

[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

_____ Name of Trust* (First, M.I., Last)		_____ Date of Trust*	_____ Tax Identification Number*	
_____ Name of Trustee* (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		

CO-TRUSTEE, if any:

_____ Name of Trust* (First, M.I., Last)		_____ Date of Trust*	_____ Tax Identification Number*	
_____ Name of Trustee* (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		

NOTE: Please list all individuals who will have authority to open and/or transact business for this account on behalf of the legal entity in whose name this account will be registered. You must provide the following information for each person listed on the account: Each individual's full name, date of birth, personal Taxpayer Identification Number (TIN), and physical residential address (a Post Office box is not acceptable).

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 _____%
	TOTAL: \$ _____ 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

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

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 _____	Tape your voided check or preprinted deposit slip here. Please do NOT use staples.	\$ _____
_____		_____ DOLLARS
BANK NAME BANK ADDRESS		
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).

Trustee Signature: _____ Trustee Signature: _____
X _____ Date: _____ X _____ Date: _____

Trustee Signature: _____ Trustee 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 _____ X _____
Representative's Signature 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.¹ 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.

¹For 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.