



ACCOUNT APPLICATION (PAGE 1)

II INSTRUCTIONS

You must complete this Account Application to open a new Tramita Funds ® account.

You should read the prospectus for each fund that you invest in. You can obtain a copy of the prospectus from your financial advisor or download it from our website www.tramita.com

When your form is complete, please review, sign and date it. Please send it or fax it to us.

Fax +1(866) 523-0248 - Calle Cami Ral 161, Suite 103, Mataro, 08301, Spain.

If you have any questions about how to complete this application, please contact your financial advisor or Tramita Funds ® at +1(866) 858-1105.

I ACCOUNT OWNERSHIP

A Individual or joint account. (Joint owners will be joint tenants with rights of survivorship unless you instruct us otherwise.)

B Account that is a Transfer on Death (TOD). (The transfer on death can only be used for sole accounts for natural persons or for natural persons holding the shares as joint owners with rights of survivorship.)

C Account held by a trust, corporation or other entity. This application must be signed by all trustees, executors or corporation officers whose signatures are required under the trust agreement or corporate bylaws.

II INDIVIDUAL OR JOINT ACCOUNT

REGISTERED OWNER #1 - We cannot accept a P.O. Box as a residential address; APO/FPO address accepted.

_____	_____	_____	_____
First name	Middle initial	Last name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Home phone number
_____			_____
Residential street address			Daytime phone number
_____			_____
City			Social Security Number/Passport #
_____			_____
State	Zip	Date of Birth (mm/dd/yyyy)	
_____	_____	_____	
Country	Name of Trust, corporation or other entity		
_____	_____		
Email address			

REGISTERED OWNER #2 - For joint accounts, the address of registered owner # 1 will be used in the account registration unless otherwise indicated.

_____	_____	_____	_____
First name	Middle initial	Last name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Home phone number
_____			_____
Residential street address			Daytime phone number
_____			_____
City			Social Security Number/Passport #
_____			_____
State	Zip	Date of Birth (mm/dd/yyyy)	
_____	_____	_____	
Country	Name of Trust, corporation or other entity		
_____	_____		
Email address			



ACCOUNT APPLICATION (PAGE 2)

ACCOUNT THAT IS A TRANSFER ON DEATH (TOD) REGISTRATION

Beneficiary Designation

INDIVIDUAL TOD BENEFICIARY #1 - If more than one beneficiary is designated for an account, then when the account transfers to the beneficiaries, all beneficiaries will be entitled to an equal share of the account. You cannot designate a different allocation among beneficiaries.

Form fields for individual beneficiary: First name, Middle initial, Last name, Social Security Number / Passport #, Residential street address, Daytime phone number, City, Relation, State, Zip, Date of Birth, Custodian (for Minor Beneficiary).

TOD Beneficiaries that are a trust, corporation or other entity

TYPE OF ENTITY (Please select one)

Form fields for trust/corporation/other entity: Trust/Corporation Registration #, Name of Trust, corporation or other entity, Passport/SSN number, Trust date.

TRUSTEES OR AUTHORIZED SIGNERS

Form fields for trustees/signers: First, Second; First name, Middle initial, Last name.

ACCOUNT HELD BY A TRUST, CORPORATION, ESTATE OR OTHER ENTITY

TYPE OF ENTITY (Please select one)

Form fields for trust/corporation/other entity: Trust/Corporation Registration #, Name of Trust, corporation or other entity, Passport/SSN number, Trust date.

TRUSTEE, EXECUTOR OR FIRST AUTHORIZED SIGNER - We cannot accept a P.O. Box as a residential address; APO/FPO address accepted.

Form fields for trustee/signer: First name, Middle initial, Last name, Home phone number, Daytime phone number, City, Social Security Number / Passport #, State, Zip, Date of Birth.

TRUSTEE, EXECUTOR OR SECOND AUTHORIZED SIGNER - For trusts and corporations, this application must be signed by all trustees or corporate officers whose signatures are required under the trust agreement or corporate bylaws.

Form fields for trustee/signer: First name, Middle initial, Last name, Home phone number, Daytime phone number, City, Social Security Number / Passport #, State, Zip, Date of Birth.

