

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

**INDIVIDUAL ACCOUNT** — An account that represents one adult’s self-controlled investment.

**JOINT ACCOUNT** — An account owned by 2 or more adults. Since there are several options, please select a type of joint ownership on the **New Account Form**. If you do not, **Joint Tenants with Rights of Survivorship** will apply to your account.

- **Joint Tenants with Rights of Survivorship (JTWROS):** Each tenant owns all shares equally. Upon the death of a tenant, the surviving tenant(s) takes ownership of the account.
- **Tenants in Common (TEN COM):** Each tenant owns a divisible interest that may not be equal (e.g., 40% and 60%). Upon the death of owner, the survivor maintains ownership of his/her percentage and the descendant’s shares pass to his/her heirs. On the New Account Form, please enter the percentage of ownership next to each tenant’s name.
- **Tenants by the Entirety (TEN ENT):** This registration applies only in certain states between spouses and each has a full interest in the account. Upon the death of one, the surviving spouse takes ownership of the account.

To open any **ONE** of the following types of accounts, please check the appropriate box.

- Individual or Joint Account    
  Joint Tenants with Rights of Survivorship    
  Tenants in Common no Rights of Survivorship  
 Tenants by the Entirety (the account will be registered as Joint Tenant with Rights of Survivorship unless you advise us otherwise or type of ownership is not permitted in your state)

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\*

Co-Owner’s Name\* (First, M.I., Last)                      Date of Birth\*                      Social Security Number\*

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

Co-Owner’s Name\* (First, M.I., Last)                      Date of Birth\*                      Social Security Number\*

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

Daytime Phone\*                      Evening Phone

## PART II: FUNDS SELECTION AND INITIAL INVESTMENT

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.

## PART IV: DIVIDEND AND CAPITAL GAINS OPTIONS

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

<input type="checkbox"/> Commonwealth Australia/New Zealand Fund	Amount: \$ _____	Day of Month (15th, End of month): _____
<input type="checkbox"/> Africa Fund	Amount: \$ _____	Day of Month (15th, End of month): _____
<input type="checkbox"/> Commonwealth Japan Fund	Amount: \$ _____	Day of Month (15th, End of month): _____
<input type="checkbox"/> Commonwealth Global Fund	Amount: \$ _____	Day of Month (15th, End of month): _____
<input type="checkbox"/> 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 VIII: BANK ACCOUNT INFORMATION

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

Provide information about your checking or savings account to establish an Automatic Investment Plan by ACH. Please select one of the following:

Attach a voided check or deposit slip for your bank account. **Please use tape; do NOT staple.**

**ACCOUNT TYPE:**  Checking  Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	<b>Tape your voided check or preprinted deposit slip here. Please do NOT use staples.</b>	\$ _____
BANK NAME BANK ADDRESS		_____ DOLLARS
MEMO _____		

Provide information about your bank account below.

**ACCOUNT TYPE:**  Checking  Savings

Bank Name \_\_\_\_\_

Bank Phone Number \_\_\_\_\_

Bank Address \_\_\_\_\_

ABA Routing Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Name(s) on Bank Account \_\_\_\_\_

Bank Account Number \_\_\_\_\_

## 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**

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).

Shareholder Signature:

Shareholder Signature:

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

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

Shareholder Signature:

Shareholder 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

# 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.