



Mail to: OTG Latin America Fund
 c/o Commonwealth Fund Services, Inc.
 8730 Stony Point Parkway, Suite 205
 Richmond, VA 23235

OTG Latin America Fund

NEW ACCOUNT APPLICATION

Use this form only for individual, custodial, trust, profit-sharing, pension or other plan accounts. Do NOT use this form for IRAs (unless the IRA is a self-directed IRA with another trustee or custodian). A special form is available for IRAs; please call 1-800-673-0550 for information or assistance.

USA PATRIOT ACT – To help the U.S. 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. When you open an account, we will ask you 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 individuals opening a mutual fund account.

1. **NAME:**
 Individual _____
First Middle Last Date of Birth
 Joint Owner _____
First Middle Last Date of Birth
 Gift to Minors _____ as custodian for _____
Name of Custodian Name of Minor
 under the _____ Uniform Gifts to Minors Act. Minor's SSN _____
State
 Other _____
 Name of Corporation, Partnership or other Organization. (NOTE: These accounts require additional information. Please call the Fund at (800) 673-0550. To open a Trust account, please include the pages of the Trust document that show the date the Trust was established, the name(s) of the Trustee(s), and the dated signature page.

2. **ADDRESS AND CITIZENSHIP:**

Area Code Daytime Telephone

Street City State Zip

***Please note, if you are submitting a P.O. Box as a mailing address, you must also submit a physical address below:**

Street City State Zip

Social Security or Tax Identification Number _____
 Social Security or Tax Identification Number of any additional Owner (Joint Owner, etc.) _____

Citizenship of Owner, Minor or Trust Beneficiary: U.S. Citizen Resident Alien Non-Resident Alien _____
Country of Residence

Citizenship of Joint Owner: U.S. Citizen Resident Alien Non-Resident Alien _____
Country of Residence

3. **INVESTMENT AMOUNT:**
 \$ _____ By wire (Please call 800-673-0550 for instructions) By check, attached and made payable to: **"OTG Latin America Fund"**
 Please check which class you would like to invest in: A Class

4. **AUTOMATIC INVESTMENT PLAN:** To make automatic monthly investments from your bank account, check the box below (minimum monthly investment is \$100).
 This plan allows me (us) to make automatic monthly investments from my (our) bank account. Commonwealth Fund Services, Inc. will transfer money from my (our) account into the Fund. There is no charge, and I may cancel at any time. Invest \$ _____ into my (our) account on the 15th day of each month by transfer from my (our) bank account. **(Please include a blank voided check.)**

5. **DISTRIBUTIONS OPTION:**
 Income dividends and capital gains are automatically reinvested, unless you check one of the following:
 All distributions in cash. Dividends in cash, with capital gains reinvested in shares.

6. **TELEPHONE PRIVILEGES:**
 To use the telephone to authorize the transactions below, please check the appropriate box:
 I (we) hereby authorize Commonwealth Fund Services, Inc. to honor the telephone instructions for my (our) account. Neither the World Funds Trust nor Commonwealth Fund Services, Inc. will be liable for properly acting upon telephone instructions believed to be genuine which are confirmed in accordance with the World Funds Trust procedures described in the prospectus. I (we) understand that redemptions authorized by telephone are paid by check and mailed to me (us) at the address of record.

7. **EMPLOYEES, FAMILY AND AFFILIATES:**
 Are you an employee, or family member of an employee of OTG Latin America Fund or its affiliates? Yes No
 Please indicate your relationship _____

8. **EMPLOYEE INFORMATION:**

We are required by the Financial Industry Regulatory Authority ("FINRA") to ask for the following information:

Owner's Occupation _____ Employer _____
Employer's Address _____
Street City State Zip

I am affiliated with, or work for, a member firm of the FINRA.

Joint Owner's Occupation _____ Employer _____
Employer's Address _____
Street City State Zip

I am affiliated with, or work for, a member firm of the FINRA.

9. **REDEMPTIONS:**

I would like to be able to place a redemption order by telephone and have the proceeds mailed to me or wired directly to my Financial Institution account listed below. If my redemption exceeds \$100,000, a signature guarantee is required. I understand that these procedures are offered as a convenience to me, and I agree that if the identification procedures set forth in the Prospectus are followed, neither the Fund nor Commonwealth Fund Services, Inc. will be liable for any loss, expense or cost arising from one of these transactions. If you choose to have redemption proceeds wired to your account, please fill in the following information:

Name of Financial Institution Address of my Financial Institution

My Financial Institution's ABA Number Account Number Name(s) on Account

10. **SIGNATURES:**

Each Owner Must Sign This Section.

The undersigned warrant(s) that I (we) have full authority to make this application, am (are) of legal age, and have received and read a current prospectus and agree to be bound by its terms. I (We) understand that it is my (our) responsibility to read the prospectus of any fund into which I (we) exchange and that all information provided in the Account Registration Section and Employment Information Section will apply to any new fund into which my (our) shares may be exchanged. I (we) understand that all shares will be held in uncertificated form. I (we) understand that neither the World Funds Trust nor First Dominion Capital Corp. is a bank, and shares of the Fund are not backed or guaranteed by any bank or insured by FDIC. I (we) ratify any instructions (including telephone instructions) given on this account and agree that neither the Fund, First Dominion Capital Corp. or Commonwealth Fund Services, Inc. will be liable for any loss, cost or expense for acting upon any instruction (including telephone instructions) believed to be genuine which are confirmed in accordance with the procedures described in the prospectus.

If I (we) am a (are) U.S. Citizen(s) or Resident Alien(s), as indicated above, I (we) certify under penalties of perjury that (1) the Social Security or taxpayer identification number provided is correct, and (2) I (we) are not subject to IRS backup withholding because (a) I (we) am (are) exempt from backup withholding, or (b) I (we) have not been notified by the IRS that I (we) am (are) subject to backup withholding, or (c) I (we) have been notified by the IRS that I (we) am (are) no longer subject to backup withholding. (Please cross out item 2 if it does not apply to you.) If I (we) am (are) a Non-Resident Alien(s), as indicated above, I (we) certify under penalties of perjury that I (we) am (are) not a U.S. Citizen(s) or Resident Alien(s), and that I (we) am (are) an "exempt foreign person (s)" as defined under IRS regulations.

Neither I (we), nor any person having a direct or indirect beneficial interest in the shares to be acquired, appears on any U.S. Government published list of persons who are known or suspected to engage in money laundering activities, such as the Specially Designated Nationals and Blocked Persons List of the Office of Foreign Assets Control of the United States Department of the Treasury. I (We) do not know or have any reason to suspect that (i) the monies used to fund my (our) investment have been or will be derived from or related to any illegal activities. I (We) agree to provide such information and execute and deliver such documents as the Fund may reasonably request from time to time to verify the accuracy of the information provided in connection with the opening of an account or to comply with any law, rule or regulation to which the Fund may be subject, including compliance with anti-money laundering laws.

This application is not effective until it is received and accepted by the Fund. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The following is required by Federal tax law to avoid 28% backup withholding. By signing below, I certify under penalties of perjury that the social security number or tax ID number entered above is correct and that I have not been notified by the IRS that I am subject to backup withholding unless I have checked the box .

Sign Here _____ Date _____
Signature of Individual (or Custodian) Month/Date/Year

Date _____
Signature of Joint Registrant, if any. Month/Date/Year

If you have any questions, please call (800) 673-0550. If you would prefer to send your application and check by an overnight service, please send it

to: **OTG Latin America Fund**
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BROKER/DEALER: PLEASE COMPLETE THE AREA BELOW

Registered Rep. Name Rep. Number Branch Wire Code

Branch Address Telephone Number

CORRESPONDENT FIRM IDENTIFICATION:

Firm Name Address