



SHAREHOLDER ACCOUNT APPLICATION

U.S. Mail and Overnight:

Clifford Capital Partners Fund
c/o Commonwealth Fund Services, Inc
8730 Stony Point Parkway, Suite 205
Richmond, VA 23235

Toll Free:

(800) 628-4077

IMPORTANT INFORMATION

This form must be completed and signed in order to establish an account in the Clifford Capital Partners Fund. Please do not use this application for IRA Accounts. To request a Clifford Capital Partners Fund IRA Application, please call **(800) 628-4077** or visit our website at **www.cliffordcapfunds.com**. If you have any questions regarding this application or how to invest, please call Shareholder Services at **(800) 628-4077**.

1. Fund Selection

Clifford Capital Partners Fund \$ _____

Select One: ☐ **Investor Class** (\$2,500 Minimum) ☐ **Institutional Class** (\$100,000 minimum)

2. Account Registration *(choose only one)*

☐ **Individual** ☐ **Joint**

Owner's Name (first, middle, last)

Owner's Social Security Number

Date of Birth

Joint Owner's Name (first, middle, last)

Joint Owner's Social Security Number

Date of Birth

☐ **A Gift or Transfer to Minor** (UGMA or UTMA)

Minor's Name (first, initial, last)

Minor's Social Security Number

Minor's Date of Birth

Under the _____ Uniform Gifts/Transfer to Minor's Act
(Specify State)

Custodian's Name (first, initial, last)

☐ **Trust** (Please attach a trust resolution)

Trustee's Name

Social Security Number

Name of Trust Agreement

Date of Trust Agreement

Beneficiary's Name

Taxpayer ID Number

☐ **Corporation, Partnership or Other Entity**
(Please attach a corporate/non-corporate resolution)

Name of Entity

Taxpayer ID Number

Check the Appropriate Box:

☐ Corporation ☐ Partnership
☐ Foundation ☐ Endowment
☐ Non-Profit ☐ Other _____

3. Mailing Address of Registered Owner(s)

Address

City, State, ZIP Code

Daytime Telephone

Evening Telephone

Email Address

4. Dividend and Capital Gain Distribution Options

All income dividends and capital gains distributions will be automatically reinvested in shares of the Fund as stated in the Prospectus unless the box below is checked.

☐ **Please pay all income dividends and capital gains distributions in cash.**

5. Telephone Redemptions

As a Clifford Capital Partners Fund shareholder, you have the ability to redeem shares by telephone. You will automatically be granted telephone redemption privileges unless you decline them by checking below.

☐ **I/we decline telephone redemption privileges. All requests to redeem shares from this account must be submitted in writing.**

6. Automatic Investment Plans

☐ **Yes, I/we want to institute the Automatic Investment Plan.**

The Automatic Investment Plan permits you to initiate automatic transfers to your Clifford Capital Partners Fund from your bank, savings and loan, or credit union using the ACH system. **You must attach a voided check to this application.** Money will be transferred only from the account indicated on the check.

Amount \$ _____ (minimum \$100)

Frequency: ☐ **Monthly** ☐ **Quarterly**

It is understood that this authorization may be terminated by me/us at any time by written notification to Clifford Capital Partners Fund. The termination request will be effective as soon as Fund has had reasonable time to act upon it.

7. Duplicate Account Statements

Please send duplicate account statements to:

Name

Address

City, State, ZIP Code

8. Signature and Agreement

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 as described in the current Prospectus; and (b) I have the full right, power and authority to invest in the Fund; and (c) I have received a current Prospectus of the Fund 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.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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. person (including a U.S. resident alien).

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 Fund, for more information).

Non-U.S. Investors must furnish a social security number or taxpayer identification number. Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are required to furnish corporate resolutions or similar documents providing evidence that they 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). In addition, signatures of representatives or fiduciaries of corporations and other entities must be accompanied by a signature guarantee by a commercial bank that is a member of the Federal Deposit Insurance Corporation, a trust company or a member of a national securities exchange.

Signature (Owner, Trustee, etc.)

Please Print Name

Date

Signature (Joint Owner, Co-Trustee, etc.)

Please Print Name

Date

9. Broker Dealer/Advisor Information *(to be completed by broker dealer/advisor)*

Name of Institution	Dealer Number	Branch Number
Institution Address	Representative Number	
Representative Name		Representative Signature

Please make your check payable to Clifford Capital Partners Fund, and mail or overnight the check and this completed application to:

Clifford Capital Partners Fund
c/o Commonwealth Fund Services, Inc
8730 Stony Point Parkway, Suite 205
Richmond, VA 23235

For instructions on opening and funding an account by Wire Transfer, please call Shareholder Services at (800) 628-4077.