

# CHESWOLD LANE FUNDS IRA ACCOUNT APPLICATION

Use this form to open a Traditional IRA, ROTH IRA, or SEP IRA. **Make checks payable to: Cheswold Lane Funds. Mail completed application to: Cheswold Lane Funds, P.O. Box 2175, Milwaukee, WI 53201-2175.** To contact Cheswold Lane Funds by phone: Call **1-800-771-4701** for Fund information, literature, prices and account information. Visit Cheswold Lane Funds on the Internet at **www.cheswoldlanefunds.com**. Send overnight deliveries to: Cheswold Lane Funds, 803 W. Michigan St., Suite A, Milwaukee, WI 53233-2301.

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 your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

In order to open your IRA account, you must complete sections 1, 2, 3, 4, 9, 10 of this application and sign section 11.

## 1. ACCOUNT REGISTRATION (Please print or type clearly)

\*If the IRA is for a minor, please provide the following information for the responsible person.

Owner's Name (First, Middle, Last)

Owner's Social Security Number      Date of Birth

\*Responsible Party's Name (First, Middle, Last)

\*Responsible Person's Social Security Number      Date of Birth

## 2. MAILING ADDRESS

Applications will only be accepted if they contain a U.S. or Puerto Rico permanent street address. P.O. boxes are not acceptable.

Street Address

City, State, Zip Code

( )      ( )  
Daytime Telephone      Evening Telephone

( )  
E-mail Address      Fax Number

Residential/Street Address       Duplicate Confirmations  
 Broker/Dealer Information

Name (First, Middle, Last)

Address

City, State, Zip Code

Broker/Dealer Name      Broker/Dealer Account Number

## 3. TYPE OF IRA ACCOUNT

- Traditional IRA for tax year \_\_\_\_\_
- Roth IRA for tax year \_\_\_\_\_ Year Started \_\_\_\_\_
- Spousal IRA for tax year \_\_\_\_\_  
If electing this option, the non-earning spouse must be shown as the account holder in Section 1 above.
- Spousal Roth IRA for tax year \_\_\_\_\_  
If electing a spousal option, the spouse must be shown as the account holder in Section 1 above.
- SEP (Simplified Employee Pension Plan) IRA for tax year \_\_\_\_\_

**If the new account is a Rollover, Conversion or Transfer, please complete the following:**

- Rollover**  
You had constructive receipt of assets for less than 60 days or you have authorized a direct rollover from an employer's retirement plan. If Rollover account, please specify the type of account held by your previous custodian below:
  - Traditional IRA
  - Roth IRA      Start Date \_\_\_\_\_
  - Employer-sponsored SIMPLE IRA
  - SEP-IRA
  - Other employer-sponsored (401(k), 403(b), Keogh) plan
- Conversion**  
If this is a Conversion between custodians, you must also complete an IRA transfer form.
- Transfer**  
You did not have constructive receipt of assets; assets are a direct transfer from previous custodian. If you are age 70½ or older, you must take your required minimum annual distribution from your present IRA with the current Custodian before transferring your retirement assets to Cheswold Lane Funds. To initiate a transfer you must attach a completed transfer form.

**4. INVESTMENT INSTRUCTIONS**

Your total initial purchase must be \$500,000 or greater and may be funded by check, wire, transfer or combination. Purchases may be aggregated by household to meet the initial investment of \$500,000. \*If this applies please check the box below.

Cheswold Lane International High Dividend Fund \$ \_\_\_\_\_

\* \_\_\_\_\_ Account Number (if you have existing account number)

**5. WITHHOLDING ELECTION (Substitute W-4P)**

The distribution(s) you receive from the Cheswold Lane Funds IRA in your name are subject to federal income tax withholding at a rate of 10 percent unless you elect not to have withholding apply. Withholding will only apply to the total amount of the distribution, whether taxable or not.

If no account election exists and you do not make an election by the date of your distributions, federal income tax will be withheld from your distributions at a rate of 10 percent. If you elect not to have withholding apply to your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payments of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. **You may change your withholding election on future distributions by submitting a Change of Withholding form (substitute W-4P) to Cheswold Lane Funds, P.O Box 2185, Milwaukee, WI 53201-2175.**

**You must select one of the options below.**

- I do not want federal income tax withheld from distributions from this account.
- I want federal income tax of 10% withheld from distributions from this account.
- I want federal income tax of \_\_\_\_\_% (must be greater than 10%) withheld from distributions from this account.

**6. TELEPHONE TRANSACTIONS**

You have the ability to conduct purchase and redemption transactions by telephone.

You will automatically be granted telephone transaction privileges unless you decline them by checking below. **If you decline, you will be required to submit a Medallion signature guaranteed letter of instruction signed by all registered account owners to add telephone transaction privileges in the future.**

I decline telephone transaction privileges. All requests to redeem shares from this account must be submitted in writing.

**7. AUTOMATIC INVESTMENT PLAN**

**Important Note:** IRA contributions made through the Automatic Investment Plan will be credited as contributions for the year in which the shares are purchased.

This option allows you to make automatic monthly or quarterly investments into your Cheswold Lane Funds account(s) directly from your bank account. To establish a new account with this program you must initially invest at least \$500,000 per account and subsequent investment investments must be at least \$1,000.

**You must also include the bank information in Section 8. If more than one automatic purchase is desired, please attach on a separate page.**

\$ \_\_\_\_\_

Fund Name	Amount (\$1,000 minimum)
Begin Investments (month, year)	

\*Choose one:  
 Monthly     Quarterly

\*Choose one:  
 5<sup>TH</sup>     10<sup>TH</sup>     15<sup>TH</sup>     20<sup>TH</sup>     25<sup>TH</sup>

\*If no date is specified investments will be made monthly on the 20<sup>TH</sup> day of the month. Your first automatic investment will occur no sooner than 15 days after receipt of application.

**8. BANK INFORMATION (voided check required)**

Complete this Section if you would like to add funds to your account electronically (wire or ACH) or have redemption proceeds sent to your bank electronically (wire or ACH).

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Address of Bank

\_\_\_\_\_  
City, State, Zip Code

(    ) \_\_\_\_\_  
Bank Phone Number

\_\_\_\_\_  
Name(s) on Bank Account

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
ABA Number (available from your bank)

**This is a:**     checking account     savings account  
**(voided check required)**

\*If information on voided check differs from information on this application, the information from the voided check will be used.

**9. BENEFICIARY DESIGNATION**

I designate the individual(s) named below the beneficiary (ies) of this IRA. I revoke all prior IRA beneficiary designations, if any, made by me for these assets. I understand that I may change or add beneficiaries at any time by written notice to the Custodian. The beneficiary's name and SSN/TIN are required for the Custodian to consider the beneficiary designation to be in good form. Beneficiary designations received without this information will not be considered received in good form. In the event a distribution must be made to beneficiaries, shares will be distributed among the beneficiaries for whom beneficiary designation(s) have been received in good form. (If you are not survived by any beneficiary, see "Designation of a Beneficiary or Beneficiaries" section of the IRA Disclosure Statement for the distribution of your account assets.)

**Primary Beneficiary (ies)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Social Security Number                      Date of Birth

\_\_\_\_\_  
% of Account                                      Relationship

**Primary Beneficiary (ies)**     **Secondary Beneficiary (ies)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Social Security Number                      Date of Birth

\_\_\_\_\_  
% of Account                                      Relationship

**10. SPOUSAL CONSENT (If applicable)**

Your state may require the spousal consent below if you live in a community or marital property state and you designate someone other than your spouse as a beneficiary. Consult your tax adviser.

I hereby consent to and join in the designation of the beneficiary (ies) identified above. I give my spouse any interest I have in the funds deposited in this account.

\_\_\_\_\_  
Name of Spouse

\_\_\_\_\_  
Signature of Spouse                                      Date

**11. ACKNOWLEDGEMENT AND SIGNATURE**

I hereby adopt the Cheswold Lane Funds IRA, appointing UMB Bank, n.a. to act as Custodian and accept its agent to perform administrative services. I have received and read the Prospectus for the Fund in which I am making my contribution, and have read, accept and incorporate herein by reference the IRA Disclosure Statement and Custodial Account Agreement. I hereby appoint UMB Bank, n.a. or its successors as Custodian of the account(s). I understand that the Custodian will charge fees that are shown in the Disclosure Statement and Custodial Agreement and that they may be separately billed or collected by redeeming sufficient shares from each Fund account balance. The Custodian may change the fee schedule from time to time. I will supply the Internal Revenue Service (IRS) with information as to any taxable year as required unless filed by the Custodian.

I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that Cheswold Lane Funds IRA shall be fully protected in honoring any such transaction. I also agree that Cheswold Lane Funds IRA may make additional attempts to debit/credit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.

I authorize the Cheswold Lane Funds IRA and its agents to act upon instructions (by phone, in writing, or other means) believed to be genuine and in accordance with procedures described in the Prospectus for this account. I agree that neither the Cheswold Lane Funds IRA, the transfer agent nor UMB Bank, n.a., will be liable for any loss, cost or expense for acting on such instructions. Such entities will employ reasonable procedures to confirm that instructions communicated by phone are genuine, and may be liable for losses due to unauthorized or fraudulent instructions only if such procedures are not followed. I certify that I am not a Foreign Financial Institution as defined by the USA PATRIOT Act.

**I represent and certify that if I am converting all or any portion of an IRA, I comply with all applicable contribution limitations under the Internal Revenue Code.**

**Under the penalty of perjury**

- 1. I certify that the Social Security Number shown on this application is correct.**
- 2. I certify that I am an U.S. person (including a U.S. resident alien).**

\_\_\_\_\_  
Account Owner                                      Date

\_\_\_\_\_  
Signature of Responsible Party                      Date