

[CLEAR FORM >>](#)

Use this **TRADITIONAL IRA** Application to open a **TRADITIONAL IRA**.

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.

Please note there is a **\$12.00 annual maintenance/custodian fee**.

PART I-A: TRADITIONAL IRA INFORMATION (Deceased individual if established as Inherited IRA)

*Required Information

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
Date of Death (if applicable)				
Daytime Phone*		Evening Phone		

Check to indicate the IRA is established after the death of the individual named above, with either a direct rollover or transfer. **If checked, complete Part I-B of the Traditional IRA Application.**

PART I-B: INHERITED IRA OWNER INFORMATION (Complete this section for Inherited IRAs only)

► **NOTE:** Inherited IRAs may only be established with assets acquired by a non-spouse beneficiary due to the death of the individual named above.

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		

PART II: CONTRIBUTION INFORMATION

SOURCE OF FUNDS (select one):

Regular/Spousal Contribution Amount: _____ Tax Year: _____

Recharacterization Amount: _____ Tax Year: _____

Direct Transfer Source: Traditional IRA Simple IRA**

Rollover Source: Traditional IRA Simple IRA**
 Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), 457(b))

Other Explain: _____

** You may not transfer or rollover Simple IRA assets to a Traditional IRA until at least two years have elapsed from the time of your initial participation in your employer's Simple IRA plan.

► **IMPORTANT:** Contributions made to your ESA will be for the **current tax year** unless you specify prior year.

PART III: INVESTMENT SELECTION

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

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.

FUND CHOICE	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 _____ %

PART IV: ACCOUNT SERVICE OPTIONS FOR YOUR IRA (Do NOT complete this section for Inherited IRAs)

► 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. Automatic investment plan must be established with a \$100 minimum. Please refer to the funds prospectus for other account restrictions. Please provide all of your bank account information or attach a voided check or deposit slip. **IMPORTANT: Contributions made to your IRA using AIP will be for the current tax year.** Keep this in mind for investments made from January 1 through April 15.

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

Twice Each Month Monthly

Fund: _____ Amount: \$ _____ Day of Month (1st, 15th, etc.): _____

Fund: _____ Amount: \$ _____ Day of Month (1st, 15th, etc.): _____

Fund: _____ Amount: \$ _____ Day of Month (1st, 15th, etc.): _____

Fund: _____ Amount: \$ _____ Day of Month (1st, 15th, etc.): _____

Fund: _____ Amount: \$ _____ Day of Month (1st, 15th, etc.): _____

BANK ACCOUNT INFORMATION

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.	\$ _____
BANK NAME BANK ADDRESS		_____ DOLLARS
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 V: BENEFICIARY DESIGNATION

Traditional IRA Owner (or Inherited IRA Owner) designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the Traditional IRA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the Traditional IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new **IRA Change of Beneficiary Form** and providing it to the Custodian.

TYPE: Primary Contingent Share Percentage: _____% Relationship to IRA Owner: Spouse Non-Spouse

Name: _____ Tax Payer ID Number: _____ Date of Birth: _____

Residence Address: _____

TYPE: Primary Contingent Share Percentage: _____% Relationship to IRA Owner: Spouse Non-Spouse

Name: _____ Tax Payer ID Number: _____ Date of Birth: _____

Residence Address: _____

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Name: _____ Tax Payer ID Number: _____ Date of Birth: _____

Residence Address: _____

Addendum attached and signed for additional beneficiaries.

To name a trust as your beneficiary, attach to this form either a copy of the trust agreement or a certification, in writing, acceptable to the IRA Custodian. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above and indicates whether the beneficiaries are primary or secondary. Sign and date the sheet.

PART VI: DUPLICATE ACCOUNT STATEMENT

YES, please send a duplicate statement to:

Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

PART VII: PAYMENT METHOD

You can open your account by either of these methods. Please check your choice:

By Check Enclose a check payable to Commonwealth International Series Trust for the total amount.

By Wire For wire instructions call Shareholder Services at 1-888-345-1898.

Other: _____

Third party checks, counter checks, starter checks, money orders, traveler's checks, checks drawn on non-U.S. financial institutions, credit card checks, and cash are not acceptable. **NOTE:** Cashier's checks and bank official checks may be accepted in amounts greater than \$10,000.

Commonwealth International Series Trust

NOTICE OF PRIVACY POLICY & PRACTICES

Commonwealth International Series Trust (the "Trust") recognizes and respects the privacy expectations of our customers.¹ We provide this notice to you so that you will know what kinds of information we collect about our customers and the circumstances in which that information may be disclosed to third parties who are not affiliated with the Trust.

COLLECTION OF CUSTOMER INFORMATION

We collect nonpublic personal information about our customers from the following sources:

- **ACCOUNT APPLICATIONS** and other forms, which may include a customer's name, address, social security number, and information about a customer's investment goals and risk tolerance;
- **ACCOUNT HISTORY**, including information about the transactions and balances in a customer's accounts; and
- **CORRESPONDENCE**, written, telephonic or electronic between a customer and the Trust or service providers to the Trust.

COLLECTION OF CUSTOMER INFORMATION

We may disclose all of the consumer information outlined above to third parties who are not affiliated with the Trust:

- **as permitted by law** — for example with service providers who maintain or service shareholder accounts for the Trust or to a shareholder's broker or agent;
- **to perform marketing services** on our behalf or pursuant to a joint marketing agreement with another financial institution.

SECURITY OF CUSTOMER INFORMATION

We require service providers to the Trust:

- to maintain policies and procedures designed to assure only appropriate access to, and use of information about customers of the Trust; and
- to maintain physical, electronic and procedural safeguards that comply with federal standards to guard nonpublic personal information of customers of the Trust.

- ▶ We will adhere to the policies and practices described in this notice regardless of whether you are a current or former customer of the Trust.

¹For purposes of this notice, the terms "customer" or "customers" includes both individual shareholders of the Trust and individuals who provide nonpublic personal information to the Trust, but do not invest in Trust shares.