

CLEAR FORM >>

IMPORTANT: In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) 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, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing, we will not be able to process your investment request. If we are unable to verify this information, your account may be closed, and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-888-345-1898.

PART I: INVESTOR INFORMATION *Required Information

INDIVIDUAL ACCOUNT — An account that represents one adult’s self-controlled investment.

JOINT ACCOUNT — An account owned by 2 or more adults. Since there are several options, please select a type of joint ownership on the **New Account Form**. If you do not, **Joint Tenants with Rights of Survivorship** will apply to your account.

- **Joint Tenants with Rights of Survivorship (JTWROS):** Each tenant owns all shares equally. Upon the death of a tenant, the surviving tenant(s) takes ownership of the account.
- **Tenants in Common (TEN COM):** Each tenant owns a divisible interest that may not be equal (e.g., 40% and 60%). Upon the death of owner, the survivor maintains ownership of his/her percentage and the descendant’s shares pass to his/her heirs. On the New Account Form, please enter the percentage of ownership next to each tenant’s name.
- **Tenants by the Entirety (TEN ENT):** This registration applies only in certain states between spouses and each has a full interest in the account. Upon the death of one, the surviving spouse takes ownership of the account.

To open any ONE of the following types of accounts, please check the appropriate box.

- Individual or Joint Account
 Joint Tenants with Rights of Survivorship
 Tenants in Common no Rights of Survivorship
 Tenants by the Entirety (the account will be registered as Joint Tenant with Rights of Survivorship unless you advise us otherwise or type of ownership is not permitted in your state)

Owner’s Name* (First, M.I., Last)	Date of Birth*	Social Security Number*		
Street Address (Physical Address)*	Apt #	City*	State*	Zip Code*
Mailing Address (if different than above)	Apt #	City	State	Zip Code*
Daytime Phone*	Evening Phone			
Email Address*	<input type="checkbox"/> I authorize Commonwealth Funds to use my email address to set up my online account.			

Co-Owner’s Name* (First, M.I., Last)	Date of Birth*	Social Security Number*		
Street Address (Physical Address)*	Apt #	City*	State*	Zip Code*
Daytime Phone*	Evening Phone			

PART II: FUNDS SELECTION AND INITIAL INVESTMENT

*Required Information

Next to the fund name, indicate the amount of your investment. The initial investment minimum is \$200 per each Fund. Refer to the prospectus for additional purchase requirements. Redemption proceeds of shares purchased by check are not available for 15 calendar days.

NAME OF INVESTMENT	INVESTMENT
Commonwealth Australia/New Zealand Fund	\$ _____ or _____%
Africa Fund	\$ _____ or _____%
Commonwealth Japan Fund	\$ _____ or _____%
Commonwealth Global Fund	\$ _____ or _____%
Commonwealth Real Estate Securities Fund	\$ _____ or _____%
	TOTAL: \$ _____ or _____%

NOTE: If an account is opened with an Automatic Investment Plan (AIP) of at least \$100/month, then the account can be opened with no initial minimum investment.

PART III: COST BASIS ELECTION

► The completion of this section is **OPTIONAL**.

The Commonwealth International Series Trust is responsible for tracking and reporting to the IRS adjusted cost basis on covered shares for mutual fund purchases on or after January 1, 2012. We will apply the Commonwealth International Series Trust’s default cost basis reporting method of Average Cost to all applicable funds and accounts that are not listed or for which a method is not selected below.

I choose the following cost basis method for all funds under the above account number:

- Average Cost First In, First Out (FIFO) Last In, First Out (LIFO)
- High Cost Low Cost Specific ID

AVERAGE COST: Uses the average cost of the shares as the basis for redemptions to calculate capital gains and losses. To determine the holding period for the shares, average cost uses the First-In, First-Out method. The Average Cost method is available only for mutual funds.

FIRST-IN, FIRST-OUT (FIFO): Shares acquired first in the account are the first shares depleted to determine cost basis.

LAST-IN, FIRST-OUT (LIFO): Shares acquired last in the account are the first shares depleted to determine cost basis.

HIGH COST: Shares acquired with the highest cost per share in the account are the first shares depleted to determine cost basis.

LOW COST: Shares acquired with the lowest cost per share in the account are the first shares depleted to determine cost basis.

SPECIFIC ID: Shares specifically identified by the shareholder at the time of the sale are sold or redeemed first. FIFO will be applied if a redemption order is received with no lots specified.

PART IV: DIVIDEND AND CAPITAL GAINS OPTIONS

*Required Information

DIVIDENDS	SHORT-TERM CAPITAL GAINS	LONG-TERM CAPITAL GAINS
<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in CASH to my address of record <input type="checkbox"/> Automatically deposit into my bank account (complete bank account Part VIII)	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in CASH to my address of record <input type="checkbox"/> Automatically deposit into my bank account (complete bank account Part VIII)	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in CASH to my address of record <input type="checkbox"/> Automatically deposit into my bank account (complete bank account Part VIII)

► If you do not mark one for each of the following selections, all dividends and capital gains will be reinvested in the same fund that paid them.

PART V: TELEPHONE TRANSACTION PRIVILEGES

► The completion of this section is **OPTIONAL**.

Telephone instructions may be provided by any registered owner or the broker/dealer of record. Telephone requests for investments or withdrawals can be made on any day the Fund(s) are open for business. Requests must be received by the close of trading of the NYSE, normally 4 p.m. (Eastern) (Redemption proceeds of shares purchased by check are not available until payments for those shares are collectible. This may take up to fifteen (15) calendar days.) To allow for on demand telephone investments or withdrawals by transferring money directly between your mutual fund and your bank account via ACH (Automated Clearing House) please Complete Bank Account Information Part VIII.

Your account automatically includes telephone redemption privileges. In the case of telephone redemptions, a check will be mailed to the address and owners listed on your account, unless instructed to go via ACH to the bank information provided in Part VIII.

Please check the box below if you **DO NOT** want these privileges.

By checking this box, you **DO NOT** authorize Commonwealth International Series Trust to accept and act upon telephone instructions from any registered owner or the broker/dealer of record for the redemption of shares.

PART VI: AUTOMATIC INVESTMENT PLAN

► The completion of this section is **OPTIONAL**.

AUTOMATIC INVESTMENT PLAN (AIP) — This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. Please refer to the funds prospectus for other account restrictions. Please provide all of your bank account information **AND** attach a voided check or deposit slip where requested in Part VIII.

I authorize Commonwealth International Series Trust to initiate investments into my mutual fund account according to the following frequency:

Twice Each Month Monthly

<input type="checkbox"/> Commonwealth Australia/New Zealand Fund	Amount: \$ _____	Day of Month (15th, End of month): _____
<input type="checkbox"/> Africa Fund	Amount: \$ _____	Day of Month (15th, End of month): _____
<input type="checkbox"/> Commonwealth Japan Fund	Amount: \$ _____	Day of Month (15th, End of month): _____
<input type="checkbox"/> Commonwealth Global Fund	Amount: \$ _____	Day of Month (15th, End of month): _____
<input type="checkbox"/> Commonwealth Real Estate Securities Fund	Amount: \$ _____	Day of Month (15th, End of month): _____

PART VII: SYSTEMATIC WITHDRAWAL PLAN

► The completion of this section is **OPTIONAL**.

SYSTEMATIC WITHDRAWAL PLAN — This option provides a systematic withdrawal of money from your mutual fund(s). Money can be sent to your address of record or transferred to your bank account via ACH (Automated Clearing House). For transfers sent to your bank account please provide all of your bank account information AND attach a voided check or deposit slip where requested in Part VIII.

- Systematic Withdrawal Plan to my Address of Record
 Systematic Withdrawal Plan via ACH to my Bank Account (complete Part IX)

I authorize **Commonwealth International Series Trust** to initiate withdrawals from my mutual fund account as described below:

Annually Semi-Annually Twice Each Month Monthly Other (Check months below)

January February March April May June
 July August September October November December

Commonwealth Australia/New Zealand Fund Amount: \$ _____ Day of Month (15th, End of month): _____
 Africa Fund Amount: \$ _____ Day of Month (15th, End of month): _____
 Commonwealth Japan Fund Amount: \$ _____ Day of Month (15th, End of month): _____
 Commonwealth Global Fund Amount: \$ _____ Day of Month (15th, End of month): _____
 Commonwealth Real Estate Securities Fund Amount: \$ _____ Day of Month (15th, End of month): _____

**Redemption proceeds of fund shares purchased via ACH are not available for a period of fifteen (15) calendar days.

PART VIII: BANK ACCOUNT INFORMATION

► The completion of this section is **OPTIONAL**.

Provide information about your checking or savings account to establish an Automatic Investment Plan by ACH. Please select one of the following:

Attach a voided check or deposit slip for your bank account. **Please use tape; do NOT staple.**

ACCOUNT TYPE: Checking Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here. Please do NOT use staples.	\$ _____ DOLLARS
BANK NAME BANK ADDRESS		
MEMO _____		

Provide information about your bank account below.

ACCOUNT TYPE: Checking Savings

Bank Name

Bank Phone Number

Bank Address

ABA Routing Number

City

State

Zip

Name(s) on Bank Account

Bank Account Number

PART IX: DUPLICATE ACCOUNT STATEMENT

► The completion of this section is **OPTIONAL**.

YES, please send a duplicate statement to:

Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

By signing this form, I represent and warrant that: (a) I am of legal age in my state of residence and wish to purchase shares of the Fund(s) as described in the current Prospectus; and (b) I have the full right, power and authority to invest in the Fund(s); and (c) I have received a current Prospectus of the Funds and agree to be bound by its terms; and (d) I understand that no certificates will be issued and that my confirmation statement will be evidence of my ownership of fund shares; and (e) I understand that my property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

I certify that I am eligible to engage in the cost basis method election(s) requested on this form and that I have the authority to act on the account(s). I also assume complete responsibility for the tax consequences of the cost basis method election(s) I have made.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen.

► **CERTIFICATION INSTRUCTIONS:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividend, you are not required to sign the Certification, but you must provide your correct TIN. (See IRS Form W-9, which is available from the Funds, for more information).

Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are certifying that each person listed below are authorized to effect securities transactions on behalf of the Investor (alternatively, the secretary or designated officer of the organization must certify the authority of the persons signing on the space provided below).

NOTE: All account owners and authorized signers must sign below.

Shareholder Signature:

X _____ Date: _____

Shareholder Signature:

X _____ Date: _____

Shareholder Signature:

X _____ Date: _____

Shareholder Signature:

X _____ Date: _____

PART XI: FOR DEALER USE ONLY

Financial Institution Name

Representative's Full Name

Address

Representatives' Branch Office Telephone Number

City

State

Zip

Dealer Number

Branch Number

Representative Number

X _____
Representative's Signature

X _____
Supervisor's Signature

PART XII: MAILING INSTRUCTIONS

Please send completed signed form along with check payable to:

REGULAR MAIL DELIVERY

Commonwealth International Series Trust
P.O. Box 46707
Cincinnati, OH 45246-0707

OVERNIGHT DELIVERY

Commonwealth International Series Trust
225 Pictoria Drive, Suite 450
Cincinnati, OH 45246

You'll be contacted by phone or email by Shareholder Services within 5 business days to complete the setup of your account. Account information and instructions for accessing your shareholder account will then be sent by mail.

PRIVACY NOTICE

FACTS	WHAT DOES COMMONWEALTH INTERNATIONAL SERIES TRUST DO WITH YOUR PERSONAL INFORMATION?	
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> ▪ Social Security number ▪ Assets ▪ Retirement Assets ▪ Transaction History ▪ Checking Account Information ▪ Purchase History ▪ Account Balances ▪ Account Transactions ▪ Wire Transfer Instructions <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons chosen to share; and whether you can limit this sharing.	
Reasons we can share your personal information	Does Commonwealth International Series Trust share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	No	We don't share
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes – information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes – information about your creditworthiness	No	We don't share
For non-affiliates to market to you	No	We don't share
Questions?	Call 1-888-345-1898	

Who we are	
Who is providing this notice?	Commonwealth International Series Trust on behalf of the Funds
What we do	
How does Commonwealth International Series Trust protect my personal information?	<p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.</p> <p>Our service providers are held accountable for adhering to strict policies and procedures to prevent any misuse of your nonpublic personal information.</p>
How does Commonwealth International Series Trust collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ▪ Open an account ▪ Provide account information ▪ Give us your contact information ▪ Make deposits or withdrawals from your account ▪ Make a wire transfer ▪ Tell us where to send the money ▪ Tells us who receives the money ▪ Show your government-issued ID ▪ Show your driver's license <p>We also collect your personal information from other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ▪ Sharing for affiliates' everyday business purposes – information about your creditworthiness ▪ Affiliates from using your information to market to you ▪ Sharing for non-affiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ <i>Commonwealth International Series Trust does not share with its affiliates.</i>
Non-affiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies</p> <ul style="list-style-type: none"> ▪ <i>Commonwealth International Series Trust does not share with non-affiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ▪ <i>Commonwealth International Series Trust does not jointly market.</i>