

SECTION 1: Account Registration (continued)

Name of Co-Trustee/Authorized Person

Social Security Number _____ Date of Birth (MM/DD/YY) _____

Mailing Address - (P.O. Boxes accepted) _____ City, State, Zip Code _____

SECTION 2: Beneficial Owners

Failure to provide information required below may prevent the timely establishment of the account. If you believe that your entity is exempt from this documentation requirement, please state the exemption here:

If it is determined that this exemption is not applicable, you will be required to provide the information requested to establish the account.

Individuals with control over the entity (regardless of trading authority for this account).

Individuals listed in this section are not authorized signatories for this account unless separate trading authorization and signors list is provided. A minimum of one individual must be named unless an exemption is identified above.

Control Person same as Section 1.

Country of Citizenship: U.S. Citizen Other _____

Name _____

Social Security Number _____ Date of Birth (MM/DD/YY) _____

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

Country of Citizenship: U.S. Citizen Other _____

Name _____

Social Security Number _____ Date of Birth (MM/DD/YY) _____

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

Country of Citizenship: U.S. Citizen Other _____

Name _____

Social Security Number _____ Date of Birth (MM/DD/YY) _____

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

Individuals with 25% or More Equity Interest of the Entity

Same as Listed Above.

If direct Beneficial Owner is Entity, please provide further documentation of underlying Beneficial Owners.

If no Beneficial Owners hold greater than 25%, check here.

SECTION 2: Beneficial Owners (continued)

Country of Citizenship: U.S. Citizen Other _____

Name

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

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

Country of Citizenship: U.S. Citizen Other _____

Name

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

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

Country of Citizenship: U.S. Citizen Other _____

Name

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

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

Country of Citizenship: U.S. Citizen Other _____

Name

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

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

SECTION 3: Investment Selection

How would you like to make your initial fund purchases?

- Check** - Make your personal or rollover check payable to Seafarer Funds and enclose it with your application.
- Electronically** - Make a one-time withdrawal from the bank account listed in Section 6 for the amount indicated below.
- Wire** - For wiring instructions call Investor Services at 1-855-732-9220.

Expected Wire Date (MM/DD/YY) _____

Investment Minimum: 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 4: 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 6.

SECTION 5: 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 6. 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 6: 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 7: 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 8: 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 9: Cost Basis Method

Applies to tax reportable account types only. 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, cost basis for 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 10: Signature(s)

I have received and read the Prospectus and the Privacy Policy for the Funds in which I am investing and agree to the terms therein. I am responsible for reading the Prospectus and Statement of Additional Information, or supplements thereto of any fund into which I exchange.

I authorize Seafarer Funds and its agents to act upon instructions (by phone, in writing or other means) 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 Fund employs reasonable procedures to confirm that instructions are genuine.

I certify that the beneficial owner information provided is true and correct and that I am authorized to act on behalf of the legal entity.

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

Under penalties of perjury, I certify that:

1. The numbers shown on this form are correct taxpayer identification numbers, and
2. I am/we are 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 this form (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.

Signature of Trustee/Authorized Person

Date (MM/DD/YY)

Signature of Trustee/Authorized Person

Date (MM/DD/YY)

Please mail completed form to:

Seafarer Funds
PO. Box 219623
Kansas City, MO 64121

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	