PLAN

► The completion of this section is **OPTIONAL**.

**SYSTEMATIC WITHDRAWAL PLAN** — This option provides a systematic withdrawal of money from your mutual fund(s). Money can be sent to your address of record or transferred to your bank account via ACH (Automated Clearing House). For transfers sent to your bank account please provide all of your bank account information AND attach a voided check or deposit slip where requested in Part VIII.

- Systematic Withdrawal Plan to my Address of Record  
 Systematic Withdrawal Plan via ACH to my Bank Account (complete Part IX)

I authorize **Commonwealth International Series Trust** to initiate withdrawals from my mutual fund account as described below:

- Annually     Semi-Annually     Twice Each Month     Monthly     Other (Check months below)
- January     February     March     April     May     June  
 July     August     September     October     November     December

- Commonwealth Australia/New Zealand Fund    Amount: \$ \_\_\_\_\_    Day of Month (15th, End of month): \_\_\_\_\_  
 Africa Fund    Amount: \$ \_\_\_\_\_    Day of Month (15th, End of month): \_\_\_\_\_  
 Commonwealth Japan Fund    Amount: \$ \_\_\_\_\_    Day of Month (15th, End of month): \_\_\_\_\_  
 Commonwealth Global Fund    Amount: \$ \_\_\_\_\_    Day of Month (15th, End of month): \_\_\_\_\_  
 Commonwealth Real Estate Securities Fund    Amount: \$ \_\_\_\_\_    Day of Month (15th, End of month): \_\_\_\_\_

\*\*Redemption proceeds of fund shares purchased via ACH are not available for a period of fifteen (15) calendar days.



**PART IX: DUPLICATE ACCOUNT STATEMENT**

▶ The completion of this section is **OPTIONAL**.

**YES**, please send a duplicate statement to:

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PART X: SIGNATURE**

\*Required Information

By signing this form, I represent and warrant that: (a) I am of legal age in my state of residence and wish to purchase shares of the Fund(s) as described in the current Prospectus; and (b) I have the full right, power and authority to invest in the Fund (s); and (c) I have received a current Prospectus of the Funds and agree to be bound by its terms; and (d) I understand that no certificates will be issued and that my confirmation statement will be evidence of my ownership of fund shares; and (e) I understand that my property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

**I certify that I am eligible to engage in the cost basis method election(s) requested on this form and that I have the authority to act on the account(s). I also assume complete responsibility for the tax consequences of the cost basis method election(s) I have made.**

**Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen.**

▶ **CERTIFICATION INSTRUCTIONS:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividend, you are not required to sign the Certification, but you must provide your correct TIN. (See IRS Form W-9, which is available from the Funds, for more information).

Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are certifying that each person listed below are authorized to effect securities transactions on behalf of the Investor (alternatively, the secretary or designated officer of the organization must certify the authority of the persons signing on the space provided below).

**Authorized Officer Signature:**

**Authorized Officer Signature:**

X \_\_\_\_\_ Date: \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_

**Authorized Officer Signature:**

**Authorized Officer Signature:**

X \_\_\_\_\_ Date: \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** All account owners and authorized signers must sign above.

**PART XI: FOR DEALER USE ONLY**

Financial Institution Name

Representative's Full Name

Address

Representatives' Branch Office Telephone Number

City

State

Zip

Dealer Number

Branch Number

Representative Number

X \_\_\_\_\_  
Representative's Signature

X \_\_\_\_\_  
Supervisor's Signature

## PART XII: APPLICATION CHECKLIST

- Completed all required sections of the application (Parts I, II, IV, X)
- Provided account owner name, residential address, date of birth and Social Security Number or Tax Identification Number for all individuals listed on the application
- Included all identifying documents for non-individuals or entity registrations
- Enclosed check which meets the fund minimums and is made payable to Commonwealth International Series Trust Provided all required signatures
- Completed bank information for Automatic Investment Plan or Automatic Withdrawal Plan via ACH options and enclosed a preprinted voided check or savings deposit slip

## PART XIII: 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 information below.

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: SSN	For Non-U.S. Persons: SSN, Passport Number and Country of Issuance, or Other ID Number

► If no individual meets this definition, please write, "Non 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: SSN	For Non-U.S. Persons: SSN, Passport Number and Country of Issuance, or Other ID 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: X \_\_\_\_\_ Date: \_\_\_\_\_



# Commonwealth International Series Trust

## NOTICE OF PRIVACY POLICY & PRACTICES

Commonwealth International Series Trust (the "Trust") recognizes and respects the privacy expectations of our customers.<sup>1</sup> 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.

### COLLECTION 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.

<sup>1</sup>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.