



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 International Fund* \$ _____.
- 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)

