



**IMPORTANT INFORMATION FOR OPENING YOUR ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, Social Security Number and other information or documents that will allow us to identify you. This information will be subject to verification.

By signing and submitting this application, you give the Catholic Responsible Investments Funds (the "Funds") and its agents permission to collect information about you from third parties, including information available in public and private databases such as consumer reports from credit reporting agencies, which will be used to help verify your identity.

If you do not provide the information, we may not be able to open your account. If we open your account but are unable to verify your identity, we reserve the right to take such other steps as we deem reasonable, including closing your account and redeeming your investment at the net asset value next calculated after the Funds decide to close your account. Please see the Funds' Statement of Additional Information for further information.

**1. YOUR INITIAL INVESTMENT – SELECT ONE OR MORE FUNDS**

- Magnus 45/55 Fund
  - Investor \$ \_\_\_\_\_ (\$5,000 minimum)
  - Institutional \$ \_\_\_\_\_ (\$15,000,000 minimum)
- Magnus 60/40 Beta Plus Fund
  - Investor \$ \_\_\_\_\_ (\$5,000 minimum)
  - Institutional \$ \_\_\_\_\_ (\$15,000,000 minimum)
- Magnus 60/40 Alpha Plus Fund
  - Investor \$ \_\_\_\_\_ (\$5,000 minimum)
  - Institutional \$ \_\_\_\_\_ (\$15,000,000 minimum)
- Magnus 75/25 Fund
  - Investor \$ \_\_\_\_\_ (\$5,000 minimum)
  - Institutional \$ \_\_\_\_\_ (\$15,000,000 minimum)
- Ultra-Short Bond Fund
  - Institutional \$ \_\_\_\_\_ (\$5,000 minimum)
- Short Duration Bond Fund
  - Institutional \$ \_\_\_\_\_ (\$5,000 minimum)
- Opportunistic Bond Fund
  - Investor \$ \_\_\_\_\_ (\$5,000 minimum)
  - Institutional \$ \_\_\_\_\_ (5,000,000 minimum)
- Bond Fund
  - Investor \$ \_\_\_\_\_ (\$5,000 minimum)
  - Institutional \$ \_\_\_\_\_ (5,000,000 minimum)
- Equity Index Fund
  - Institutional \$ \_\_\_\_\_ (\$3,000,000 minimum)
- Multi-Style US Equity Fund
  - Investor \$ \_\_\_\_\_ (\$5,000 minimum)
  - Institutional \$ \_\_\_\_\_ (5,000,000 minimum)
- International Equity Fund
  - Investor \$ \_\_\_\_\_ (\$5,000 minimum)
  - Institutional \$ \_\_\_\_\_ (5,000,000 minimum)
- Small-Cap Fund
  - Institutional \$ \_\_\_\_\_ (\$3,000,000 minimum)
- International Small-Cap Fund
  - Institutional \$ \_\_\_\_\_ (\$1,000,000 minimum)

Source of Wealth/Funds \_\_\_\_\_

**Choose the payment method:**

- Check: I have enclosed a check in the amount of \$ \_\_\_\_\_ (make check payable to "Catholic Responsible Investments Funds").
- Wire: My wire will be in the amount of \$ \_\_\_\_\_ (call (866) 348-6466 for wire instructions).

Your initial investment must be made by check or wire. Further investments may be made by check, ACH or wire. All checks must be payable in U.S. dollars and drawn on U.S. financial institutions. The Funds do not accept purchases made by credit card check, starter check, cash or cash equivalents (for instance, you may not pay by money order, cashier's check, bank draft or traveler's check).

**2. ASSET ALLOCATION – (Optional)**

Asset allocation instructions allow you to place a purchase or redemption and have the funds automatically allocated or deducted based on a percentage from each of your funds. This allocation can be modified at any time or overridden based on verbal or written instructions. Please indicate how you would like your purchases and redemptions split between the funds. Each percentage group must equal 100%.

	Purchases	Redemptions		Purchases	Redemptions
Magnus 45/55 Fund	_____ %	_____ %	Magnus 60/40 Beta Plus Fund	_____ %	_____ %
Magnus 60/40 Alpha Plus Fund	_____ %	_____ %	Magnus 75/25 Fund	_____ %	_____ %
Ultra-Short Bond Fund	_____ %	_____ %	Short Duration Bond Fund	_____ %	_____ %
Opportunistic Bond Fund	_____ %	_____ %	Bond Fund	_____ %	_____ %
Equity Index Fund	_____ %	_____ %	Multi-Style US Equity Fund	_____ %	_____ %
International Equity Fund	_____ %	_____ %	Small-Cap Fund	_____ %	_____ %
International Small-Cap Fund	_____ %	_____ %			

**3. YOUR ACCOUNT TYPE**

Please input the Social Security Number or Tax Identification Number under which the account will be reported to the IRS:

- Social Security Number \_\_\_\_\_ or  Taxpayer Identification Number \_\_\_\_\_

(use Minor's SSN if UTMA/UGMA selected below)

Please select only one account type below:

- Individual
- Uniform Transfer/Gift to Minor (UTMA/UGMA)  
State of residence of Minor \_\_\_\_\_
- Joint Account (select one below):
  - Rights of Survivorship (default option)
  - Tenants in Common (default option in Louisiana)
  - Tenants by Entirety
  - Community Property
- Trust (first and signature pages of the Trust Instrument required)
- Corporation, LLC, or Partnership (select one below):
  - S Corporation (certified articles of incorporation required)
  - C Corporation (certified articles of incorporation required)
  - Partnership (partnership agreement required)
  - Other (please include additional documentation to verify entity)  
Describe entity \_\_\_\_\_

**4. YOUR ACCOUNT INFORMATION**

Full Name of Shareholder, Custodian, Primary Joint Owner, Trust, Partnership, Corporation or Other Entity \_\_\_\_\_

Date of Birth or Date of Trust \_\_\_\_\_ Social Security Number of Custodian (if UTMA/UGMA selected above) \_\_\_\_\_

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Full Name of Joint Owner, Minor, Trustee, Partner or Officer of Corporation, if applicable

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Date of Birth of Joint Owner, Minor, Partner or Trustee, if applicable

Social Security Number of Joint Owner, Partner or Trustee, if applicable

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Full Name of Joint Owner, Trustee, Partner or Officer of Corporation, if applicable

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Date of Birth of Joint Owner, Trustee, Partner or Officer of Corporation, if applicable

Social Security Number of Joint Owner or Trustee, if applicable

*\* If needed, please attach a separate list for additional investors, trustees, authorized traders, and general partners of a partnership, including full name, social security number, home street address, and date of birth.*

## 5. YOUR MAILING/RESIDENCY ADDRESS

**Please provide your physical street address:**

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Street Address and Apartment Number

---

City

State

Zip Code

---

Daytime Telephone Number

Evening Telephone Number

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E-Mail Address

**Please provide your mailing address** (if different from your physical street address):

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Mailing Address

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City

State

Zip Code

## 6. TELEPHONE AUTHORIZATION

Unless telephone exchanges and/or redemptions are declined below, I (we) hereby authorize and direct the Transfer Agent to accept and act upon telephone instructions for exchanges and/or redemptions involving an account with a corresponding registration. I (we) also agree that neither the Funds nor the Transfer Agent will be liable for any loss, cost or expense for acting upon any telephone instructions if it follows reasonable procedures in order to verify that telephone requests are genuine.

- I (We) **DO NOT** authorize telephone exchanges.
- I (We) **DO NOT** authorize telephone redemptions.

## 7. INCOME AND CAPITAL GAIN DISTRIBUTION PAYMENT OPTIONS

- Full Reinvestment: Reinvest all income and capital gain distributions when paid.
- Capital Gain Reinvestment: Reinvest capital gain distributions when paid; pay income in cash.
- Income Reinvestment: Reinvest income when paid; pay capital gain distributions in cash.
- Cash: Pay all income and capital gain distributions in cash.
  - Send cash payments by check mailed to the address of record.
  - Send cash payments by Electronic Funds Transfer according to the banking instructions listed in Section 11.

Please note that if none of the boxes are checked, shareholders are assigned the Full Reinvestment option.

## 8. COST BASIS ACCOUNTING METHOD ELECTION

In order to provide you and the IRS with accurate cost basis information for your covered shares, please elect one of the methods below. If you do not select a method the account(s) will default to Average Cost.

- |   |   |
|---|---|
| <input type="checkbox"/> Average Cost - averages the cost of all shares           | <input type="checkbox"/> Highest Cost, First-Out Short Term Shares – shares with the highest short term cost sold first |
| <input type="checkbox"/> First-In, First-Out – oldest shares sold first           | <input type="checkbox"/> Lowest Cost, First-Out Short Term Shares – shares with the lowest short term cost sold first   |
| <input type="checkbox"/> Last-In, First-Out – newest shares sold first            | <input type="checkbox"/> Highest Cost, First-Out Long Term Shares – shares with the highest long term cost sold first   |
| <input type="checkbox"/> Highest Cost, First-Out – highest cost shares sold first | <input type="checkbox"/> Lowest Cost, First-Out Long Term Shares – shares with the lowest long term cost sold first     |
| <input type="checkbox"/> Lowest Cost, First-Out – lowest cost shares sold first   | <input type="checkbox"/> Specific Lot Identification – identify the specific lot of shares sold                         |

## 9. SYSTEMATIC INVESTMENT PLAN (Optional) – INVESTOR SHARES ONLY

Systematic Investment Plan - You must complete Section 11. \$1,000 minimum per occurrence, not to exceed \$25,000 per day.

Frequency:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
Magnus 45/55 Fund	\$ _____	Start on _____ month and begin on _____ day.		
Magnus 60/40 Beta Plus Fund	\$ _____	Start on _____ month and begin on _____ day.		
Magnus 60/40 Alpha Plus Fund	\$ _____	Start on _____ month and begin on _____ day.		
Magnus 75/25 Fund	\$ _____	Start on _____ month and begin on _____ day.		
Opportunistic Bond Fund	\$ _____	Start on _____ month and begin on _____ day.		
Bond Fund	\$ _____	Start on _____ month and begin on _____ day.		
Multi-Style US Equity Fund	\$ _____	Start on _____ month and begin on _____ day.		
International Equity Fund	\$ _____	Start on _____ month and begin on _____ day.		

Please note that if the day chosen falls on a weekend or holiday, your investment will occur on the next business day. This privilege will be effective 3 business days after the Funds receive this application.

## 10. SYSTEMATIC WITHDRAWAL PLAN (Optional) - INVESTOR SHARES ONLY

Systematic Withdrawal Plan - \$1,000 minimum withdrawal and your account balance must be at least \$50,000.

Frequency:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annual
Check mailed to the address of record.		<input type="checkbox"/> Electronic Funds Transfer to the bank instructions listed in Section 11.		
Magnus 45/55 Fund	\$ _____	Start on _____ month and begin on _____ day.		
Magnus 60/40 Beta Plus Fund	\$ _____	Start on _____ month and begin on _____ day.		
Magnus 60/40 Alpha Plus Fund	\$ _____	Start on _____ month and begin on _____ day.		
Magnus 75/25 Fund	\$ _____	Start on _____ month and begin on _____ day.		
Opportunistic Bond Fund	\$ _____	Start on _____ month and begin on _____ day.		
Bond Fund	\$ _____	Start on _____ month and begin on _____ day.		
Multi-Style US Equity Fund	\$ _____	Start on _____ month and begin on _____ day.		
International Equity Fund	\$ _____	Start on _____ month and begin on _____ day.		

Please note that if the day chosen falls on a weekend or holiday, your withdrawal will occur on the next business day. If you elected Specific Lot Identification as your cost basis election in Section 8, your Systematic Withdrawal Plan will deplete shares using the First-In, First-Out method.

## 11. BANK ACCOUNT INFORMATION (Optional)

Check type of account (please attach a voided check):  *Checking Account*  *Savings Account*

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Name of Bank ABA Routing Number Account Number

-----  
Bank Address City State ZIP Code

-----  
Registration on Bank Account

-----  
Bank Account Owner(s) Address (if different from address in section 5) City State ZIP Code

## 12. DUPLICATE MAILING ADDRESS (Optional)

**Only complete below if you would like duplicate copies of your statements and transaction confirmations mailed to another party.**

-----  
Name

-----  
Street Address and Apartment Number

-----  
City State Zip Code

## 13. DEALER INFORMATION (For Broker/Dealer use only)

-----  
Dealer Firm Name Dealer Firm Number

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Financial Advisor Name Financial Advisor Number

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Financial Advisor's Telephone Number Branch Number

## 14. SIGNATURE AND TAX CERTIFICATIONS

I am of legal age in the state of my residence and wish to purchase shares of the Fund(s) as described in the current Fund's Prospectus. By executing this Account Application, the undersigned represents and warrants that I have full right, power, and authority to make this investment and the undersigned is duly authorized to sign this Account Application and to purchase or redeem shares of the Fund(s) on behalf of the Investor.

Please note that your property may be transferred to the state of your last known address if no activity occurs in your account within the time period specified by that state's law.

Under the penalties of perjury, I certify that (1) the number shown on this form is my correct social security/taxpayer identification number (or I am waiting for a number to be issued to me), (2) that I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding, because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding for failure to report all dividend and interest income; or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (either a U.S. citizen or resident alien).

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

By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:

- (1) The investor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and
- (2) I have received and read the Fund's prospectus and agree to the terms and conditions therein; and
- (3) The information provided by the investor within this application is true and correct and any documents provided herewith are genuine.

Signature	Title or Capacity (if applicable)	Date (mm/dd/yyyy)
Joint Tenant/Trustee/Partner Signature	Title or Capacity (if applicable)	Date (mm/dd/yyyy)

## 15. MAILING INSTRUCTIONS AND CONTACT INFORMATION

**Regular Mail To:**

Catholic Responsible Investments Funds  
P.O. Box 588  
Portland, ME 04112

**Overnight Express Mail To:**

Catholic Responsible Investments Funds  
c/o Apex Fund Services  
Three Canal Plaza, Ground Floor  
Portland, ME 04101

If you have any questions, please call (866) 348-6466 (toll-free)

Fax # 1207-347-2195