

ACCOUNT OPTIONS FORM

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)

Check here if new address

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

City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

()

Phone

Check here if new phone number

E-mail Address

Check here if new e-mail address

SECTION 2: Name Change Instructions

Please Provide:

Account Number

Please indicate your former name and new name:

Former Name

One and the same as:

New Name

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.**

SECTION 3: Automatic Investment Plan (continued)

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 7.

■ Please note:

- Attach a separate letter of instruction if the bank account holder is different than the Seafarer Funds account holder.
- For IRA accounts (including Coverdell Education Savings accounts), contributions made through an automatic investment plan will be considered contributions for the year in which shares are purchased.

SECTION 4: Systematic Withdrawal Plan

A systematic withdrawal plan automatically withdraws money from this account on a monthly, quarterly, or annual basis. An account balance of at least \$10,000 is required to establish a systematic withdrawal plan. The minimum withdrawal amount is \$100 per period per fund.

Please complete this section if you would like to:

Establish Modify Discontinue a systematic withdrawal plan

Fund Name	Ticker	Systematic Withdrawal 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 withdrawals?

Monthly Quarterly Annually

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

If no month or date is specified, the term will begin in the next month, and withdrawals will be made on or about the 15th.

Money is to be sent by: ACH (electronic funds transfer to bank account) Check Cross-invest in Seafarer Fund listed below.

Fund _____ Ticker _____

Account Number _____

■ Please provide **bank account information** in Section 7, if applicable.

■ Please note, the cost basis method on your account will be used for redemptions.

■ A **Medallion Signature Guarantee** is required if shares are redeemed within 30 days of adding or changing bank information.

SECTION 5: Distribution Options

Please complete this section if you would like to change your distribution option.

Dividend distribution: Cash Reinvest

Capital gains distribution: Cash Reinvest

All distributions in cash will be deposited in the bank account of record.

Please provide **bank account information** in Section 7. If no bank account is provided, a check will be mailed to the address of record.

SECTION 6: Telephone and Online Privileges

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: Bank Account Information

Please provide bank information if you are establishing or modifying any of the following: an automatic investment plan, a systematic withdrawal plan, telephone/online transaction privileges, wire transfer capabilities, and distribution options.

I would like to **add** bank information to this account to authorize purchase and redemptions via: ACH transfer and/or Wire transfer. I understand this authorization will allow me to make such transactions via telephone with an Investor Representative, using the automated service line, or on the website at www.seafarerfunds.com.

I would like to **modify** my current bank information on this account for purchases and redemptions via: ACH and/or Wire transfer.

I would like to **remove** bank information on this account for purchases and redemptions via: ACH and/or Wire transfer.

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 savings deposit slip from the specified bank account.

Adding/changing bank information requires a **Medallion Signature Guarantee**. Please see Section 9.

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 8: Signatures

I authorize Seafarer Funds to make the changes indicated to my account.

I authorize Seafarer Funds and its agents to act upon instructions (by phone 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.

ALL owners of this account must sign below:

Signature

Date (MM/DD/YY)

Signature (if applicable)

Date (MM/DD/YY)

SECTION 9: Medallion Signature Guarantee (If Required)

A medallion signature guarantee is required to change the name on the account or add or change bank account information.

To protect yourself against fraud, your signature(s) must be guaranteed ("**Medallion Signature Guarantee**") by any "eligible" guarantor. The Medallion Signature Guarantee stamp **MUST** include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

SECTION 9: Medallion Signature Guarantee (If Required) (continued)

Eligible guarantors: Commercial Banks
Credit Unions
Member Firms of a domestic stock exchange
National Securities Exchange & Savings (STAMP, SEMP, NYSE-MSP participation)
Savings Associations
Trust Companies

Medallion Signature Guarantee Stamp (*ID Required*) Bank or Dealer Firm

Officer's Title Officer's Signature Date (*MM/DD/YY*)

[STAMP]

Please mail completed form to:

Mailing Address

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

Overnight Address

Seafarer Funds
1290 Broadway, Suite 1000
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