

[CLEAR FORM >>](#)

Use this **SEP IRA** Application to open a **SEP IRA**.

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.

Please note there is a **\$12.00 annual maintenance/custodian fee that is paid for by the Advisor and subject to an annual determination.**

PART I: SEP IRA OWNER INFORMATION *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: CONTRIBUTION INFORMATION

SOURCE OF FUNDS (select one):

Employer SEP Contribution Amount: _____ Tax Year: _____

Direct Transfer **NOTE:** Select this option only if you are transferring assets directly from another SEP IRA.

Other Explain: _____

► **IMPORTANT:** Contributions made to your SEP IRA will be for the **current tax year** unless you specify prior year.

PART III: INVESTMENT SELECTION

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

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.

FUND CHOICE	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 _____%

PART IV: ACCOUNT SERVICE OPTIONS FOR YOUR IRA

► 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. Automatic investment plan must be established with a \$100 minimum. Please refer to the funds prospectus for other account restrictions. Please provide all of your bank account information or attach a voided check or deposit slip. **IMPORTANT: Contributions made to your IRA using AIP will be for the current tax year.** Keep this in mind for investments made from January 1 through April 15.

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

Twice Each Month Monthly

Fund: _____ Amount: \$ _____ Day of Month (1st, 15th, etc.): _____

Fund: _____ Amount: \$ _____ Day of Month (1st, 15th, etc.): _____

Fund: _____ Amount: \$ _____ Day of Month (1st, 15th, etc.): _____

Fund: _____ Amount: \$ _____ Day of Month (1st, 15th, etc.): _____

Fund: _____ Amount: \$ _____ Day of Month (1st, 15th, etc.): _____

BANK ACCOUNT INFORMATION

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.	\$ _____
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 V: BENEFICIARY DESIGNATION

SEP IRA Owner designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the SEP IRA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the SEP IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new **IRA Change of Beneficiary Form** and providing it to the Custodian.

TYPE: Primary Contingent Share Percentage: _____% Relationship to IRA Owner: Spouse Non-Spouse

Name: _____ Tax Payer ID Number: _____ Date of Birth: _____

Residence Address: _____

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Name: _____ Tax Payer ID Number: _____ Date of Birth: _____

Residence Address: _____

Addendum attached and signed for additional beneficiaries.

To name a trust as your beneficiary, attach to this form either a copy of the trust agreement or a certification, in writing, acceptable to the IRA Custodian. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above and indicates whether the beneficiaries are primary or secondary. Sign and date the sheet.

PART VI: DUPLICATE ACCOUNT STATEMENT

YES, please send a duplicate statement to:

Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

PART VII: PAYMENT METHOD

You can open your account by either of these methods. Please check your choice:

By Check Enclose a check payable to Commonwealth International Series Trust for the total amount.

By Wire For wire instructions call Shareholder Services at 1-888-345-1898.

Other: _____

Third party checks, counter checks, starter checks, money orders, traveler's checks, checks drawn on non-U.S. financial institutions, credit card checks, and cash are not acceptable. **NOTE:** Cashier's checks and bank official checks may be accepted in amounts greater than \$10,000.

PART VIII: SPOUSAL CONSENT

Complete this section only if you, the SEP IRA Owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the SEP IRA Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse:

X _____ Date: _____

Witness:

X _____ Date: _____

PART IX: ACKNOWLEDGMENT

► **NOTE: This Application will NOT be processed unless signed below by the SEP IRA Owner.**

By signing this SEP IRA Application, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I have read and received copies of the SEP IRA Application, IRS Form 5305-A, Disclosure Statement and Financial Disclosure, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that I am responsible for the SEP IRA transactions I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. I understand that if the deposit establishing the SEP IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of SEP IRA Owner:

X _____ Date: _____

PART X: 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 XI: 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.