



IVA Funds New IRA Account Application

PLEASE PRINT ALL ITEMS CLEARLY

This form may be used to open a new Traditional IRA, Rollover IRA, Roth IRA, or SEP IRA in accordance with the Custodial Account Adoption Agreement with UMB Bank, N.A. as Custodian.

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 and 12. Section 7 is required for Systematic Investment Plans.
- Indicate your method of payment in Section 2. 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)

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

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"/>	<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"/>	<input type="text"/>
City	State	Zip Code	

2. IVA FUNDS SELECTION (REQUIRED)

The minimum by Class for each Fund account is as follows: \$1,000 for Class A and 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 \$ Class A Class C Class I

IVA International Fund \$ Class A Class C Class I

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

3. TYPE OF RETIREMENT ACCOUNT (REQUIRED)

Choose ONE of the following account types:

Traditional IRA Account

For tax year

IRA to IRA Transfer (please complete and include an IVA Funds: IRA Transfer Form)

Rollover (shareholder had receipt of funds)

Inherited IRA for non-spouse beneficiary (please supply the name of the deceased IRA or retirement planowner and date of death below).

First Name

MI

Last Name

Suffix

Date of Death

IRA Rollover Account

Rollover IRA to Rollover IRA

Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator.

Please check the type of qualified plan:

Corporate

Pension

PSP

401(k)

403(b)

Other

Roth IRA Account

For tax year

Roth IRA to Roth IRA Transfer (please complete and include an IVA Funds: IRA Transfer Form)

Traditional IRA to Roth IRA

Rollover from Roth IRA (shareholder had receipt of funds)

Taxable Rollover to Roth IRA from a Qualified Plan

Non-taxable Rollover to Roth IRA from a Designated Roth Account in a Qualified Plan

SEP (Simplified Employee Pension Plan) – Each employee must complete a new IRA account application

Contribution

Transfer from another SEP IRA or Traditional IRA account

Rollover (shareholder had receipt of funds)

4. 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.

5. 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

6. SYSTEMATIC INVESTMENT PLAN (OPTIONAL)

If you choose this option, you must attach a voided check and provide your complete bank information in Section 7. 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.

7. BANK INFORMATION (REQUIRED FOR SYSTEMATIC INVESTMENT PLANS)

Bank Name

Branch Office (If Applicable)

Street Number

Street Name (Do not use P.O. Box)

Apt. # / Suite

City

State

Zip Code

Name(s) on your Bank Account

Bank Account Number

Bank ABA Number

Account Type (check one): Checking 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.

- A Medallion Signature Guarantee (MSG) or Signature Validation Program Stamp (SVP) is required for at least one account and bank owner(s), if the fund account and bank account do not have a common customer. See Section 14.

8. 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

9. 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.

10. DESIGNATION OF BENEFICIARY(IES) (OPTIONAL)

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 by completing an IVA Funds: IRA Beneficiary Form. 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) who survive me. 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	

11. SPOUSAL CONSENT (OPTIONAL)

IMPORTANT: This Beneficiary Designation may have important tax or estate planning effects. Also, if you are married and reside in a community property or marital property state (e.g., **Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin**), you may need to obtain your spouse's consent if you have not designated your spouse as primary beneficiary for at least half of your Account(s). Consult legal counsel or a tax advisor for additional information and advice.

This section should be reviewed if you are married and designate a beneficiary other than your spouse. It is your responsibility to determine if this section applies. UMB Bank, N.A., IVA Funds, DST Asset Manager Solutions, Inc., and any affiliate and/or any of their directors, trustees, employees, and agents are not liable for any consequences resulting from your failure to provide proper spousal consent.

I am the spouse of the above-named IRA owner. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community or marital property interest in this IRA, I have been advised to consult legal counsel or a tax advisor. I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian, DST Asset Manager Solutions, Inc. or IVA Funds.

Signature of Spouse

Signature of Witness for Spouse

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)

12. 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 in effect as updated from time to time.
- (2) By execution of this application, the investor represents and warrants that (i) he has the full right, power, and authority to make the investment applied for and (ii) he is a natural person of legal age in his state of residence. If the individual for whom this IRA is being established is a minor under the laws of his or her state of residence, a parent or guardian also must sign and provide personal information (date of birth, Social Security Number and address). 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.
- (3) 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,
- (4) 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

By signing below, I (1) establish an Individual Retirement Account (IRA) pursuant to the Internal Revenue Code of 1986, as amended, and in accordance with all the terms of the applicable Custodial Agreement; (2) certify that all contributions to the IRA meet the requirements of the Code governing such contributions; (3) appoint UMB Bank, N.A., or its successors, as custodian on the account; (4) agree that I have received, read, and accepted and specifically incorporated herein the applicable Custodial Agreement and the IRA Disclosure Statement; (5) agree to promptly give instructions to the custodian necessary to enable the custodian to carry out its duties under the Custodial Agreement; (6) agree that this account will be subject to the Custodial agreement as amended from time to time; and (7) agree that the terms, representations and conditions in this application and the prospectus, as amended from time to time, will apply to this account and any account established at a later date.

NOTE: THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT.

Authorized Signature

Date (MM/DD/YYYY)

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

Dealer Name

Dealer #

Branch #

Street Number

Street Name (To receive Statements)

Apt. # / Suite

P.O. Box

City

State

Zip Code

Representative Name

Rep #

Telephone #

14. MEDALLION SIGNATURE GUARANTEE or SIGNATURE VALIDATION PROGRAM STAMP (IF APPLICABLE)

As stated in Section 7, a Medallion Signature Guarantee (MSG) or Signature Validation Program Stamp (SVP) is required for at least one account and bank owner(s), if the fund account and bank account do not have a common customer.

A MEDALLION SIGNATURE GUARANTEE or SIGNATURE VALIDATION PROGRAM STAMP IS NOT A NOTARY

NOTE: A medallion signature guarantee or signature verification program stamp may be obtained from a domestic bank or trust company, broker, dealer, clearing agency, savings association, or other financial institution which participates in a Medallion program recognized by the Securities Transfer Association.