



REGULAR ACCOUNT APPLICATION

seafarerfunds.com • 855-732-9220

IMPORTANT: 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 for you: when you open an account, we will ask for your name, address, date of birth, and information that will allow us to identify you. **Please enclose a copy of your driver's license or other government issued photo identification card. This will expedite the processing of your account.**

Please select one:

- U.S. Citizen** **U.S. Resident Alien**

In general, accounts are available only to U.S. citizens and resident aliens.

SECTION 1: Account Registration

Please complete part A or B depending on the type of account registration.

A. **Individual Account** **Joint Account**

Note: Joint ownership means "joint tenants with rights of survivorship" and not "tenants in common," unless you specify otherwise.

Owner's Name (Last, First, Middle Initial)

Owner's Social Security Number Date of Birth (MM/DD/YY)

Address of Residence - *P.O. Box is not accepted* City, State, Zip Code

Mailing Address - *If different from above (P.O. Boxes accepted)* City, State, Zip Code

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Phone E-mail Address

Joint Owner's Name (Last, First, Middle Initial) (if applicable)

Joint Owner's Social Security Number Date of Birth (MM/DD/YY)

Address of Residence - *P.O. Box is not accepted* City, State, Zip Code

Mailing Address - *If different from above (P.O. Boxes accepted)* City, State, Zip Code

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Phone E-mail Address

B. **Uniform Transfer to Minors Account (UTMA)** **Uniform Gift to Minors Account (UGMA)**

Custodian's Name (Last, First, Middle Initial)

Custodian's Social Security Number Date of Birth (MM/DD/YY)

Address of Residence - *P.O. Box is not accepted* City, State, Zip Code

Mailing Address - *If different from above (P.O. Boxes accepted)* City, State, Zip Code

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Phone E-mail Address

SECTION 1: Account Registration (continued)

Minor's Name (Last, First, Middle Initial) _____

Minor's Social Security Number _____

Date of Birth (MM/DD/YY) _____

* For corporations, trusts, and other entity account types, please use the Entity Account Application. You may obtain this application by contacting an Investor Service Representative at 1-855-732-9220 or seafarerfunds@alpsinc.com.

SECTION 2: Investment Selection

How would you like to make your initial fund purchase?

- Check** - Make your personal check payable to Seafarer Funds and enclose it with your application. We do not accept third party checks (see Prospectus for acceptable method of payment).
- Electronically** - Make a one-time withdrawal from the bank account listed in Section 5 for the amount indicated below.
- Wire** - For wiring instructions call Investor Services at 1-855-732-9220 or visit seafarerfunds.com/wiring-instructions.

Expected Wire Date (MM/DD/YY) _____

Investment Minimums: Investor Class: \$2,500 (Reduced to \$1,500 if Automatic Investment Plan is established)
Institutional Class: \$25,000 (Reduced to \$1,500 if Automatic Investment Plan is established)

* Please note: the Seafarer Overseas Growth and Income Fund's Investor Class (SFGIX) is closed to most new investors. If you have any questions, please call Investor Services at 1-855-732-9220.

Fund Name	Ticker	Investment Amount
Seafarer Overseas Growth and Income Fund - Institutional Class	SIGIX	\$ _____
Seafarer Overseas Growth and Income Fund - Investor Class	SFGIX	\$ _____
Seafarer Overseas Value Fund - Institutional Class	SIVLX	\$ _____
Seafarer Overseas Value Fund - Investor Class	SFVLX	\$ _____
Total		\$ _____

SECTION 3: Automatic Investment Plan

Yes (Please complete below) No

This option allows you to make automatic investments into your Seafarer Funds account directly from your bank checking or savings account. **The minimum automatic investment is \$100 per month or quarter.**

Fund Name	Ticker	Automatic Investment Amount
Seafarer Overseas Growth and Income Fund - Institutional Class	SIGIX	\$ _____
Seafarer Overseas Growth and Income Fund - Investor Class	SFGIX	\$ _____
Seafarer Overseas Value Fund - Institutional Class	SIVLX	\$ _____
Seafarer Overseas Value Fund - Investor Class	SFVLX	\$ _____
Total		\$ _____

How often would you like to make automatic investments?

Monthly Quarterly

Begin your term in which month? (e.g. April) _____ On or about which date? (e.g., 2nd, 15th) _____

If no date is specified, the term will begin in the next month and withdrawals will be made on or near the 15th. **Please note, the date of your first automatic investment should be at least 3 days after this request.**

■ Please provide **bank account information** in Section 5.

SECTION 4: Distribution Options

Please complete this section to elect a distribution option. If no option is selected, all dividends and capital gains will be reinvested. Distributions in cash will be deposited in the bank account of record. If the cash distribution option is selected, please provide **bank account information** in Section 5. If no bank account information is provided, a check will be mailed to the address of record.

Dividend distribution: Reinvest Cash

Capital gains distribution: Reinvest Cash

SECTION 5: Bank Account Information

Please provide bank account information in order to:

- Make your initial fund purchase via one-time withdrawal from your account
- Establish an Automatic Investment Plan
- Have cash distributions deposited into your account
- Execute transactions by telephone or online at **seafarerfunds.com**

Account type: Checking Savings

Name on Bank Account _____

Bank Name _____

ABA Routing Number (First 9 digits at the bottom of check or deposit slip) _____

Bank Account Number (Second set of numbers at the bottom of check or deposit slip) _____

Please attach a voided check or deposit slip from the specified bank account.

I authorize Seafarer Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that Seafarer Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to Seafarer Funds. The termination request will be effective as soon as Seafarer Funds has had reasonable time to act upon it.

SECTION 6: Telephone and Online Access

As a shareholder, you will automatically have access to your account via our automated telephone and online account services unless you specifically decline access below.

I **DO NOT** want telephone access. I **DO NOT** want online access.

a. Online Account Access (including transaction capability): Once you receive your Seafarer Funds account number, go to **seafarerfunds.com** and click on **Account Login**. You will be prompted to establish a user ID and password.

b. Email Communications: Visit **seafarerfunds.com** to sign up to receive shareholder letters and portfolio reviews by email.

SECTION 7: eDelivery of Shareholder Documents

eDelivery allows you to receive electronic versions of your shareholder documents, including account statements and shareholder reports. To sign up for eDelivery, you must first establish online account access. Once you receive your Seafarer Funds account number, go to **seafarerfunds.com** and click on **Account Login**. You will be prompted to establish a user ID and password.

SECTION 8: Cost Basis Method Selection

The cost basis of covered shares, generally shares acquired on or after January 1, 2012, is determined using the fund's default method, unless you elect a different method below. Please check one box.

- | | |
|--|---|
| <input type="checkbox"/> Average Cost (ACST) Default Cost Basis Method | <input type="checkbox"/> First In, First Out (FIFO) |
| <input type="checkbox"/> Last In, First Out (LIFO) | <input type="checkbox"/> Low Cost (LOFO) |
| <input type="checkbox"/> High Cost (HIFO) | <input type="checkbox"/> Loss Gain Utilization (LGUT) |
| <input type="checkbox"/> Specific Share Identification (SLID)
Secondary Method* _____ | |

*If you elect Specific Share Identification, you may also elect a Secondary Method, other than Average Cost, that will apply when lots are not specified. If a Secondary Method is not elected, the default is FIFO.

The method you elect will apply to covered shares for funds established under this account, including funds you may acquire at a later date, unless you instruct us otherwise. If available, the cost basis of noncovered shares, generally shares acquired before January 1, 2012, is determined using the Average Cost method. Non-covered shares are redeemed prior to covered shares unless otherwise specified at the time of the redemption.

To determine which cost basis method is appropriate for your tax situation, please consult a qualified tax professional.

SECTION 9: Signature(s)

I have received and read the Prospectus for the funds in which I am investing and agree to the terms therein and acknowledge receipt of the Seafarer Funds Privacy Notice. I am responsible for reading the Prospectus and Statement of Additional Information of any fund into which I exchange.

I authorize Seafarer Funds and its agents to act upon instructions (by phone, online, or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither Seafarer Funds nor its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

Per state requirements, property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

SECTION 9: Signature(s) (continued)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. Citizen or other U.S. person (as defined in the IRS Form W-9 instructions), and
4. The FATCA code(s) entered on the IRS Form W-9 (if any) indicating that I am exempt from FATCA reporting is correct.

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. Item 4 above does not apply if you are submitting this form for an account maintained in the United States.

If you do not provide a correct taxpayer identification number, you may be subject to a \$100 IRS penalty.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please enclose a copy of your driver's license or other government issued photo identification card. This will expedite the processing of your account.

Signature

Date (MM/DD/YY)

Signature (if applicable)

Date (MM/DD/YY)

Distributor: ALPS Distributors, Inc. for the Seafarer Funds

Shares of the Seafarer Funds are offered by the Distributor. The Distributor is not a bank, and shares of the Funds are not deposits, obligations of, guaranteed, or endorsed by any bank, nor are they federally insured or otherwise supported by the FDIC, the Federal Reserve Board or any other agency.

Please mail completed form to:

Mailing Address

Seafarer Funds
P.O. Box 44474
Denver, CO 80201

Overnight Address

Seafarer Funds
1290 Broadway, Suite 1100
Denver, CO 80203

or Fax to 866-205-1499

If you have any questions, please contact an Investor Service Representative at 1-855-732-9220 or visit seafarerfunds.com

For Broker/Dealer Use Only

Broker/Dealer Name

Broker/Dealer Number

Representative Name

Representative Number

Street Address (Street, City, State, Zip Code)

Representative Phone Number