



Account Application Form
Any questions please call 1-800-811-0535

Do not use for an IRA

Complete and send to:

By mail: **Thomas White Funds**
c/o US Bancorp Fund Services, LLC
P.O. Box 701
Milwaukee, WI 53201-0701

By courier: **Thomas White Funds**
Shareholder Services Center
615 East Michigan Street 3rd Floor
Milwaukee, WI 53202

INITIAL INVESTMENT
(Minimum \$2,500)

- Enclosed is my check payable to *Thomas White American Opportunities Fund* for \$ _____.
- Enclosed is my check payable to *Thomas White Emerging Markets Fund* for \$ _____.
- Enclosed is my check payable to *Thomas White International Fund* for \$ _____.
- By Wire Transfer \$ _____ (Please read the Prospectus for wire transfer instructions. A completed application must be submitted in advance of a wire.)

REGISTRATION
(Please Print or type.)

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **Full name, date of birth, Social Security number, and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

Individual

First Name Initial Last Name Social Security Number

Date of Birth

Joint Tenants

First Name Initial Last Name Social Security Number

Date of Birth

"Joint Tenants with Right of Survivorship and not as Tenants in Common" (Unless otherwise specified)

Gifts/Transfers To Minors

Custodian's Name (only one can be named) Custodian's Date of Birth Custodian's Social Security Number

Minor's Name Minor's Date of Birth Minor's Social Security Number

Under the _____ Uniform Gifts/Transfers to Minors Act.
State of Residence

Trusts, Corporations or Other Entity

Name of Trust/Corporation/Partnership

Date of Trust Instrument Taxpayer Identification Number Name of Beneficiary (If included in registration)

Name of Trustees (If to be included in registration)

You must supply documentation to substantiate existence of your organization. (i.e., Articles of Incorporation/Formation/Organization, Trust Agreements, Partnership Agreement, or other official documents.)

Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.

(Over, please)

MAILING ADDRESS

If you would like duplicate confirmations sent to another address, please provide the name of the recipient and address on a separate sheet.

A residential address is required by law is your if mailing address is a P.O. Box:

Street or P.O. Box _____
City _____ State _____ ZIP _____
Daytime Phone Number _____ Evening Phone Number _____

Street _____
Apt Number _____
City _____ State _____ ZIP _____

State of Residence _____ Citizenship: U.S. Other (please specify) _____

DISTRIBUTIONS

If no selection is made all dividends and distributions will be reinvested.

- Reinvest income dividends and capital gains distributions in additional shares.
- Pay all income dividends and capital gains distributions in cash.
- Pay income dividends and Reinvest capital gains distributions.
- Reinvest income dividends and Pay capital gains distributions in cash.

TELEPHONE OPTIONS

Your signed application must be received at least 15 business days prior to initial transaction.

- Redemption.** Permits the transfer of funds via:
 - Check to address in the Mailing Address section above
 - Federal wire to your bank account (There is a charge for each wire)*
 - EFT, at no charge, to your bank account (Funds are typically credited within two days after redemption)*
- Purchase (EFT).** Permits the purchase of shares using your bank account to clear the transaction.*

*An unsigned voided check (for checking accounts) or a savings account deposit slip is required with your Application.

AUTOMATIC INVESTMENT PLAN

Establish regular monthly or quarterly investments in your Fund account through automatic deductions from your bank account.

An unsigned voided check (for checking accounts) or a savings account deposit slip is required with your Application.

Please start my Automatic Investment Plan as described in the Prospectus beginning:

Month _____ Year _____. I hereby instruct US Bancorp Fund Services, LLC, Transfer Agent for the *Thomas White Funds* to automatically transfer \$ _____ (minimum \$100) directly from my checking, NOW, or savings account named below on the _____ day of each month or the first business day thereafter. I understand that I will be assessed a \$25 fee if the automatic purchase cannot be made due to insufficient funds, stop payment, or for any other reason.

It is understood that this Automatic Investment Plan requires acceptance by the *Thomas White Funds*. Receipt of the current Prospectus is acknowledged, and I agree to be bound by its terms. I have read and understood the conditions of the *Thomas White Funds* Automatic Investment Plan. I also understand that this plan may be terminated or modified at any time without notice by *Thomas White Funds* or US Bancorp Fund Services, LLC.

Signature of Bank Account Owner

Signature of Joint Owner

SIGNATURE(S) AND TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

I (we) have the full right, power, and legal capacity and am (are) of legal age in my (our) state of residence to purchase shares of the Funds. I (we) affirm that I (we) have received and read the current prospectus of the Funds and agree to its terms. I (we) understand the Funds' investment objectives and policies and have determined that the Funds are a suitable investment based upon my (our) investment needs and financial situation.

I (we) ratify any instructions given pursuant to the authorization(s) herein, and agree that neither the Transfer Agent and its affiliates, nor the *Thomas White Funds*, will be liable for any loss, damages, liability, cost, or expense for acting upon such instructions when believed to be genuine.

Under the penalty of perjury, I (we) certify that (1) the Social Security Number or Taxpayer Identification Number shown on this form is my (our) correct Taxpayer Identification Number(s), and (2) I (we) am (are) not subject to backup withholding either because I (we) have not been notified by the Internal Revenue Service (IRS) that I (we) am (are) subject to backup withholding as a result of a failure to report all interest and dividends, or the IRS has notified me (us) that I (we) am no longer subject to backup withholding.

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

AUTHORIZED SIGNATURE(S)

Signature of Owner / Custodian

_____/_____/_____
Date

Corp. Officer /Partner / Trustee

Title

_____/_____/_____
Date

Signature of Co-Owner (if any)

_____/_____/_____
Date

Corp. Officer /Partner / Trustee

Title

_____/_____/_____
Date