

# 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 Identification 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 Pay in CASH to my address of record Automatically deposit into my bank account (complete bank account Part VIII)	Reinvest Pay in CASH to my address of record Automatically deposit into my bank account (complete bank account Part VIII)	Reinvest Pay in CASH to my address of record 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 - This option provides an your bank account via ACH** (Automated Clearing Hous restrictions. Please provide all of your bank account inform	se) on a scheduled basis. Please ref	fer to the Fund's prospe	ctus for other account
I authorize Commonwealth International Series Trust to in	nitiate investments into my mutual	fund account according	g to the following frequency:
$\Box$ Twice Each Month $\Box$ Monthly			
Fund Commonwealth Australia/New Zealand Fund	Amount \$	Day of Month	(15 <sup>th</sup> , End of month.)
Fund Commonwealth Africa Fund	Amount \$	Day of Month	(15 <sup>th</sup> , End of month)
Fund Commonwealth Japan Fund	Amount \$	Day of Month	(15 <sup>th</sup> , End of month)
Fund Commonwealth Global Fund	_Amount \$	Day of Month	(15 <sup>th</sup> , End of month)
Fund Commonwealth Real Estate Securities Fund	_Amount \$	Day of Month	(15 <sup>th</sup> , End of month)
PART VII: SYSTEMATIC WITHDRAWAL PLAN	N – The completion of this section	is optional.	
<b>Systematic Withdrawal Plan -</b> This option provides a sy address of record or transferred to your bank account via a provide all of your bank account information <b>AND</b> attach	ACH (Automated Clearing House)	. For transfers sent to y	our bank account please
Systematic Withdrawal Plan to my Address of Reco	ord		
☐ Systematic Withdrawal Plan via ACH to my Bank	Account (complete Part IX)		
I authorize Commonwealth International Series Trust to in	nitiate withdrawals from my mutua	al fund account as descr	ibed below:
$\square$ Annually $\square$ Semi-Annually $\square$ Quarterly $\square$ T	wice Each Month	☐ Other (Check mon	ths below)
□ January □ February □ March	□ April	□ May	□ June
□ July □ August □ Septemb	per □ October	□ November	□ December
Fund Commonwealth Australia/New Zealand Fund	_Amount \$	Day of Month	(15 <sup>th</sup> , End of month.)
Fund Commonwealth Africa Fund	_Amount \$	Day of Month	(15 <sup>th</sup> , End of month)
Fund Commonwealth Japan Fund	_Amount \$	Day of Month	(15 <sup>th</sup> , End of month)
Fund Commonwealth Global Fund	_Amount \$	Day of Month	(15 <sup>th</sup> , End of month)
Fund Commonwealth Real Estate Securities Fund	_Amount \$	Day of Month	(15 <sup>th</sup> , End of month)

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

PART VIII: B	ANK ACCOUNT INFORM	ATION – The completion of this sec	ction is optional.		
Bank Name			ABA Number (i	f known)	
Bank Address					
City			State	Zip	
Name(s) on Bank Acc	count		Bank Account N	umber	
Name(s) on Bank Acc	count				
Please attach one v	oided check or deposit ticket.	☐ Checking ☐ Savings			
	John and Jane Doe 123 Any Street Anytown, USA 12345	Date	]	1003	
	PAY TO THE ORDER OF —	Tape your voided check or prep deposit slip here.	- 0	LLARS	
	BANK NAME BANK ADDRESS	Please do <u>not</u> use staples to atta	ach it.		
	MEMO				
	0: 123456789: 00 12345678	9 00 : 1003			
	PLICATE ACCOUNT STATE d a duplicate account statement	<b>TEMENT –</b> The completion of this sto:	section is optional.		
Name					
Street Address		Apt #	City	State	Zip Code

### **PART X: SIGNATURE –** *The completion of this section is required.*

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).

X	, , ,	X		
Trustee	Da	•		Date
X		Y		
Trustee	Da	re Trustee		Date
Note: All account owners a	and authorized signers must sign ab	ove.		
FOR DEALER USE O	NLY			
Financial Institution Name		Represe	entative's Full Name	-
Address		Represe	entative's Branch Office Telephone Numb	- er
City		State	Zip Code	_
Dealer Number	Branch Number		Representative Number	-
X		X		
Representative's Signatur	re		's Signature	
APPLICATION CHEC	KLIST			
Provided account individuals listed Included all ident Enclosed check v Provided all requ Completed bank	l on the application tifying documents for non-individu which meets the fund minimums an ired signatures	ate of birth and Social Sec als or entity registrations d is made payable to Comm	urity Number or Tax Identification Number nonwealth International Series Trust hdrawal Plan via ACH options and enclose	

#### MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
Commonwealth International Series Trust
P.O. Box 46707
Cincinnati. Ohio 45246

Overnight Delivery
Commonwealth International Series Trust
225 Pictoria Drive, Suite 450

225 Pictoria Drive, Suite 450 Cincinnati, Ohio 45246

February 2024

	PRIVACY NOTICE			
FACTS	WHAT DOES COMMONWEALTH INTERNATIONAL SERIES TRUST DO WITH YOUR PERSONAL INFORMATION?			
Why?	Why? Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.			
What?	What? The types of personal information we collect and share depend on the product or service you have with us. This information can include:  Social Security number Assets Account Balances Retirement Assets Account Transactions Transaction History Wire Transfer Instructions Checking Account Information When you are no longer our customer, we continue to share your information as described in this notice.			
How?	How? All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons chosen to share; and whether you can limit this sharing.			
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 joint marketing with other financial companies		No	We don't share	
For our affiliates' everyday business purposes – information about your transactions and experiences		No	We don't share	
	affiliates' everyday business purposes – on about your creditworthiness	No	We don't share	
For non-	affiliates to market to you	No	We don't share	
Questions? Call 1-888-345-18		-888-345-1898		

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?	<ul> <li>Federal law gives you the right to limit only</li> <li>Sharing for affiliates' everyday business purposes – information about your creditworthiness</li> <li>Affiliates from using your information to market to you</li> <li>Sharing for non-affiliates to market to you</li> <li>State laws and individual companies may give you additional rights to limit sharing.</li> </ul>
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies.  • Commonwealth International Series Trust does not share with its affiliates.
Non-affiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies  Commonwealth International Series Trust does not share with non-affiliates so they can market to you.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.  • Commonwealth International Series Trust does not jointly market.