

CLEAR FORM >>

This **AUTOMATIC INVESTMENT PLAN** Form is used to move money between your bank account and your mutual fund account via **ACH** (Automated Clearing House-banks' preferred method of transferring funds) on a scheduled basis. If you have any questions regarding this form, please call Shareholder Services at 1-888-345-1898.

PART I: INVESTOR INFORMATION *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
Daytime Phone*	Evening Phone	Existing Account Number*		

PART II: AUTOMATIC INVESTMENT PLAN CONTRIBUTION DETAILS

Automatic Investment Plan allows you to move money between your bank account and your mutual fund account via ACH on a scheduled basis. The Automatic Investment Plan must be established with a \$100/month minimum. Please refer to your prospectus for other account restrictions.

I authorize the Commonwealth International Series Trust to initiate investments into my mutual fund account as described below:

Weekly Twice Monthly Monthly Other _____

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.): _____

Please provide all of your bank account information **AND** attach a voided check or deposit slip where requested in Part III.

PART III: BANK ACCOUNT INFORMATION

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

ABA Routing Number

Bank Address

City

State

Zip

Name(s) on Bank Account

Bank Account Number

Name(s) on Bank Account

PART IV: SIGNATURE

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

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 Funds as described in the current Prospectus; and (b) I have the full right, power and authority to invest in the Funds; 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.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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. person.

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 required to furnish corporate resolutions or similar documents providing evidence that they 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 in the space provided below). In addition, signatures of representatives or fiduciaries of corporations and other entities must be accompanied by a New Technology signature guarantee by a commercial bank that is a member of the Federal Deposit Insurance Corporation, a trust company or a member of a national securities exchange.

Signature Shareholder, Custodian, Trustee, or Authorized Officer:

X _____ Date: _____

Signature Shareholder, Custodian, Trustee, or Authorized Officer:

X _____ Date: _____

Signature Shareholder, Custodian, Trustee, or Authorized Officer:

X _____ Date: _____

Signature Shareholder, Custodian, Trustee, or Authorized Officer:

X _____ Date: _____

MAILING INSTRUCTIONS

Please send completed form 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