

## **New Account Application**

Please do not use this form for IRA accounts

Mail to: Vert Global Sustainable Real Estate Fund c/o U.S. Bank Global Fund Services PO Box 701 Milwaukee, WI 53201-0701 Overnight Express Mail To: Vert Global Sustainable Real Estate Fund c/o U.S. Bank Global Fund Services 615 E. Michigan St., FL3 Milwaukee, WI 53202-5207

>> 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.

1 Investor Ir	nformation   Select one
☐ Individual	FIRST NAME M.I. LAST NAME DATE OF BIRTH (MW/DD/YYY)
	SOCIAL SECURITY NUMBER
☐ Joint Owner	FIRST NAME M.I. LAST NAME DATE OF BIRTH (MM/DD/YYY)
	SOCIAL SECURITY NUMBER Registration will be Joint Tenancy with Rights of Survivorship (JTWROS) unless otherwise specified.
☐ Gift to Minor	CUSTODIAN'S FIRST NAME (ONLY ONE)  M.I. LAST NAME  DATE OF BIRTH (MM/DD/YYY
	CUSTODIAN'S SOCIAL SECURITY NUMBER
	MINOR'S FIRST NAME (ONLY ONE)  M.I. LAST NAME  DATE OF BIRTH (MM/DD/YYY  MINOR'S SOCIAL SECURITY NUMBER  MINOR'S STATE OF RESIDENCE
☐ Tax Exempt	MINOR'S SOCIAL SECURITY NUMBER MINOR'S STATE OF RESIDENCE
Organization  C Corporation  Partnership	NAME OF TRUST / CORPORATION / PARTNERSHIP AND STATE OF ORGANIZATION
Limited Liability Company	NAME(S) OF TRUSTEE(S)
<ul><li>□ S Corporation</li><li>□ Trust</li><li>□ Other Entity</li></ul>	You must supply documentation to substantiate existence of your organization. (i.e., Articles of Incorporation/Formation/Organization, Trust Agreements (including the powers and limitations section(s)), Partnership Agreement, or other official documents.)
Other Entity	Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.
☐ Check here if y	you are a government entity or affiliated with a government entity.

## 2 Permanent Street Address

Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed.	☐ Mailing Address* (if different from Permanent Address)  If completed, this address will be used as the Address of Record for all state-
	ments, checks and required mailings. Foreign addresses are not allowed.
STREET APT / SUITE	
	STREET APT / SUITE
CITY STATE ZIP CODE	
	CITY STATE ZIP CODE
DAYTIME PHONE NUMBER EVENING PHONE NUMBER	* A P.O. Box may be used as the mailing address.
E-MAIL ADDRESS	
☐ Duplicate Statement #1	☐ Duplicate Statement #2
Complete only if you wish someone other than the account owner(s) to receive	Complete only if you wish someone other than the account owner(s) to receive
duplicate statements.	duplicate statements.
COMPANY NAME	COMPANY NAME
NAME	NAME
STREET APT / SUITE	STREET APT / SUITE
THE	THE
CITY STATE ZIP CODE	CITY STATE ZIP CODE
3 Cost Basis Method	
future accounts you may establish, unless otherwise noted. The Cost Basis and how your cost basis information is calculated and subsequently repo	rom January 1, 2012 forward and to all identically registered existing and s Method you select will determine the order in which shares are redeemed orted to you and to the Internal Revenue Service (IRS). <b>Please consult uits your specific situation.</b> If you do not elect a Cost Basis Method,
Primary Method (Select only one)	
☐ Average Cost — averages the purchase price of acquired shares	
☐ First In, First Out — oldest shares are redeemed first	
☐ Last In, First Out — newest shares are redeemed first	
☐ Low Cost — least expensive shares are redeemed first	
☐ <b>High Cost</b> — most expensive shares are redeemed first	
Loss/Gain Utilization — depletes shares with losses prior to sha	· · · · · · · · · · · · · · · · · · ·
	to be sold at the time of a redemption (This method requires you elect
unavailable.)	demptions and in the event the lots you designate for a redemption are
Secondary Method – applies only if Specific Lot Identification was e	elected as the Primary Method (Select only one)
☐ First In, First Out	2.0000 at a continuity mounds (colour only only)
☐ Last In, First Out	
☐ Low Cost	
☐ High Cost	
Trigit 003t	
☐ Loss/Gain Utilization  Note: If a Secondary Method is not elected, First In, First Out will I	

4 Investment a	nd Distribution	on Options		
Note: All checks must not accept post dated	be in U.S. Dollars drav checks or any condition		Fund will not accept payment event check fraud, the Fund v	t in cash or money orders. The Fund dowill not accept third party checks, Treas
☐ <b>By wire:</b> Call 1-844 Note: A completed app		advance of a wire.	Capital Gain	s Dividends
		Investment Amount \$10,000 Minimum	Reinvest C	Cash* Reinvest Cash*  Apital gains and dividends will be reinvested.
☐ Vert Global Sustaina Estate Fund	able Real \$			
*If cash distribution	should be paid,	please select one: 🛚	Check to Address of Reco	rd ACH to Bank of Record Valid Voided Check Needed
5 Telephone O	otions (if appl	licable)	_	_
below. See the prospect * You must provide bank in Please check the box be these options.	etus for minimum and instructions and a voide elow if you wish to de the and/or internet the options at a later data	d maximum amounts. ed check in Section 6. ecline these options. If the t transaction privileges te, a signature guarantee may	options are not declined, y	tus, unless you specifically decline ou are acknowledging acceptance of the prospectus or call our
6 Bank Informa	ation			
If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions, a systematic withdrawal plan, or cash distributions, a voided bank check or preprinted	John Doe Jane Doe 123 Main St. Anytown, USA 12345			\$\$
savings deposit slip (not a counter deposit slip) is required. We are unable to debit or credit mutual fund or pass-through accounts.			Circuid	DOLLARS
Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).	Memo	: :12345678567	Signed	

## 7 Signature and Certification Required by the Internal Revenue Service

- ✓ I have received and understand the prospectus for the Vert Global Sustainable Real Estate Fund (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable, if I fail to notify the Fund within such time period. I certify that I am of legal age and have the legal capacity to make this purchase.
- ✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.
- ✓ I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.
- ✓ Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting. (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends.)

GNATURE OF OWNER*	DATE (MM/DD/YYYY)
GNATURE OF JOINT OWNER*	DATE (MM/DD/YYYY)
t shares are to be registered in (1) joint names, both persons must on, or (1) a corporation or other entity an officer should sign and pri	sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) sho nt his/her name and title on the space provided for the Joint Owner.
in, or (4) a corporation of other chitty, an officer should sign and pri	nt mother traine and title off the space provided for the south owner.
B Dealer Information	
EALER NAME	REPRESENTATIVE'S LAST NAME FIRST NAME M.I.
DEALER'S ID BRANCH ID	REPRESENTATIVE'S ID
DEALER HEAD OFFICE INFORMATION:	REPRESENTATIVE BRANCH OFFICE INFORMATION:
DDRESS	ADDRESS CODE
ITY / STATE / ZIP	CITY / STATE / ZIP
ITT/ STAIL/ ZIF	GITT/SIAIL/ZIF
ELEPHONE NUMBER	TELEPHONE NUMBER

- ☐ Completed all USA PATRIOT Act required information?
  - Social Security or Tax ID Number in Section 1?
  - Birth Date in Section 1?
  - Full Name in Section 1?
  - Permanent street address in Section 2?
- $\hfill \square$  Enclosed your personal check made payable to the Vert Global
  - Sustainable Real Estate Fund?
- ☐ Included a voided check, if applicable?
- ☐ Signed your application in Section 7?
- ☐ Enclosed additional documentation, if applicable?

For additional information please call toll-free 1-844-740-VERT or visit us on the web at www.vertfunds.com.