



IVA Funds New Account Application

PLEASE PRINT ALL ITEMS CLEARLY

This form may be used to open a new non-retirement account. Do not use this form to open a new IRA account.

Mail To: IVA Funds
P.O. Box 219061
Kansas City, MO
64121-9061

Overnight Mail To: IVA Funds
430 W 7th Street
STE 219061
Kansas City, MO 64105-1407

For more information, call 1-866-941-4482 or visit the Funds' website at www.ivafunds.com.

CHECKLIST

- Complete all sections below marked as required – 1, 2, 3, 4, 5, and 15. Section 10 is required for Systematic Investment Plans, Systematic Withdrawal Plans, and/or Distribution payments by ACH. Section 14 is required if you are establishing a transfer on death account.
- Indicate your method of payment in Section 4. If paying by check include your check with this application. If paying by wire call 1-866-941-4482 prior to wiring funds and refer to the current IVA Funds Prospectus for wiring instructions.
- Mail the completed application (along with your check if applicable) to the address shown above.

USA PATRIOT ACT NOTICE

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you. When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure the identity of all persons opening a mutual fund account.

1. SHAREHOLDER REGISTRATION (REQUIRED) *Please check only one account registration type below*

Individual or Joint Tenants with Rights of Survivorship (unless otherwise noted)

Transfer on Death (Complete Section 14)

First Name

Social Security Number

Daytime Telephone

MI Last Name Suffix

Date of Birth (MM/DD/YYYY)

Evening Telephone

Joint:

First Name

Social Security Number

Daytime Telephone

MI Last Name Suffix

Date of Birth (MM/DD/YYYY)

Evening Telephone

OR

Gift/Transfer to Minor (UGMA/UTMA)

Custodian:

First Name

Social Security Number

Daytime Telephone

MI Last Name Suffix

Date of Birth (MM/DD/YYYY)

Evening Telephone

Minor:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name	Suffix
<input type="text"/>		<input type="text"/>	
Social Security Number		Date of Birth (MM/DD/YYYY)	
<input type="text"/>		<input type="text"/>	
Daytime Telephone		Evening Telephone	

OR

Entity – Please check only one entity type below.

<input type="checkbox"/>	C-Corporation	<input type="checkbox"/>	College / University	<input type="checkbox"/>	School District
<input type="checkbox"/>	Cemetery / Funeral Home	<input type="checkbox"/>	Hospital / Medical Institution	<input type="checkbox"/>	S-Corporation
<input type="checkbox"/>	Charitable / Welfare Organization	<input type="checkbox"/>	Investment Club	<input type="checkbox"/>	Statutory Trust
<input type="checkbox"/>	Church / Religious Institution	<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Union
<input type="checkbox"/>	Club / Fraternal Organization	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	ERISA Plan
<input type="checkbox"/>	Non-Statutory Trust	<input type="checkbox"/>	Other Entity		

REQUIRED: For all entity types above except for ERISA Plan, Non-Statutory Trust and Other Entity, complete and provide the additional form, "IVA Funds - Certification Regarding Beneficial Owners of Legal Entity Customers".

To avoid delays in establishing your account, please include the documentation specified for each entity type below with this application.

Trust	A copy of the pages of the trust agreement containing the name and date of the trust and the names and signatures of the trustees.
(C) Corporation	Certificate of Good Standing obtained from the Secretary of State of the state of incorporation or a copy of the Articles of Incorporation certified by the Secretary of State or appropriate state agency.
(S) Corporation	Certificate of Good Standing obtained from the Secretary of State of the state of incorporation or a copy of the Articles of Incorporation certified by the Secretary of State or appropriate state agency.
Partnership	A copy of the complete partnership agreement.
ERISA Plan	Retirement plans governed by ERISA are exempt from this documentation requirement.
Other Entity	A copy of the entity's organizational documents.

<input type="text"/>	
Name of Entity – REQUIRED	
<input type="text"/>	<input type="text"/>
Entity Tax ID Number – REQUIRED	Date of Trust
<input type="text"/>	
Name of Trustee/Authorized Signer #1 – REQUIRED	
<input type="text"/>	<input type="text"/>
Trustee/Authorized Signer Tax ID Number – REQUIRED	Date of Birth – REQUIRED
<input type="text"/>	
Name of Trustee/Authorized Signer #2 – REQUIRED IF APPLICABLE	
<input type="text"/>	<input type="text"/>
Trustee/Authorized Signer Tax ID Number – REQUIRED IF APPLICABLE	Date of Birth – REQUIRED IF APPLICABLE
<input type="text"/>	
Telephone Number	

2. ADDRESS (REQUIRED)

Mailing Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	Street Name	Apt. # / Suite	P.O. Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip Code	

If the mailing address above is a post office box except for APO or FPO, a street address is also required by the USA PATRIOT Act:

Street Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	Street Name	Apt. # / Suite	P.O. Box
<input type="text"/>		<input type="text"/>	<input type="text"/>
City		State	Zip Code

3. COST BASIS SELECTION (REQUIRED)

Please choose **ONE** cost basis account method from the list of Specific Identification Methods listed below by marking a in the box of your chosen method. If option 6 (SLID) is chosen, a secondary accounting method must be selected.

If you do not specify a cost basis reporting method, the Funds default method of **FIFO** will be selected as your cost basis method.

1. FIFO	First In First Out	1. <input type="checkbox"/>
2. LIFO	Last In Last Out	2. <input type="checkbox"/>
3. HIFO	High Cost First Out	3. <input type="checkbox"/>
4. LOFO	Low Cost First Out	4. <input type="checkbox"/>
5. LGUT	Loss/Gain Utilization	5. <input type="checkbox"/>
6. SLID	Specific Lot Utilization <ul style="list-style-type: none"> • Secondary Accounting Method Selection <input type="text"/> WRITE SELECTION HERE	6. <input type="checkbox"/>
7. ACST	Average Cost I elect to use <u>Average Cost</u> as my election. This option only reports on covered shares.	7. <input type="checkbox"/>

4. IVA FUNDS SELECTION (REQUIRED)

The minimum by Class for each Fund account is as follows: \$5,000 for Class A and Class C; \$1,000,000 for Class I. Please refer to the current IVA Funds Prospectus for the different sales charges and expenses.

You must select a share class and payment method below

IVA Worldwide Fund	\$ <input type="text"/>	Class A <input type="checkbox"/>	Class C <input type="checkbox"/>	Class I <input type="checkbox"/>
IVA International Fund	\$ <input type="text"/>	Class A <input type="checkbox"/>	Class C <input type="checkbox"/>	Class I <input type="checkbox"/>

Payment Method (select one of the following):

Checks must be payable to: "IVA Funds". The Funds do not accept third party transactions, third party checks, starter checks and cash equivalents – such as traveler’s checks, cashier’s checks and money orders.

By wire transfer, call 1-866-941-4482 prior to wiring funds; refer to the current IVA Funds Prospectus for complete instructions. ACH purchase for an initial investment is not allowed.

Wire to: State Street Bank and Trust
 ABA 011000028
 DDA 9905-760-6
 Credit: IVA Funds

Reference the Shareholder Name and Account Number

5. DISTRIBUTION OPTIONS (REQUIRED)

If no selection is provided, dividend income and capital gains will be reinvested automatically. Select your dividend income and capital gains distribution payment method below.

- | | |
|--|--|
| <input type="checkbox"/> Reinvest all dividend income and capital gains. | <input type="checkbox"/> Pay all dividend income and capital gains. |
| <input type="checkbox"/> Pay all dividend income and reinvest all capital gains. | <input type="checkbox"/> Pay all capital gains and reinvest all dividends. |

METHOD OF PAYMENT – If dividend income or capital gains are to be distributed, select one of the following:

- | | |
|---|--|
| <input type="checkbox"/> By check to address in Section 2 | <input type="checkbox"/> By ACH to bank account identified in Section 10. You must attach a voided check and provide your complete bank information in Section 10. |
|---|--|

6. TELEPHONE EXCHANGE AND REDEMPTION (OPTIONAL)

Certain business entities cannot redeem by phone. Please refer to the current IVA Funds Prospectus for further details. Shareholders will be able to redeem and/or exchange by telephone, unless one of the following boxes is marked.

- I do not wish to establish the telephone redemption option on my/our account.
- I do not wish to establish the telephone exchange option on my/our account.

7. ELECTRONIC DELIVERY OF DOCUMENTS (OPTIONAL)

You can go paperless by consenting to receive statements and/or other important documents online, rather than by mail. If you consent to electronic delivery, you will receive a notice to the e-mail address provided below informing you that the documents are available for viewing on the IVA Funds' website. If an e-mail notification is returned as undeliverable, your account will be reset to receive documents by regular mail. You can change this election at any time. Confidential account information will not be sent via e-mail.

- Account Statements
- Confirmation Statements
- Prospectuses and Annual/Semi-Annual Reports

E-Mail Address

8. SYSTEMATIC INVESTMENT PLAN (OPTIONAL)

If you choose this option, you must attach a voided check and provide your complete bank information in Section 10. Initial investments may not be made through the Systematic Investment Plan.

- Check this box if you would like to establish a Systematic Investment Plan (SIP) (\$100 minimum per fund).
 - I/We hereby authorize and direct IVA Funds Distributors, LLC to draw on my/our bank account on a periodic basis, as indicated below for investment in my/our account.
 - I/We understand that if there are insufficient funds in my/our account, finance charges may apply.

INVESTMENT SELECTION:

IVA Worldwide Fund \$ Class A Class C Class I

IVA International Fund \$ Class A Class C Class I

PREFERRED INVESTMENT SCHEDULE:

Month

Date 5th 20th

Frequency Bi-Monthly Monthly Quarterly Annually

NOTE: If a date is not chosen, investments will be made into the selected fund(s) on or about the 5th. The specified amount will be invested automatically from a checking or savings account on or about the 5th or 20th of the month. Because your bank must provide approval for the transfer process, establishing a SIP may take at least 30 days.

9. SYSTEMATIC WITHDRAWAL PLAN (OPTIONAL)

- Check this box if you would like to establish a Systematic Withdrawal Plan (SWP) (\$50 minimum)
 - I/We understand that to establish a Systematic Withdrawal Plan, an investor must own or purchase shares of IVA Funds having a current value of at least \$5,000 and have dividends reinvested.

INVESTMENT SELECTION:

IVA Worldwide Fund \$ Class A Class C Class I

IVA International Fund \$ Class A Class C Class I

PREFERRED REDEMPTION SCHEDULE:

Beginning Month

Date 5th 20th

Frequency Monthly Quarterly Semi-Annually Annually

Ending Month/Year

NOTE: If a date is not chosen, withdrawals will be made on or about the 5th.

PAYMENT INSTRUCTIONS (select one of the following):

- By check to the address in Section 2.
- By ACH to bank account identified in Section 10.
- By check to the following address:

Street Number Street Name Apt. # / Suite P.O. Box

City State Zip Code

10. BANK INFORMATION (REQUIRED FOR SYSTEMATIC INVESTMENT PLANS, SYSTEMATIC WITHDRAWAL PLANS, DISTRIBUTION PAYMENTS BY ACH)

<input type="text"/>		<input type="text"/>	
Bank Name		Branch Office (If Applicable)	
<input type="text"/>	<input type="text"/>		<input type="text"/>
Street Number	Street Name (Do not use P.O. Box)		Apt. # / Suite
<input type="text"/>		<input type="text"/>	<input type="text"/>
City		State	Zip Code
<input type="text"/>			
Name(s) on your Bank Account			
<input type="text"/>		<input type="text"/>	
Bank Account Number		Bank ABA Number	
Account Type (check one):	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

ATTACH VOIDED CHECK FOR CHECKING ACCOUNT OR DEPOSIT SLIP FOR SAVINGS ACCOUNT HERE

NOTE: IVA FUNDS IS NOT RESPONSIBLE FOR REJECTED PURCHASE OR RECEIPT OF FUNDS DUE TO BAD ABA ON VOIDED CHECK.

11. SYSTEMATIC EXCHANGE PLAN (OPTIONAL)

Check this box if you would like to establish a Systematic Exchange Plan (SEP).

- I/We understand that to establish a Systematic Exchange Plan, an investor must own or purchase shares of IVA Funds having a current value of at least \$5,000 and have dividends reinvested. The Systematic Exchange Plan is available on a monthly basis. The minimum exchange amount is \$5,000. If the balance in the account exchanging from falls below \$5,000, all remaining shares in the account will be exchanged.

Beginning Month : Ending Month/Year :

Date : 5th 20th Exchange Amount (\$) :

Exchange To : IVA Worldwide Fund IVA International Fund

NOTE: The specified amount will be exchanged automatically on or about the 5th or the 20th of the month based on the selection above. If a date is not chosen, investments will be made into the selected fund on or about the 5th.

12. LETTER OF INTENT (OPTIONAL FOR CLASS A SHARES ONLY)

A Letter of Intent allows you to aggregate anticipated purchases over a 13-month period in order to obtain a reduced sales charge.

Check this box if you would like to establish a Letter of Intent.

- By completing this Letter of Intent and signing this Application, I/we agree to the terms and conditions of the Letter of Intent. I/we hereby irrevocably constitute and appoint IVA Funds Distributors, LLC, as my attorney, with full power of substitution, to surrender for redemption any or all shares of the IVA Funds held as a security as described in the current IVA Funds Prospectus.
- Although I/we am/are not obligated to do so, I/we intend to purchase shares of IVA Funds (as enumerated in the current IVA Funds Prospectus) over the next 13-month period which will equal or exceed the below amount:

Over the next 13-month period, I intend to purchase an amount equal to or in excess of:

\$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

13. RIGHTS OF ACCUMULATION (OPTIONAL FOR CLASS A SHARES ONLY)

Rights of Accumulation allow you to combine your current IVA Funds investment with your previous purchase(s) of shares to obtain a reduced sales charge.

Check this box if you wish to take advantage of Rights of Accumulation.

- I/We understand that all positions in or purchases for these accounts will be taken into account as described in the provisions detailed in the current IVA Funds Prospectus.

Indicate below the previously established IVA Funds account(s) that qualify for inclusion with the account established by this application under the Rights of Accumulation provisions in the current IVA Funds Prospectus.

Account Number	<input type="text"/>	IVA Worldwide Fund	<input type="checkbox"/>	IVA International Fund	<input type="checkbox"/>
Account Number	<input type="text"/>	IVA Worldwide Fund	<input type="checkbox"/>	IVA International Fund	<input type="checkbox"/>
Account Number	<input type="text"/>	IVA Worldwide Fund	<input type="checkbox"/>	IVA International Fund	<input type="checkbox"/>
Account Number	<input type="text"/>	IVA Worldwide Fund	<input type="checkbox"/>	IVA International Fund	<input type="checkbox"/>

NOTE: If there are more accounts than spaces provided, please list the remainder on a separate sheet.

14. DESIGNATION OF BENEFICIARY(IES) (REQUIRED IF YOU ARE ESTABLISHING A TRANSFER ON DEATH ACCOUNT)

Please note that the percentages of designation(s) must total 100%. If the percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. When a percentage is not indicated, the beneficiaries' shares will be divided equally. Attach a separate sheet to make additional beneficiary designations.

Any amount remaining in the account that is not disposed of by a proper designation of beneficiary will be distributed to your estate (unless otherwise required by laws of your state of residence). You may change the beneficiary(ies) named below at any time. Any subsequent designation filed with the Custodian will revoke all prior designations, even if the subsequent designation does not dispose of your entire account.

As Depositor, I hereby make the following designation of beneficiary: In the event of my death, pay any interest I may have under my account to the following primary beneficiary(ies). Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). Percentages or proportions for beneficiaries must total 100%. If any primary beneficiary predeceases me, his/her share is to be divided among the primary beneficiary who survives me in the relative proportions assigned to each such surviving primary beneficiary.

Primary Beneficiary 1:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Date of Birth (MM/DD/YYYY)		Proportion (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	Street Name	Apt. # / Suite	P.O. Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	

Primary Beneficiary 2:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Date of Birth (MM/DD/YYYY)		Proportion (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	Street Name	Apt. # / Suite	P.O. Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	

Contingent Beneficiary 1:

Contingent Beneficiary(ies) will only receive the account if the Primary Beneficiary(ies) predeceases the account owner. Please list any other Contingent Beneficiary(ies) on a separate page.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Date of Birth (MM/DD/YYYY)		Proportion (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	Street Name	Apt. # / Suite	P.O. Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	

Contingent Beneficiary 2:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Date of Birth (MM/DD/YYYY)		Proportion (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	Street Name	Apt. # / Suite	P.O. Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	

15. SIGNATURE & CERTIFICATION (REQUIRED)

- (1) I have read the current IVA Funds Prospectus and this application and agree to all terms. In addition, I authorize the instructions in this application. I also agree that any shares purchased now or later are and will be subject to the terms of the current IVA Funds Prospectus as in effect from time to time.
- (2) Under the laws of certain states, my property may be transferred (escheated) to the state if no activity occurs in my account for a period specified by state law. As with all personal financial accounts, property may be transferred to the state if no activity occurs in my account within the time period specified by state law and IVA Funds is unable to communicate with me about my account.
- (3) By execution of this application, the investor represents and warrants that (i) he/she has the full right, power, and authority to make the investment applied for and (ii) he/she is a natural person of legal age in his/her state of residence. The person or persons, if any, signing on behalf of the investor represent and warrant that they are duly authorized to sign this application and purchase or redeem shares of the fund on behalf of the investor. Each person named in the registration must sign below.
- (4) If I am a U.S. citizen or a representative of a U.S. entity, I certify, under penalty of perjury that:
 - a. The social security number or employee identification number shown on this form is my correct Taxpayer Identification Number,
 - b. I am not subject to back-up withholding because:
 - i. I am exempt from back-up withholding OR
 - ii. I have not been notified that I am subject to back-up withholding as a result of failure to report all interest or dividend OR
 - iii. The Internal Revenue Service has notified me that I am no longer subject to back-up withholding. (Strike out item (b) if you have been notified that you are subject to backup withholding.)
- (5) By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:
 - a. the investor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and
 - b. the information provided by the investor in this application is true and correct and any documents provided herewith

NOTE: THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACK-UP WITHHOLDING.

<input type="text"/>	<input type="text"/>
Signature (Individual or Custodian)	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
Signature (Joint Registrant, if any)	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
Signature & Titles (Corporate Officer, Partner, Trustee, etc.)	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
Signature & Titles (If Applicable)	Date (MM/DD/YYYY)

16. BROKER/DEALER or INVESTMENT ADVISOR AUTHORIZATION (OPTIONAL)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Dealer Name	Dealer #	Branch #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	Street Name (To receive Statements)	Apt. # / Suite
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Representative Name	Rep #	Telephone #