



Knights of Columbus Funds
New Account Application for an Entity

For Assistance Call: 1-844-KC-Funds
(1-844-523-8637)

The USA Patriot Act

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 to 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. This information is subject to verification. If we are unable to verify your identity, we reserve the right to close your account or take such other steps as we deem reasonable.

Sections 1 and 2 must be completed and the information provided will be verified as required by the USA Patriot Act. Failure to complete these sections may result in the rejection of your application.

Notice for Non-U.S. persons

The Funds generally will not accept investments from foreign investors (e.g. foreign financial institutions; non-U.S. persons). The Funds have instructed their transfer agent accordingly. If the Funds do accept such investments, the Funds are expected to conduct enhanced due diligence on such foreign investors as may be required under Section 312 of the USA PATRIOT Act and applicable Treasury or SEC rules, regulations and guidance (if any).

Notice to all shareholders

In compliance with applicable state laws, your property may be transferred to the appropriate state if no activity occurs in your account within the time period specified by state law.

1 REGISTRATION

Please print or type clearly.
Please choose one type of account below:

Trust

NAME OF TRUST AGREEMENT

TRUST'S TAXPAYER IDENTIFICATION NUMBER

DATE OF TRUST AGREEMENT

Please include first and last page of Trust document.

Trustee Information:

NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

TRUSTEE STREET ADDRESS

CITY, STATE, ZIP

Please attach a separate list for additional authorized traders, and each individual trustee, including full name, social security number, date of birth, and a physical address (P.O. Box is not acceptable) as appropriate.

Corporation

NAME OF CORPORATION

PROVIDE SYMBOL IF A PUBLICLY TRADED CORPORATION

TYPE OF ENTITY (PLEASE CHECK ONE): **S CORPORATION** **C CORPORATION**

OTHER (DESCRIBE)

TAXPAYER IDENTIFICATION NUMBER

Please attach The Articles of Incorporation (or similar).

Authorized Trader Information:

NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

AUTHORIZED TRADER STREET ADDRESS

CITY, STATE, ZIP

Please attach:

- A corporate resolution (or government-issued business license) which identifies the individuals authorized to conduct transactions on this account.
- Please attach a separate list for additional authorized traders including full name, social security number, date of birth, and a physical address (P.O. Box is not acceptable) as appropriate.

Partnership

A copy of the partnership agreement must be attached.

NAME OF PARTNERSHIP

PARTNER: FIRST, MIDDLE, LAST NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

PARTNER STREET ADDRESS

CITY, STATE, ZIP

Please attach a separate list for additional authorized traders, and each individual partner of a partnership, including full name, social security number, date of birth, and a physical address (P.O. Box is not acceptable) as appropriate.

Documents provided in connection with your Application will be used solely to establish and verify your identity. The Funds will have no obligation with respect to the terms of any such documents.

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2 ADDRESS

Entity Mailing Address:

STREET OR P.O. BOX

If mailing address is a post office box (other than an Army Post Office Box or a Fleet Post Office Box), then a physical address is also required by the USA Patriot Act.

CITY, STATE, ZIP

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TELEPHONE

Physical Mailing Address (if different from above):

Must provide physical address for Individual Trustee, Partner and Authorized Trader if applicable.

STREET ADDRESS

CITY, STATE, ZIP

Duplicate Confirmations/Statements Sent To (Optional):

NAME

STREET OR P.O. BOX

CITY, STATE, ZIP

Receiving Investor Documents

Knights of Columbus Funds (the "Funds") are taking advantage of the "Householding" Rule, which permits the delivery of one copy of an annual/semi-annual report, prospectus and/or proxy statement on behalf of two or more shareholders at a shared address. Unless you indicate otherwise by checking the box below, your signature on this application indicates your consent to Householding and the Funds will deliver one copy of the above referenced documents to your address for as long as you remain invested in the Funds. You may revoke your consent at any time by calling the Funds. Upon receiving such notification, the Funds will begin mailing individual copies of the above referenced documents to your attention within 30 days.

I do *not* wish to participate in Householding.

3 FUND SELECTION/ INVESTMENT OPTIONS

- Enclose your check: The minimum initial investment is \$25,000 (aggregate investment in one or more funds) for I Shares. Subsequent investments for I Shares must be at least \$250.
- **Make your check payable to: *Knights of Columbus Funds***
- The Funds do not accept cash, travelers checks, cashier's checks, bank drafts, money orders, starter, counter, or third party checks.

Please indicate if the numbers below are percentages or dollars by circling the relevant sign.

I SHARES	\$	or	%
Knights of Columbus Limited Duration Fund (6401) KCLIX	\$		%
Knights of Columbus Core Bond Fund (6400) KCCIX	\$		%
Knights of Columbus Large Cap Growth Fund (6402) KCGIX	\$		%
Knights of Columbus Large Cap Value Fund (6403) KCVIX	\$		%
Knights of Columbus Small Cap Fund (6404) KCSIX	\$		%
Knights of Columbus U.S. All Cap Index (6407) KCXIX	\$		%
Knights of Columbus International Equity Fund (6405) KCIIX	\$		%
Knights of Columbus Real Estate (6408) KCRIX	\$		%
Knights of Columbus Long/Short Equity (6406) KCEIX	\$		%
TOTAL	\$		%

Please call 1-844-KC-Funds (1-844-523-8637) prior to sending a wire.

Wiring Instructions:

UMB Bank, N.A.
ABA: #101000695
DDA: #9872013085

Reference:

Fund Name
Account Number
Account Name

4 DIVIDEND & CAPITAL GAINS INSTRUCTIONS

All distributions will be reinvested automatically unless one of the following is checked:

Dividends:

- Send all dividends by direct deposit to the bank account indicated on the enclosed voided check.
- Send all dividends by check to the address in section 2.
- Reinvest all dividends.

Capital Gains:

- Send all capital gains by direct deposit to the bank account indicated on the enclosed voided check.
- Send all capital gains by check to the address in section 2.
- Reinvest all capital gains.

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5 COST BASIS CALCULATION METHOD

Please elect the cost basis method to be used in calculating the gain or loss associated with redemption requests. The elected method will be used for all accounts established by this application and any future accounts established. Please choose from the following:

(Choose only one)

- Average Cost First-In First-Out Specific Lot

Note: When selecting Specific Lot, please choose a secondary method to be used as an alternate in the event specific lot information is not provided.

- First-In First-Out Last-In First-Out High Cost

- Low Cost Loss/Gain Utilization

If no election is made Average Cost will be used.

6 TELEPHONE AUTHORIZATION

I (We) hereby authorize and direct the agent to accept and act upon telephone instructions for redemptions involving the account with corresponding registration unless the following is checked:

- I (We) do not authorize telephone redemptions.
 I (We) do not authorize telephone exchanges.

7 BANK INFORMATION

For SIP/SWP and Wire Redemptions:

Your bank account information must be on file in order to exercise telephone investment privileges. The account holder's name(s) corresponding to the account number below must match exactly at least one name in Section 1.

A blank voided check must be enclosed.

NAME OF BANK _____

REGISTRATION ON ACCOUNT _____

ABA ROUTING NUMBER _____

ACCOUNT NUMBER _____ Checking Savings
ACCOUNT TYPE

8 SYSTEMATIC INVESTMENT PLAN (SIP)

I (We) hereby authorize and direct the agent to draw on my (our) bank account on a periodic basis, as indicated in Section 7, for investment in my (our) account. Attached is a voided check of the bank account I (we) wish to use (initial investments may not be made through the Systematic Investment Plan). Please note this service will be effective 15 days after the Knights of Columbus Funds receive this application.

If no date is chosen below, your bank account will be debited on the 15th of the month.

Preferred Investment Schedule:

- Monthly Quarterly Semi-Annually Annually

1st or 15th

BEGIN INVESTMENT ON (ENTER MONTH/YEAR)

(Section 8 is continued on the next column)

Debit My (Our) Bank Account and Invest as Follows (\$250 Minimum per Fund):

I SHARES

Knights of Columbus Limited Duration Fund (6401) KCLIX	\$
Knights of Columbus Core Bond Fund (6400) KCCIX	\$
Knights of Columbus Large Cap Growth Fund (6402) KCGIX	\$
Knights of Columbus Large Cap Value Fund (6403) KCVIX	\$
Knights of Columbus Small Cap Fund (6404) KCSIX	\$
Knights of Columbus U.S. All Cap Index (6407) KCXIX	\$
Knights of Columbus International Equity Fund (6405) KCIIX	\$
Knights of Columbus Real Estate (6408) KCRIX	\$
Knights of Columbus Long/Short Equity (6406) KCEIX	\$
TOTAL	\$

9 SYSTEMATIC WITHDRAWAL PLAN (SWP)

An account balance of at least \$50,000 is required.

Preferred Withdrawal Schedule:

- Monthly Quarterly Semi-Annually Annually

If no date is chosen below, your mutual fund account will be debited on the 15th of the month.

1st or 15th
BEGIN WITHDRAWAL ON (ENTER MONTH/YEAR)

Preferred Payment Method:

- By Check Direct Deposit to your Bank (ACH) (Complete Section 7)

I (We) Elect to Receive a Periodic Payment of (\$250 Minimum per account):

I SHARES

Knights of Columbus Limited Duration Fund (6401) KCLIX	\$
Knights of Columbus Core Bond Fund (6400) KCCIX	\$
Knights of Columbus Large Cap Growth Fund (6402) KCGIX	\$
Knights of Columbus Large Cap Value Fund (6403) KCVIX	\$
Knights of Columbus Small Cap Fund (6404) KCSIX	\$
Knights of Columbus U.S. All Cap Index (6407) KCXIX	\$
Knights of Columbus International Equity Fund (6405) KCIIX	\$
Knights of Columbus Real Estate (6408) KCRIX	\$
Knights of Columbus Long/Short Equity (6406) KCEIX	\$
TOTAL	\$

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**10 DEALER/SERVICE
ORGANIZATION USE ONLY**

FIRM NAME

FIRM NUMBER

REP NAME

REP NUMBER

BRANCH ADDRESS

BRANCH PHONE NUMBER

BRANCH NUMBER

AUTHORIZED SIGNATURE OF DEALER

SIGNATURE: TRUSTEE, PARTNER, OR AUTHORIZED TRADER, EXACTLY AS IT APPEARS IN SECTION 1

DATE

AUTHORIZED SIGNER

DATE

AUTHORIZED SIGNER

DATE

Return the following to the address below:

1. This completed application.
2. Additional required information (if applicable).
3. Voided bank check or deposit slip (if applicable).
4. One check made payable to: Knights of Columbus Funds

Send to:

Knights of Columbus Funds
c/o SS&C GIDS, Inc.
P.O. Box 219009
Kansas City, MO 64121-9009

For overnight packages:

Knights of Columbus Funds
c/o SS&C GIDS, Inc.
801 Pennsylvania Ave
Suite 219009
Kansas City, MO 64105-1307

**11 APPLICANT'S
SIGNATURE**

- (a) I have read the current prospectus and this application and agree to all terms. In addition, I authorize the instructions in this application. I also agree that any shares purchased now or later are and will be subject to the terms of the prospectus as in effect from time to time.
- (b) By execution of this application, the investor represents and warrants that (i) he has the full right, power, and authority to make the investment applied for and (ii) he is a natural person of legal age in his state of residence. The person or persons, if any, signing on behalf of the investor represent and warrant that they are duly authorized to sign this application and purchase or redeem shares of the fund on behalf of the investor. Each person named in the registration must sign below.
- (c) (For direct investors investing without an adviser or representative): I acknowledge that: (i) I am a direct investor in the Fund(s); (ii) I have made all decisions to transact in shares of the Fund(s) independently and did not receive or rely on an investment recommendation or investment advice from the Fund(s) or the Fund's principal underwriter when transacting in shares of the Fund(s), and (iii) I am not a customer of the Fund's principal underwriter.
- (d) If I am a U.S. citizen, resident alien, or a representative of a U.S. entity, I certify, under penalty of perjury, that:
- i. The social security number or employer identification number shown on this form is my correct Taxpayer Identification Number,
 - ii. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, OR
 - b. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividend, OR
 - c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Strike out this item (b) if you have been notified that you are subject to backup withholding).
 - iii. I am a U.S. person, resident alien, or a representative of a U.S. Entity.
- (e) If I am a non-resident alien, I understand that I am required to complete the appropriate Form W-8 to certify my foreign status. I understand that, if I am a non-resident alien, I am not under penalty or perjury for certifying to the above information.
- (f) **By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:**
- i. **the investor is not involved in any money laundering or terrorist financing schemes, and the source of this investment is not derived from any unlawful activity or terrorist financing; and**
 - ii. **the information provided by the investor in this application is true and correct, and any documents provided herewith are genuine.**

(Section 11 is continued on the next column)

Certification Regarding Beneficial Owners of Legal Entity Customers

TO BE COMPLETED ALONG WITH THE APPLICATION FOR THE FOLLOWING ENTITIES TYPES: a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country.

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

b. Name and Address of Legal Entity for Which the Account is Being Opened:

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name	Date of Birth	Address (Residential Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar

(If no individual meets this definition, please write "Not Applicable.")

* In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name	Date of Birth	Address (Residential Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar

* In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, _____ (*name of natural person opening account*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____

Date: _____