

# PERPETUAL AMERICAS FUNDS COVERDELL EDUCATION SAVINGS ACCOUNT APPLICATION

For assistance in completing this application, please contact us at 866-260-9549. Please mail your completed and signed application to Perpetual Americas Funds, PO Box 4766, Chicago, IL 60680-4766 or overnight to Perpetual Americas Funds, C/O The Northern Trust Company, 333 South Wabash Avenue, W-38, Chicago, Illinois 60604.

Please print all information.

## 1 PROVIDE YOUR INVESTOR INFORMATION

### DESIGNATED BENEFICIARY (CHILD FOR WHOM THE ACCOUNT IS BEING ESTABLISHED)

DESIGNATED BENEFICIARY'S FIRST NAME	MIDDLE INITIAL	LAST NAME
DESIGNATED BENEFICIARY'S SOCIAL SECURITY NUMBER (WILL BE USED FOR TAX REPORTING)		DATE OF BIRTH
RESIDENTIAL/STREET ADDRESS		
RESIDENTIAL/STREET ADDRESS		
CITY/STATE/ZIP		

### DEPOSITOR (THE INDIVIDUAL MAKING THE CONTRIBUTION, IF DIFFERENT FROM THE RESPONSIBLE INDIVIDUAL)

DEPOSITOR'S FIRST NAME	MIDDLE INITIAL	LAST NAME
DEPOSITOR'S SOCIAL SECURITY NUMBER		DATE OF BIRTH
RESIDENTIAL/STREET ADDRESS		
RESIDENTIAL/STREET ADDRESS		
CITY/STATE/ZIP		

### RESPONSIBLE INDIVIDUAL (PARENT OR LEGAL GUARDIAN WHO IS AUTHORIZED TO ACT ON THE ACCOUNT)

RESPONSIBLE INDIVIDUAL'S FIRST NAME	MIDDLE INITIAL	LAST NAME
RESPONSIBLE INDIVIDUAL'S SOCIAL SECURITY NUMBER		DATE OF BIRTH
MOTHER'S MAIDEN NAME		
RESIDENTIAL/STREET ADDRESS		
RESIDENTIAL/STREET ADDRESS		
CITY/STATE/ZIP		
TELEPHONE NUMBER (DAYTIME)		TELEPHONE NUMBER (EVENING)
E-MAIL ADDRESS		

**1** PROVIDE YOUR INVESTOR INFORMATION *(continued)*

**ACCOUNT MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL/STREET ADDRESS**

ADDRESS

CITY/STATE/ZIP

\*The USA PATRIOT Act requires that all investors provide a street address for our records. If this information is not provided, there may be a delay in establishing the account.

Yes  No The Responsible Individual may change the beneficiary designated under this agreement to another member of the Designated Beneficiary's family described in Section 529(e)(2) in accordance with the Custodian's procedures.

Yes  No The Responsible Individual shall continue to serve as the Responsible Individual for the custodial account after the Designated Beneficiary attains the age of majority under state law until such time as all assets have been distributed from the custodial account and the custodial account terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Responsible Individual shall be the Designated Beneficiary.

If a box is not checked in response to the questions above, the answer will be deemed to be No.

**SUCCESSOR RESPONSIBLE INDIVIDUAL**

In the event of the death or legal incapacity of the Responsible Individual while the Designated Beneficiary is a minor under state law, the following shall become the Responsible Individual. If no successor is named, the Successor Responsible Individual shall be the Designated Beneficiary's parent or guardian.

SUCCESSOR RESPONSIBLE INDIVIDUAL'S FIRST NAME

MIDDLE INITIAL

LAST NAME

SUCCESSOR RESPONSIBLE INDIVIDUAL'S SOCIAL SECURITY NUMBER

DATE OF BIRTH

MOTHER'S MAIDEN NAME

RESIDENTIAL/STREET ADDRESS

RESIDENTIAL/STREET ADDRESS

CITY/STATE/ZIP

**2** SELECT YOUR FUND AND INITIAL INVESTMENT AMOUNT

Please note that money orders, traveler's checks, and third-party checks are not accepted.

<b>FUND NAME</b>	<b>FUND NUMBER</b>	<b>AMOUNT</b>
JOHCM Emerging Markets Opportunities Fund Advisor Class	181	<input type="text"/>
JOHCM Emerging Markets Opportunities Fund Investor Class	581	<input type="text"/>
JOHCM Emerging Markets Discovery Fund Advisor Class	285	<input type="text"/>
JOHCM Global Select Fund Advisor Class	182	<input type="text"/>
Trillium ESG Global Equity Fund Investor Class	802	<input type="text"/>

**2** SELECT YOUR FUND AND INITIAL INVESTMENT AMOUNT (continued)

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**CHOOSE YOUR INVESTMENT METHOD**

Investment will be made by:

- Check Payable to Perpetual Americas Funds
- Wire (please call 866-260-9549 for instructions)
- Direct Rollover from another institution (please include a completed Coverdell ESA Rollover Form)

**NORTHERN TRUST BANK ABA #071000152 Credit A/C 5201680000 REFERENCE: //1056 (followed by fund number and a/c number).**

**Important** - Before wiring money to the Northern Trust Bank, shareholders must call 866-260-9549 to place the order and confirm wire instructions.

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**CHOOSE YOUR CONTRIBUTION TYPE**

- Contribution for Tax Year \_\_\_\_\_

Note: If no Tax Year is indicated, the default value will be the current year in which your contribution is received by the Custodian.

- Direct Rollover from another institution (please include a completed Coverdell ESA Rollover Form).
- Rollover from a previous ESA plan custodian in which you took receipt of assets

**3** ESTABLISH AUTOMATIC INVESTMENT PLANS (OPTIONAL)

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An automatic investment plan can be established on your account to invest directly from your bank account on file. In order to establish an automatic investment plan, please complete this section and provide your bank information and preprinted voided check in section 6. Note that automatic investments will be made as current year contributions.

Investment Amount

Frequency (check one)  Once a month on the 1st  Once a month on the 15th

Start Date \_\_\_\_\_

If no date is selected, the 1st of the next calendar month will be used.

**4** DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

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Dividend and Capital Gains distributions will be automatically reinvested.

In order to request distributions from your ESA account, the Coverdell ESA Distribution Form must be completed.

**5** TELEPHONE PRIVILEGES

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Privileges to exchange between identically registered accounts via telephone will automatically be established on your account unless you indicate otherwise below:

- I do not want telephone privileges

## 6 BANK INFORMATION

Complete this section if you would like to maintain bank instructions on file for payment of redemptions or distributions, or if you are establishing an automatic investment plan. **Please attach a preprinted voided check.**

NAME ON BANK ACCOUNT

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

ROUTING NUMBER

Checking Account     Savings Account

## 7 ADDITIONAL STATEMENTS

Complete this section if you would like duplicate statements of your account information to go to an interested party.

NAME

ADDRESS

CITY/STATE/ZIP

## 8 SIGN YOUR NAME

By signing this form, I certify that I have received, read, and agree to the terms of the Funds' in which I am investing and agree to the terms therein. I have the legal capacity and complete authority to invest in the fund(s), am of legal age in my state to purchase such shares, and believe each investment is appropriate.

I authorize the Fund and its agents to act upon my written and/or verbal instructions that are believed to be genuine for this account. I agree that neither the Fund, nor its agents and affiliates, will be liable for any loss or expense for acting on such instructions, provided that the Fund employs reasonable procedures to confirm the legitimacy and accuracy of the given instructions.

1. I confirm I have received and read the current prospectus and privacy notice for the fund(s) I am investing in.
2. I understand that shares of the Fund are not insured or guaranteed by the FDIC or any other governmental agency.
3. I understand that Federal Law requires the Funds to obtain, verify, and record identifying information, which may include the name, residential or business street address, taxpayer identification number, or other identifying information, for each investor who opens an account and that applications without the required information, or without an indication and supporting documentation showing that a taxpayer identification number has been applied for, may not be accepted.

I further understand that after acceptance, the Fund reserves the right to

- (1) place limits on transactions in any account until my identity is verified; or
- (2) refuse my investment in the Funds; or
- (3) redeem shares and close my account in the event that my identity is not verified.

4. I agree that the Funds and their agents will not be responsible for any loss resulting from my delay in providing all required information or from restricting transactions or closing an account when my identity is not verified.
5. For Foreign Investors: I understand that if the Fund allows the exception for foreign investors, I must complete any additional information to meet all USA Patriot Act requirements before my application can be approved and that I may be subject to withholding. Please consult a tax advisor.
6. For Corporations, Trusts, or Other Entities: I acknowledge that the Funds and their agents may, without inquiry, act only upon the instructions (whether oral, written, or provided by wire, telecommunications, or any other process) of persons purporting to be an authorized persons as named in the Trust, Corporate Resolution or other acceptable document evidencing authority to act on behalf of the entity which was last received by the Funds or their agent. I agree that the funds and their agents will not be liable for any claims, expenses, or losses resulting from having acted upon instruction reasonably believed genuine.
7. I understand that if I am unable to be located by the fund or the Transfer Agent, my account may be deemed legally abandoned and then escheated to the appropriate state's unclaimed property administration in accordance with statutory requirements.

**8** SIGN YOUR NAME (continued)

I adopt this Coverdell ESA, appointing The Northern Trust Company to act as Custodian, and to perform administrative services. I have received and read and understand the 5305-EA Plan Agreement and Disclosure Statement. I understand that the Custodian may charge fees to which reference is made in the Disclosure Statement and they may be separately billed or collected by redeeming sufficient shares from each portfolio account balance. I will supply the IRS with information as to any taxable year required unless filed by the Custodian.

I have read, and I accept the Custodial Agreement herein, by reference. I appoint The Northern Trust Company, or its successors, as Custodian of the accounts.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; 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 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. citizen or other U.S. person (as defined in the IRS Form W-9 Instructions); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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.

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

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SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

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SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

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SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

# Perpetual Americas Funds

## Notice of Privacy Policy & Practices

### I. Safeguarding Privacy

We recognize and respect the privacy expectations of each of our investors and we believe the confidentiality and protection of investor information is one of our fundamental responsibilities. New technologies have dramatically changed the way information is gathered and used, but our continuing commitment to preserving the security and confidentiality of investor information has remained a core value of the Trust.

### II. Information We Collect And Sources Of Information

We may collect information about our customers to help identify you, evaluate your application, service and manage your account and offer services and products you may find valuable. We collect this information from a variety of sources including:

- Information we receive from you on applications or other forms (e.g. your name, address, date of birth, social security number and investment information);
- Information about your transactions and experiences with us and our affiliates (e.g. your account balance, transaction history and investment selections); and
- Information we obtain from third parties regarding their brokerage, investment advisory, custodial or other relationship with you (e.g. your account number, account balance and transaction history).

### III. Information We Share With Service Providers

We may disclose all non-public personal information we collect, as described above, to companies (including affiliates) that perform services on our behalf, including those that assist us in responding to inquiries, processing transactions, preparing and mailing account statements and other forms of shareholder services provided they use the information solely for these purposes and they enter into confidentiality agreements regarding the information.

### IV. Information We May Share With Affiliates

If we have affiliates which are financial service providers that offer investment advisory, brokerage and other financial services, we may (subject to Board approval) share information among our affiliates to better assist you in achieving your financial goals.

### V. Safeguarding Customer Information

We will safeguard, according to federal standards of security and confidentiality, any non-public personal information our customers share with us.

We will limit the collection and use of non-public customer information to the minimum necessary to deliver superior service to our customers which includes advising our customers about our products and services and to administer our business.

We will permit only authorized employees who are trained in the proper handling of non-public customer information to have access to that information.

We will not reveal non-public customer information to any external organization unless we have previously informed the customer in disclosures or agreements, have been authorized by the customer or are required by law or our regulators.

We value you as a customer and take your personal privacy seriously. We will inform you of our policies for collecting, using, securing and sharing nonpublic personal information the first time we do business and, except as described below, every year that you are a customer of the Trust, or anytime we make a material change to our privacy policy.

We may combine a privacy notice with another document (for example, an account statement, annual report, prospectus, trade confirmation) or may deliver the notice electronically where appropriate consent has been obtained. We generally will not deliver an annual notice as long as (i) we disclose non-public personal information only as described above policy, and (ii) we have not changed our policies and practices with regard to disclosing non-public personal information from the policies and practices that were disclosed in the most recent disclosure sent to consumers pursuant to this policy.

## FOR BROKER/DEALER USE ONLY

2.24

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BROKER/DEALER FIRM NAME

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ADDRESS

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CITY STATE ZIP

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BRANCH/AGENCY NUMBER

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INVESTMENT PROFESSIONAL NAME

INVESTMENT PROFESSIONAL NUMBER

PHONE NUMBER

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INVESTMENT PROFESSIONAL SIGNATURE

DATE