



IRA Account Application Form

Please use this form only for an IRA Account. To obtain additional forms or for help in completing this application please call **1-800-811-0535**.

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

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.

First Name Initial Last Name Social Security Number

Date of Birth (Must be of legal age)

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.

Street or P.O. Box

City State ZIP

Daytime Phone Number Evening Phone Number

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

Street

Apt Number

City State ZIP

TYPE OF IRA

(Please select only **one** of the following account types.)

If no tax year is indicated, the default will be the current tax year.

- Individual Retirement Account** (\$1,000 Minimum. The maximum contribution is subject to current Internal Revenue Service limits.)
 - For tax year _____
 - IRA to IRA Transfer (Please complete IRA Transfer form)
 - Rollover (shareholder had receipt of funds)
- Rollover IRA**
 - Rollover IRA to Rollover IRA
 - Direct Rollover from qualified plan (Complete any additional form(s) required by your plan administrator)
 - Please check the type of qualified plan:
 Corporate Pension Plan Profit Sharing Plan 401(k) 403(b) Other (please specify) _____
- Roth IRA** (Available only to applicants meeting current Internal Revenue Service Adjusted Gross Income limits.)
 - For tax year _____
 - Roth IRA to Roth IRA Transfer (please complete IRA Transfer form)
 - Traditional IRA to Roth IRA - Year of Conversion _____ (Year in which traditional IRA was converted to a Roth IRA.)
 - Rollover from Roth IRA (shareholder had receipt of funds)
- SEP (Simplified Employee Pension Plan)** - Each employee must complete an IRA Application
 - Contribution
 - Transfer from another SEP IRA Account
 - Rollover (shareholder had receipt of funds)
- SIMPLE IRA** (Must be accompanied by IRS forms 5305 SA and 5304 SIMPLE)

INVESTMENT

- 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.)

**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

BENEFICIARIES

Primary

Secondary

Name Relationship

Name Relationship

Address

Address

City State ZIP

City State ZIP

Social Security # Date of Birth

Social Security # Date of Birth

SIGNATURES

I adopt the Thomas White Funds Individual Retirement Account and appoint U.S. Bancorp Fund Services to perform custodial and other administrative services specified in the IRA Custodial Account Agreement. I have received and read the Prospectus for the Fund and have read and understood the IRA Disclosure Statement and Custodial Account Agreement. I certify under penalties of perjury that my social security number above is correct, and that I am of legal age. If I am opening this IRA with a distribution from an employer-sponsored retirement plan or another individual retirement account, I certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my IRA may be collected by redeeming sufficient shares from my Fund account balance. I agree to provide the Internal Revenue Service with information as required. I further agree to follow all of the terms and conditions of the IRA Custodial Account Agreement.


By selecting the option in the "Automatic Investment Plan" section, I hereby authorize the Fund to initiate credits and debits to my account at the bank indicated on the enclosed voided check or deposit slip and for the bank to credit or debit the same to such account through the Automated Clearing House ("ACH") system.

Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your State's abandoned property laws.

Signature

Date

Appointment as custodian accepted:



U.S. Bancorp Fund Services

Date