

SEP IRA CONTRIBUTION ALLOCATION FORM

IMPORTANT: This form allocates employer SEP IRA contributions to employees' Seafarer Funds SEP IRAs. Please enclose Seafarer Funds IRA Application Form(s) for all employees who are opening Seafarer Funds SEP IRAs at this time.

SECTION 1: Employer Information

Employer Name

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

City, State, Zip Code

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

City, State, Zip

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Phone

E-mail Address

SECTION 2: Employer SEP Contributions

Please indicate the total amount of the contribution that you are sending with this form.

\$ _____ For tax year 20 _____

Please enclose a check made payable to: Seafarer Funds

SECTION 3: Allocation to Employee's IRA

Identify each employee who is covered by this contribution; indicate the amount of the total contribution that goes to each employee, along with investment instructions. If the instructions are on the employee's Seafarer Funds SEP IRA Application Form (which you are sending with this form), check box A. If the contribution is for your employee's existing Seafarer Funds IRA(s), check box B and provide the information indicated.

If you need space for additional employees, please enclose an additional piece of paper.

NOTE: Seafarer Funds cannot accept any contributions without investment instructions. Even if yours is a "one person company," please complete the section above (Employer Information) and this section providing the information required for yourself as an employee.

Employee One

Employee Name

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions **A.** Employee Seafarer Funds SEP IRA Application Form enclosed; instructions therein.

OR

 B. Deposit to existing employee Seafarer Funds IRA Account(s) as follows:

SECTION 3: Allocation to Employee's IRA (continued)**Investment Allocation**

Fund Name	Ticker	Amount	or	Percent	%
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		\$ _____		100	%

Employee Two**Employee Name**

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions **A.** Employee Seafarer Funds SEP IRA Application Form enclosed; instructions therein.

OR

 B. Deposit to existing employee Seafarer Funds IRA Account(s) as follows:**Investment Allocation**

Fund Name	Ticker	Amount	or	Percent	%
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		\$ _____		100	%

Employee Three**Employee Name**

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions **A.** Employee Seafarer Funds SEP IRA Application Form enclosed; instructions therein.

OR

 B. Deposit to existing employee Seafarer Funds IRA Account(s) as follows:

SECTION 3: Allocation to Employee's IRA (continued)

Investment Allocation

Fund Name	Ticker	Amount	or	Percent	%
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		\$ _____		100	%

Employee Four

Employee Name

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions

A. Employee Seafarer Funds SEP IRA Application Form enclosed; instructions therein.

OR

B. Deposit to existing employee Seafarer Funds IRA Account(s) as follows:

Investment Allocation

Fund Name	Ticker	Amount	or	Percent	%
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		\$ _____		100	%

Employee Five

Employee Name

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions

A. Employee Seafarer Funds SEP IRA Application Form enclosed; instructions therein.

OR

B. Deposit to existing employee Seafarer Funds IRA Account(s) as follows:

SECTION 3: Allocation to Employee's IRA (continued)

Investment Allocation

Fund Name	Ticker	Amount	or	Percent	%
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		\$ _____		100	%

Employee Six

Employee Name

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions

A. Employee Seafarer Funds SEP IRA Application Form enclosed; instructions therein.

OR

B. Deposit to existing employee Seafarer Funds IRA Account(s) as follows:

Investment Allocation

Fund Name	Ticker	Amount	or	Percent	%
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		\$ _____		100	%

Employee Seven

Employee Name

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions

A. Employee Seafarer Funds SEP IRA Application Form enclosed; instructions therein.

OR

B. Deposit to existing employee Seafarer Funds IRA Account(s) as follows:

SECTION 3: Allocation to Employee's IRA (continued)**Investment Allocation**

Fund Name	Ticker	Amount	or	Percent	%
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		\$ _____		100	%

Employee Eight**Employee Name**

Social Security Number

Date of Birth (MM/DD/YY)

Amount of Total SEP Contribution that goes to this Employee's IRA

Investment Instructions **A.** Employee Seafarer Funds SEP IRA Application Form enclosed; instructions therein.

OR

 B. Deposit to existing employee Seafarer Funds IRA Account(s) as follows:**Investment Allocation**

Fund Name	Ticker	Amount	or	Percent	%
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		\$ _____		100	%

SECTION 4: Signature

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.

Signature (of individual filling out application)

Date (MM/DD/YY)

Please mail completed form to:**Regular Mail:**

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

Overnight Mail:

Seafarer Funds
 1290 Broadway, Suite 1000
 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