

## COST BASIS ELECTION FORM

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 another method. The Seafarer Funds default method is Average Cost. Complete this form to elect a different cost basis method for covered shares.

**Do not use this form to elect a cost basis method for noncovered shares (generally shares acquired prior to January 1, 2012), or retirement accounts.**

### SECTION 1: Account Information

#### Account Number or Owner's Social Security Number

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

Date of Birth (MM/DD/YY)

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

Joint Owner's Social Security Number

Date of Birth (MM/DD/YY)

Address (Required) - P.O. Box not accepted

City, State, Zip Code

( )

Phone

E-mail Address

### SECTION 2: Cost Basis Method

I elect the following method for all funds in this account, including funds acquired at a later date.

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Average Cost (ACST) <b>Default Cost Basis Method</b> | <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 * _____                 |

I elect different methods for the following funds in this account.

#### Fund Name and Share Class

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Average Cost (ACST) <b>Default Cost Basis Method</b> | <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 * _____                 |

#### Fund Name and Share Class

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Average Cost (ACST) <b>Default Cost Basis Method</b> | <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, FIFO will apply as the default.

The method you elect will apply to future redemptions of covered shares. However, if you previously elected or were defaulted to Average Cost and there was a disposition of covered shares using this method, the method you elect will apply to shares acquired after the effective date of the change. 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 3: Signature(s)**

I authorize Seafarer Funds and its agents to act upon the instructions provided. I understand that the elections above will be applied as of the date this form is received and processed in good order. 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 these instructions are genuine.

**ALL owners of this account must sign below:**

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Signature Date (MM/DD/YY)

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Signature (if applicable) Date (MM/DD/YY)

**Please mail completed form to:**

**Mailing Address**  
Seafarer Funds  
PO. Box 44474  
Denver, CO 80201

**Overnight Address**  
Seafarer Funds  
1290 Broadway, Suite 1100  
Denver, CO 80203

or Fax to: 1-866-205-1499

If you have any questions, please contact an Investor Service Representative at 1-855-732-9220 or visit [seafarerfunds.com](http://seafarerfunds.com)