

TRUST UNDER AGREEMENT OR WILL APPLICATION

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 (*Denotes Required Information)

Required – A copy of the trust or the trust document pages that identify: The name of the trust, the date of the trust, the trustee(s) name, street, and mailing address, and the signature page of the trust.

This application must be signed and completed for all trustees. If you require additional space, please include information on a separate sheet of paper.

Name of Trust*		Date of Trust*	Tax Id	entification Number*
Name of Trustee* (First, M.I., Last)		Date of Birth*	Socia	l Security Number*
Street Address (Physical Address)*	Apt #	City*	State*	Zip Code*
Mailing Address (if different than above)	Apt #	City	State	Zip Code
Daytime Phone*	Evenir	ng Phone		
Co-Trustee , if any:				
Name of Trustee* (First, M.I., Last)		Date of Birth*	Socia	l Security Number*
Street Address (Physical Address)*	Apt #	City*	State*	Zip Code*
Mailing Address (if different than above)	Apt #	City	State	Zip Code
Daytime Phone*	Evenir	ng 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 – 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	%
Commonwealth 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 required.

Dividends	Short-Term Capital Gains	Long-Term Capital Gains
Reinvest	Reinvest	Reinvest
Pay in CASH to my address of record	Pay in CASH to my address of record	Pay in CASH to my address of record
Automatically deposit into my bank	Automatically deposit into my bank	Automatically deposit into my bank
account (complete bank account Part VIII)	account (complete bank account Part VIII)	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 - 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 Fund's prospectus for other account restrictions. Please provide all of your bank account information <u>AND</u> 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:

	\Box Twice Each Month \Box Monthly		
Fund	Commonwealth Australia/New Zealand Fund	_Amount \$	_Day of Month (15 th , End of month.)
Fund	Commonwealth Africa Fund	_Amount \$	Day of Month (15 th , End of month)
Fund	Commonwealth Japan Fund	_Amount \$	_Day of Month (15 th , End of month)
Fund	Commonwealth Global Fund	_Amount \$	_Day of Month (15 th , End of month)
Fund	Commonwealth Real Estate Securities Fund	_Amount \$	Day of Month (15 th , 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 <u>AND</u> 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:

An	nually	Semi-Annually	Quarterly	☐ Twice Each	\square Month \square Monthly	\Box Other (Check more	nths below)
□ Jan □ July	5	□ February □ August	□ Ma □ Sej	rch otember	□ April □ October	□ May □ November	□ June □ December
Fund	Comme	onwealth Australia/N	ew Zealand Fu	nd Amount	z \$	Day of Mont	h (15 th , End of month.)
Fund	Commo	onwealth Africa Fund	1	Amount	\$	Day of Mont	h (15 th , End of month)
Fund	Commo	onwealth Japan Fund		Amount	\$	Day of Mont	h (15 th , End of month)
Fund	Commo	onwealth Global Fun	d	Amount	\$	Day of Mont	h (15 th , End of month)
Fund	Commo	onwealth Real Estate	Securities Fun	d Amount	\$	Day of Mont	h (15 th , 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.

Bank Name			ABA Number (if	known)
Bank Address				
City			State	Zīp
Name(s) on Bank Acco	punt		Bank Account Nu	ımber
Name(s) on Bank Acco	punt			
Please attach one voi	ided check or deposit ticket.	Checking Savings		
	John and Jane Doe 123 Any Street	Date	1	003
		Date Tape your voided check or preprin deposit slip here.	nted	
	123 Any Street Anytown, USA 12345 PAY TO THE	Tape your voided check or preprin	ited	003
	123 Any Street Anytown, USA 12345 PAY TO THE ORDER OF BANK NAME BANK ADDRESS	Tape your voided check or preprin deposit slip here.	nted	

PART IX: DUPLICATE ACCOUNT STATEMENT – The completion of this section is optional.

Yes, please send a duplicate account statement to:

Name		

Street Address

Apt #

City

State

Zip Code

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).

Χ		Χ	
Trustee	Date	Trustee	Date
X		X	
Trustee	Date	Trustee	Date
Note: All account owners and authorized	signers must sign above.		
FOR DEALER USE ONLY			
Financial Institution Name		Representative's Full Na	ame
Address		Representative's Branch	Office Telephone Number
City		State	Zip Code
Dealer Number	Branch Number	Represen	tative Number
X		Χ	
Representative's Signature		Supervisor's Signature	
APPLICATION CHECKLIST			
individuals listed on the applica Included all identifying docume	residential address, date of b ition ents for non-individuals or er	irth and Social Security Number or	

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

MAILING INSTRUCTIONS

Please send completed form to:

<u>Regular Mail Delivery</u> Commonwealth International Series Trust P.O. Box 46707 Cincinnati. Ohio 45246

Overnight Delivery

Commonwealth International Series Trust 225 Pictoria Drive, Suite 450 Cincinnati, Ohio 45246

	PRIVACY N	OTICE	
FACTS	WHAT DOES COMMONWEALTH INTER YOUR PERSONAL INFORMATION?	RNATIONAL SERI	ES TRUST DO WITH
Why?	Financial companies choose how they share you consumers the right to limit some but not all sha we collect, share, and protect your personal info understand what we do.	aring. Federal law al	so requires us to tell you how
What?		1 1 1 1 1	1 / 1
what.	 The types of personal information we collect an with us. This information can include: Social Security number Assets Retirement Assets Transaction History Checking Account Information When you are <i>no longer</i> our customer, we continotice. 	 Purchase Histo Account Balan Account Trans Wire Transfer 	ory ces actions Instructions
How?	All financial companies need to share customer business. In the section below, we list the reaso personal information; the reasons chosen to sha	ns financial compan	ies can share their customers'
Reasons	we can share your personal information	Does Commonwealth International Series Trust share?	Can you limit this sharing?
such as to account(s	everyday business purposes – o process your transactions, maintain your s), respond to court orders and legal tions, or report to credit bureaus	Yes	No
	For our marketing purposes – to offer our products and services to you No We don't share		
For join	t marketing with other financial companies	No	We don't share
	affiliates' everyday business purposes – on about your transactions and experiences	No	We don't share
		No No	We don't share We don't share
informati	on about your transactions and experiences affiliates' everyday business purposes –		

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Who we are	
Who is providing this notice?	Commonwealth International Series Trust on behalf of the Funds
What we do	
How does Commonwealth International Series Trust protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. Our service providers are held accountable for adhering to strict policies and procedures to prevent any misuse of your nonpublic personal information.
How does Commonwealth International Series Trust collect my personal information?	 We collect your personal information, for example, when you Open an account Provide account information Give us your contact information Make deposits or withdrawals from your account Make a wire transfer Tell us where to send the money Tells us who receives the money Show your government-issued ID Show your driver's license We also collect your personal information from other companies.
Why can't I limit all sharing?	 Federal law gives you the right to limit only Sharing for affiliates' everyday business purposes – information about your creditworthiness Affiliates from using your information to market to you Sharing for non-affiliates to market to you State laws and individual companies may give you additional rights to limit sharing.
Definitions	
Affiliates	 Companies related by common ownership or control. They can be financial and nonfinancial companies. <i>Commonwealth International Series Trust does not share with its affiliates.</i>
Non-affiliates	 Companies not related by common ownership or control. They can be financial and nonfinancial companies <i>Commonwealth International Series Trust does not share with non-affiliates so they can market to you.</i>
Joint marketing	 A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <i>Commonwealth International Series Trust does not jointly market.</i>