

EPH Asia Funds New Account Application

Use this form to open an individual, joint, UGMA/UTMA, trust, or corporate account. If you have questions about completing this form, please contact our Shareholder Services Department at 888.949.9940. Once completed please mail the form to EPH Asia Funds, P.O. Box 2175, Milwaukee, WI 53201-2175.

The Fund accepts investments from individuals or entities without a U.S. Social Security Number or Taxpayer Identification Number and a U.S. address, or from foreign institutions only in accordance with the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act of 2001 (USA Patriot Act) and rules there under and only to the extent the identity of such persons and the source of their funds can be reasonably ascertained.

1. Account Registration *(check only one type below)*

Individual *(may not be a minor)*

or

Joint* *(may not be a minor)*

Owner's Social Security Number

Owner's Name (first, middle, last)

Date of Birth

Joint Owner's Social Security Number

Joint Owner's Name (first, middle, last)

Date of Birth

**Joint tenants with rights of survivorship, unless otherwise noted.*

Uniform Gift/Transfers to Minor's Account (UGMA, UTMA)

Minor's Social Security Number

Minor's Name (first, middle, last)

Date of Birth

Custodian's Social Security Number

Custodian's Name (first, middle, last)

Date of Birth

Trust, Corporation or Other Entity*

Trust's Tax Identification Number

Name of Trust

Date of Trust

Trustee

Social Security Number

Date of Birth

Additional Trustee

Social Security Number

Date of Birth

**Trust instrument or other organizational documentation required.*

2. Mailing Address *(Applications will only be accepted if they contain a U.S. street address.)*

Street Address *(If PO Box, please indicate the residential/street address below.)*

City

State

ZIP

Daytime Telephone

Evening Telephone

E-mail Address

Additional Address or **Residential/Street Address**

Send copies of confirmations and statements for this account to:

Name

Street Address

City State ZIP

3. Investment Instructions *(The minimum initial investment is \$2,500.)*

Purchase by check into the EPH China Fund for \$ _____ payable to EPH Asia Funds.

Purchase by wire into the EPH China Fund. Call 888.949.9940 for instructions.

NAV Purchase.

Reason: _____

Rights of Accumulation Purchase. Account owner, spouse and minor children that live in the household can aggregate accounts to reduce sales charges. The account number(s) on those accounts are:

Letter of Intent Purchase. I plan to invest over a 13-month period at least:

\$50,000 \$100,000 \$250,000

\$500,000 \$1,000,000

New agreement. See attached form.

Existing agreement on file.

4. Dividend and Capital Gains Instructions

All dividends will be reinvested unless one of the following is checked.

Send all dividends and capital gains to the address in Section 2.

Send all dividends and capital gains to the bank listed in Section 7.

5. Telephone Transactions

As an EPH Asia Funds shareholder, you have the ability to conduct purchase and redemption transactions by telephone.

You will automatically be granted telephone redemption privileges unless you decline them by checking below. **If you decline, you will be required to submit a Medallion signature guaranteed letter of instruction signed by all registered account owners to add telephone transaction privileges in the future.**

I decline telephone redemption privileges. All requests to redeem shares from this account must be submitted in writing.

6. Automatic Investment Program

This option allows you to execute automatic monthly or quarterly transactions with your EPH Asia Funds account. To establish a new account with this program you must initially invest at least \$2,500. Subsequent investments must be at least \$250.

To take advantage of the automated plans you must also include the bank information in Section 8. If more than one automatic purchase is desired, please attach on a separate page.

Amount (\$250 minimum) \$ _____

Begin Transaction (month, year) _____

*Choose one: Monthly or Quarterly

*Choose one: 5th 10th 20th or 25th

**If no time frame or date is specified investments will be made monthly on the 15th. Your first automatic investment will occur no sooner than 15 days after receipt of this application.*

7. Bank Information *(Voided check required.)*

You must complete this section if you would like the ability to add to your account electronically or have redemption proceeds sent to your bank electronically. Please attach a voided, unsigned check or deposit slip for this bank account.

Bank Name Bank Phone Number

Bank Address City State ZIP

Name(s) on Bank Account

Bank Account Number ABA Number (available from your bank)

This is a: **Checking Account** or **Savings Account**

If information on voided check differs from information on this application, the information from the voided check will be used.

8. Broker/Dealer Information

Broker/Dealer Name

Broker/Dealer Phone Number

Broker/Dealer Address

City State ZIP

Rep Name

Rep Phone Number Rep Number

Rep Address

City State ZIP

9. Documentation Options

We generally deliver a single copy of most annual and semi-annual reports and Prospectuses to investors who share the same address and last name. By signing this application, you consent to the delivery of one report and Prospectus to the same address unless you indicate otherwise below. You have the right to revoke this consent at any time by calling or writing the Fund at the telephone number or address shown on the first page. The Fund will begin sending you individual copies of these mailings within 30 days after you revoke your consent.

I want to receive individually addressed investor documents at the same address.

10. Acknowledgement and Signature *(All account owners/trustees must sign.)*

By signing below:

- ◆ I certify that I have received and read the current Prospectus and Privacy Notice of the Fund in which I am investing and agree to be bound by its terms and conditions. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- ◆ I authorize the EPH Asia Funds and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with the procedures described in the Prospectus for this account. I agree that neither the EPH Asia Funds nor the transfer agent will be

liable for any loss, cost or expense for acting on such instructions.

- ◆ I certify that I am not a Foreign Financial Institution as defined in the USA Patriot Act.

By completing Section 10 and signing below:

I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that the EPH Asia Funds shall be fully protected in honoring any such transaction. I also agree that EPH Asia Funds may take additional attempts to credit/debit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.

Under penalty of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this application is correct.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).

Note: Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. *(All owners/trustees must sign. For UGMA/UTMAs, custodian should sign.)*

Signature of Owner, Trustee or Custodian Date

Signature of Joint Owner, Trustee or Custodian Date
(if applicable)

Additional Owner's Signature (if applicable) Date

Additional Owner's Signature (if applicable) Date

To help the government fight the funding of terrorism and money laundering activities, federal law requires all 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, and other information that will allow us to identify you.

