



## Individual Retirement Account (IRA) Application

**Overnight Delivery:**  
Palmer Square Funds  
803 W. Michigan St.  
Milwaukee, WI 53233-2301

**Regular Mail:**  
Palmer Square Funds  
P.O. Box 2175  
Milwaukee, WI 53201-2175

Use this form to open a Traditional, SEP or ROTH Individual Retirement Account ("IRA"). If you have questions about completing this form, please contact our Shareholder Services Department at 866.933.9033.

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. When you open an account, you will be asked for your name, date of birth (for a natural person), your residential address or principal place of business, and mailing address, if different, as well as your Social Security Number or Taxpayer Identification Number. Additional information is required for corporations, partnerships and other entities. Applications without such information will not be considered in good order. The Fund reserves the right to deny applications if the application is not in good order.

### I would like to establish the following:

Traditional IRA  Roth IRA  SEP IRA

Is the IRA selected above comprised of inherited assets?

Yes  No

Are you the spousal and sole beneficiary treating the IRA as your own?

Yes  No

### 2. Permanent Address

Applications will only be accepted if they contain a U.S. street address. No P.O. boxes.

Address

City State ZIP

Daytime Telephone Evening Telephone

E-mail Address

Mailing Address or  Additional Address

Send copies of confirmations and statements for this account to:

Name

Address

City State ZIP

### 1. Account Registration (select one)

Depositor Social Security Number

Depositor (first, middle, last)

Depositor Date of Birth

#### If the Depositor is a minor:

Responsible Person's Social Security Number

Responsible Person's Name (first, middle, last)

Responsible Person's Date of Birth

### 3. Funding the IRA

This IRA will be funded with the following type of contribution (*select one*):

Annual IRA Contribution For  
Tax Year \_\_\_\_\_ \$ \_\_\_\_\_

Tax Year \_\_\_\_\_ \$ \_\_\_\_\_

Transfer from a like IRA at another institution (Ex. Roth IRA to Roth IRA)\*

SEP IRA employer contribution for  
Tax Year \_\_\_\_\_ \$ \_\_\_\_\_

Recharacterization\*  
 Traditional IRA to a Roth IRA or,\*  
 Roth IRA to a Traditional IRA\*

Conversion to Roth IRA  
 From a Traditional IRA or,  
 From a Qualified Plan

Rollover from an existing IRA or Qualified Retirement Plan

*\*If this transaction is a transfer or a conversion from another institution, you will also need to complete and sign a Palmer Square Funds IRA Transfer Form.*

### 4. Investment Instructions

*The minimum initial investment is \$2,500 for Class A and \$100,000 for Class I.*

#### Purchase into:

- Palmer Square Absolute Return Fund Class A  
 Palmer Square Absolute Return Fund Class I

Purchase by check for  
\$ \_\_\_\_\_ payable to Palmer Square Funds.

Purchase by wire into the Palmer Square Funds. Call 866.933.9033 for instructions.

All dividends or capital gains generated by Palmer Square Funds will be automatically reinvested into additional shares of the same Fund.

**The remainder of Section 4 applies only to the purchase of Class A Shares of the Palmer Square Absolute Return Fund.**

**Rights of Accumulation Purchase.** Account owner, spouse or domestic partner and children or stepchildren age 21 or younger may aggregate investments in the Fund 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:

- \$25,000    \$50,000    \$100,000    \$250,000  
 \$500,000    \$750,000    \$1,000,000  
 New agreement. See attached form.  
 Existing agreement on file.

### 5. Telephone Transactions

As a Palmer Square 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. 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		

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.*

### 7. Automatic Investment Plan

This option allows you to execute automatic monthly or quarterly purchases with your Palmer Square Funds account. To establish a new account with this program you must initially invest at least \$2,500 for Class A. Subsequent investments must be at least \$100.  
*To take advantage of the automated plans you must also include the bank information in Section 6. If more than one automatic purchase is desired, please attach on a separate page.*

Amount (Min \$100) \$ \_\_\_\_\_

Begin Transaction(month, year) \_\_\_\_\_

Choose one\*:  Monthly or  Quarterly

Choose one\*:  5th  10th  15th  20th or  25th

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

### 8. Beneficiary Designation

As participant of this IRA, you designated that any funds remaining in the IRA at your death shall be paid in the percentages below to the primary beneficiaries who succeed you. If no percentages are indicated, then assets will be divided equally. The interest of a Primary Beneficiary who predeceases you shall terminate and the percentage share(s) of all surviving Primary Beneficiary(ies) shall increase on a pro rata basis.

You may revoke or alter your IRA Beneficiary Designation at any time by completing a Beneficiary Change Form. Your IRA beneficiary designation must be delivered to the Custodian. The most current beneficiary designation on file with the Custodian at the time of death will govern. The Custodian may conclusively rely on information provided by you without any duty to verify or inquire into its validity.

#### PRIMARY BENEFICIARY:

\_\_\_\_\_  
Name of Beneficiary

\_\_\_\_\_  
Street Address (PO Box not acceptable)

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Relationship % of Account

If the person(s) listed above as Primary Beneficiary(ies) is(are) not living at your death, you designate the following Secondary Beneficiary(ies). The funds remaining in this IRA at your death shall then be paid in the percentages indicated below (in the absence of any percentages, the account shall be divided into equal shares) to the Secondary Beneficiary(ies) who survive you. The interest of a Secondary Beneficiary who predeceases you shall terminate and the percentage share(s) of all surviving Secondary Beneficiary(ies) shall increase on a pro rata basis.

#### ADDITIONAL BENEFICIARY(IES):

- Primary Beneficiary
- Secondary Beneficiary

\_\_\_\_\_  
Name of Beneficiary

\_\_\_\_\_  
Street Address (PO Box not acceptable)

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Social Security Number Date of Birth

- Primary Beneficiary
- Secondary Beneficiary

\_\_\_\_\_  
Name of Beneficiary

\_\_\_\_\_  
Street Address (PO Box not acceptable)

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Relationship % of Account

**All Designated Beneficiaries must have a valid social security number.** If you require additional beneficiaries, please provide the same information on a separate page.

#### Spousal Consent (if applicable)

Spousal consent is required in community property and marital property states where an IRA depositor wishes to name a beneficiary other than, or in addition to, his/her spouse. A depositor's spouse who resides in a community property or marital property state must sign the consent below.

*I hereby consent to and join in the designation of the beneficiary listed in this section. I give the depositor any interest I have in the funds deposited in this account.*

\_\_\_\_\_  
Signature of Spouse Date

### 9. Withholding Election (Substitute W-4P)

The distributions you received from your IRA are subject to Federal income tax withholding at a rate of 10% unless you indicate otherwise below. Withholding will apply to the total amount of the distribution, whether taxable or not. You may elect not to have withholding apply to you. If you elect not to have withholding apply to your distribution payments, or if you do not have enough Federal income tax withheld from your distribution, you may incur penalties under the estimated tax rules. You may change your withholding election for future distributions by completing an IRA Withholding Election Change Form.

Please withhold \_\_\_\_\_% (greater than 10%) Federal income tax from my distributions.

Please do not withhold any Federal income tax from my distributions. **(Must have U.S. Residence on file.)**

### 10. Privacy Notice

The Palmer Square Funds collects non-public information about you from the following sources:

- Information we receive about you on the application form or other forms;
- Information you give us orally; and/or
- Information about your transactions with us or others

We do not disclose any non-public personal information about our shareholders or former shareholders without the shareholder's authorization, except as permitted by law or in response to inquiries from governmental authorities. We may share information with affiliated and unaffiliated third parties with whom we have contracts for servicing the Fund. We will provide unaffiliated third parties with only the information necessary to carry out their assigned responsibilities. We maintain physical, electronic and procedural safeguards to guard your non-public personal information and require third parties to treat your personal information with the same high degree of confidentiality.

In the event that you hold shares of the Fund through a financial intermediary, including, but not limited to, a broker-dealer, bank, or trust company, the privacy policy of your financial intermediary would govern how your non-public personal information would be shared by those entities with unaffiliated third parties.

### 11. Acknowledgement and Signature

By signing this agreement, you as the Depositor and UMB Bank, n.a. as the Custodian agree to be bound by the terms, conditions and provisions of the Custodial Account Agreement and Disclosure Statement that is currently in effect and as may be amended from time to time. You acknowledge that you have received and read the Disclosure Statement relating to this account and that you have independently obtained the legal and tax advice you deem necessary. You also agree that you have received and read the Prospectus for the Fund(s) selected for this IRA. In

addition, as Depositor you certify that: (1) all contributions that you make to the IRA meet the requirements of the Internal Revenue Code governing such contributions; (2) you understand and accept any applicable fees that are a part of this agreement; (3) you will promptly provide instructions to the Custodian necessary to enable the Custodian to carry out its duties under this agreement.

You certify that you understand the risk factors and special considerations associated with investing in the Fund(s) as outlined in the Prospectus, including the possibility of losing all of your investment. Furthermore, you acknowledge the suitability of this investment in your investment portfolio.

#### 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: (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, and (3) I am a U.S. person (including a U.S. resident alien).**

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

If the IRA account is for a minor, the Responsible Person must also sign. By signing below, the Responsible Person acknowledges receipt of, and agrees to be bound by, the additional terms and conditions that apply to custodial accounts established for minors.

Please note that the value of your account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

**The Depositor and UMB Bank, n.a. as Custodian hereby execute this IRA Account Application as of the date below.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Person's Signature (if applicable)

\_\_\_\_\_  
Date