

# TRANSACTION REQUEST FORM

Valid only for non-IRA accounts

## SECTION 1: Account Information

Account Number or Owner's Social Security Number

Date of Birth (MM/DD/YY)

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

Joint Owner (if applicable)

Address of Residence

City, State, Zip Code

( )

Phone

E-mail Address

## SECTION 2: Purchase Request

Purchases will be made at the next determined price after your instructions are received in good order. Requests for purchases on a specific date or at a specific price will not be honored.

**How would you like to make your fund purchase?**

**Check** (enclose with this form)    **ACH** (electronic funds transfer from bank account)    **Wire**

**Investment Minimum:** \$100

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	\$ _____
<b>Total</b>		<b>\$ _____</b>

**Please Note:** Add or modify **bank account information** in Section 5.

## Section 3: Redemption Request

Redemptions will be made at the next determined price after your instructions are received in good order. Requests for redemptions on a specific date or at a specific price will not be honored.

**How would you like your redemption proceeds sent to you?**

**Check** (will be mailed to the address on record)    **ACH** (electronic funds transfer to bank account)    **Wire**

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	\$ _____
<b>Total</b>		<b>\$ _____</b>

**Please Note:** Add or modify **bank account information** in Section 5.

This form may not be used to elect a cost basis method or make changes to the cost basis method on your account. The cost basis of covered shares is determined using Average Cost, unless you have elected a different accounting method. To elect a different method, please complete a Cost Basis Election form or submit a letter of instruction. Non-covered shares are redeemed prior to covered shares unless otherwise specified at the time of the redemption.

## Section 4: Exchange Request

Exchanges will be made at the next determined price after your instructions are received in good order. Requests for exchanges on a specific date or at a specific price will not be honored.

Exchange FROM Fund Name and Share Class

Amount

## SECTION 5: Bank & Alternate Payee Information

Please provide bank information if you are establishing or modifying wire transfer capabilities and/or ACH transfer capabilities.

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 Service Representative; using the automated service line; or on the website at [www.seafarerfunds.com](http://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.

**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 6.*

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.

Alternate Payee Instructions

Alternate Payee Name

Mailing Address

City, State, Zip Code

■ Adding/changing Payee Information requires a Medallion Signature Guarantee. *Please see Section 6.*

## SECTION 6: Medallion Signature Guarantee

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, 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.

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

Signature

Date (MM/DD/YY)

Signature (if applicable)

Date (MM/DD/YY)

**SECTION 6: Medallion Signature Guarantee (continued)**

A Medallion Signature Guarantee is required for adding or changing bank information, alternative payee information, in addition to redemption requests greater than \$250,000.

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.

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

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

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

[STAMP]

**Please mail completed form to:**

**Regular Mail:**  
Seafarer Funds  
PO. Box 44474  
Denver, CO 80201

**Overnight Mail:**  
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](http://seafarerfunds.com)