



**IMPORTANT INFORMATION FOR OPENING YOUR ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, social security number and other information or documents that will allow us to identify you. This information will be subject to verification.

By signing and submitting this application, you give the Polaris Global Value Fund (the "Fund") and its agents permission to collect information about you from third parties, including information available in public and private databases such as consumer reports from credit reporting agencies, which will be used to help verify your identity.

If you do not provide the information, we may not be able to open your account. If we open your account but are unable to verify your identity, we reserve the right to take such other steps as we deem reasonable, including closing your account and redeeming your investment at the net asset value next calculated after the Fund decides to close your account. Please see the Funds' Statement of Additional Information for further information.

**1. YOUR INITIAL INVESTMENT**

Polaris Global Value Fund \$ \_\_\_\_\_ (\$2,000 minimum initial investment)

**Choose the payment method:**

- Check: I have enclosed a check in the amount of \$ \_\_\_\_\_ (make check payable to "Polaris Global Value Fund").
- Wire: My wire will be in the amount of \$ \_\_\_\_\_ (call (888) 263-5594 for wire instructions).
- ACH: Please deduct \$ \_\_\_\_\_ from my bank account (you must complete Section 3 / maximum amount is \$25,000).

**Choose Source of Contribution:**

- Annual Contribution (you are making a contribution for the current or prior tax year)
  - Prior Year Contribution \$ \_\_\_\_\_ (must be postmarked by the IRS tax filing deadline)
  - Current Year Contribution \$ \_\_\_\_\_
- Transfer (You are transferring assets directly from your IRA at another institution). **You must also complete the IRA Asset Transfer Form.**
- Qualified Plan Rollover (You are contributing assets distributed to you from a qualified retirement plan or from another IRA)
- Annual \$15.00 Custodial Fee
  - I have enclosed \$15.00 for the Annual Custodial Fee
  - Please deduct the \$15.00 Annual Custodial Fee directly from my IRA

All investments must be made by check, ACH or wire. All checks must be payable in U.S. dollars and drawn on U.S. financial institutions. The Fund does not accept purchases made by credit card check, starter check, cash or cash equivalents (for instance, you may not pay by money order, cashier's check, bank draft or traveler's check).

**2. YOUR IRA REGISTRATION (Please print)**

An application cannot be processed if it attempts to establish more than one IRA. You must complete a separate application for each IRA you wish to establish. Please read the Fund's Traditional and Roth IRA Plan Agreement & Disclosure for information to help determine the appropriate type of IRA for your account or consult a qualified tax professional.

Type of IRA (Check one box only):  Regular IRA  Qualified Plan Rollover  Roth IRA  SEP-IRA



## 6. TELEPHONE AUTHORIZATION

Unless telephone exchanges are declined below, I (we) hereby authorize and direct the Transfer Agent to accept and act upon telephone instructions for exchanges involving an account with a corresponding registration. I (we) also agree that neither the Funds nor the Transfer Agent will be liable for any loss, cost or expense for acting upon any telephone instructions if it follows reasonable procedures in order to verify that telephone requests are genuine.

I (We) **DO NOT** authorize telephone exchanges.

## 7. BENEFICIARY DESIGNATION (Attach additional sheets if necessary)

I hereby designate the following Primary Beneficiary(ies) to receive my interest in this IRA in case of my death (you may name one or more persons as your primary beneficiary). Unless otherwise designated, beneficiaries will share equally.

**Primary Beneficiaries:**

_____	_____	_____
Beneficiary Name	Birth Date	Social Security Number
_____	_____	_____
Physical Street Address	City	State ZIP
_____	_____	_____
Relationship	Percentage	

_____	_____	_____
Beneficiary Name	Birth Date	Social Security Number
_____	_____	_____
Physical Street Address	City	State ZIP
_____	_____	_____
Relationship	Percentage	

If none of the above Primary Beneficiaries are living on the date of my death, I hereby designate the following Secondary Beneficiary(ies) to receive my interest in this IRA in case of my death.

**Contingent Beneficiaries:**

_____	_____	_____
Beneficiary Name	Birth Date	Social Security Number
_____	_____	_____
Physical Street Address	City	State ZIP
_____	_____	_____
Relationship	Percentage	

_____	_____	_____
Beneficiary Name	Birth Date	Social Security Number
_____	_____	_____
Physical Street Address	City	State ZIP
_____	_____	_____
Relationship	Percentage	

*Please note: Shareholders are advised to check the requirements of state law concerning spousal beneficiary rights. Beneficiaries may be changed at any time by completing a change of beneficiary form.*

## 8. SIGNATURE AND TAX CERTIFICATIONS

The Depositor acknowledges having received, read and agrees to be bound by the terms, as may be amended from time to time, of the Fund's Traditional and Roth IRA Plan Agreement & Disclosure and the relevant Fund Prospectus. Under penalties of perjury, the Depositor certifies that the Social Security Number on this form is true, correct and complete and that I am a U.S. person (including a U.S. resident alien). I understand that the Custodian will deduct from my account or collect separately an Annual Custodial Fee of \$15.00 for each account.

By my signature below, I certify that:

- (1) I am not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity;  
and
- (2) The information provided by me in this application is true and correct and any documents provided herewith are genuine.

\_\_\_\_\_

*Signature* *Date*

## 9. MAILING INSTRUCTIONS AND CONTACT INFORMATION

Please send the completed application to:

**Regular Mail Delivery**

Polaris Global Value Fund  
P.O. Box 588  
Portland, ME 04112

**Overnight Mail Delivery**

Polaris Global Value Fund  
c/o Atlantic Fund Services  
Three Canal Plaza, Ground Floor  
Portland, ME 04101

If you have any questions, please call (888) 263-5594 (toll-free)