

The Community Reinvestment Act Qualified Investment Fund Institutional Shares CRA Qualified Investment Fund

P.O. Box 2175

Milwaukee WI 53201-2175 Fax: 1-414-299-2178 Telephone: 866-202-3573

Institutional investors and individual trust account investors must provide the CRA Qualified Investment Fund with a corporate resolution, trust agreement or similar document to verify identity. Certain entities (banks or government agencies, publicly traded companies or ERISA plans) are exempt from the new identification requirements. If you are completing the application for an exempt entity, please check or indicate the exact nature of the exemption. By signing below you hereby certify that you are exempt from the Customer Identification Program requirements of the USA PATRIOT Act. Banks and Other Federally or State Regulated Financial Institutions

SHAREHOLDER APPLICATION						
Date:						
1. ACCOUNT REGISTRATION—Please Print						
Name	· · · · · · · · · · · · · · · · · · ·					
(Complete Corporate Name)	Taxpayer Identification Number					
Address						
(Street Address)	C. C. L.					
City	StateZip Code					
Principal Office (if different from address above)						
(Street Address)						
City	State Zip Code					
Telephone Number	Fax Number					
2 INITIAL INIVESTMENT	Develo to The CDA Ovelified Investment Fund					
2. INITIAL INVESTMENT—\$500,000 minimum investment	ent— Payable to The CRA Qualified Investment Fund					
Enclosed is \$and/or money wired_						
Fax and Bank Wire Instructions:						
1) Call CRA Qualified Investment Fund at 1-866-202-3573 to ad	vise us that you will be faxing an application					
2) Fax the completed application to 414-299-2178	5 11					
3) Upon receipt a representative will establish the account and ca	all you with the account number					
4) Wire funds (wire instructions below)						
5) Mail the original completed application to the address below	Mail the completed application and check to:					
6) Any questions, please call 1-866-202-3573	CRA Qualified Investment Fund					
Wire Instructions: UMB Bank, n.a.	P.O. Box 2175					
ABA Routing Number 101000695	Milwaukee, WI 53201-2175					
For credit to: CRA Qualified Investment Fund A/C # 9871418510						
For further credit to: CRA Qualified Investment Fund	For overnight/express deliveries, send to:					
Name of investor	CRA Qualified Investment Fund					
CRA Qualified Investment Fund Account number Tax ID Number	235 W. Galena Street Milwaukee, WI 53212					
Tax ID Number	11111 Hudicoo, 111 55212					

By Check:

Complete the application and make checks payable to "CRA Qualified Investment Fund".

3. DIVIDEND AND CAPITAL GAINS INSTRUCTIONS — All dividends will be reinvested unless one of the following is checked.

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	Pay dividends and capital	gains in cash	A check will be sent to the address of record.
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[☐] Pay dividends and capital gains to the bank listed in Section 5 by wire.

anch Address Telephone # thorized Signature, Securities Dealer Title this account subject to SEC Rule 22c-2? q Yes or q No yes, an information sharing agreement must be signed before the initial purchase is placed. 5. BANK INFORMATION	nme							
anch #								
anch Address								
thorized Signature, Securities Dealer								
this account subject to SEC Rule 22c-2? q Yes or q No yes, an information sharing agreement must be signed before the initial purchase is placed. 5. BANK INFORMATION but must complete this section if you would like the ability to add to your account electronically or have redemption proceeds seen.								
yes, an information sharing agreement must be signed before the initial purchase is placed. 5. BANK INFORMATION but must complete this section if you would like the ability to add to your account electronically or have redemption proceeds seemak.								
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ou must complete this section if you would like the ability to add to your account electronically or have redemption proceeds se								
	5. BANK INFORMATION 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.							
nk Address								
ty State Zip								
nk Phone Number Name(s) on Bank Account								
nk Account Number Bank Routing Number								

6. SIGNATURE AND TAX CERTIFICATIONS

By signing this Application for the purchase of shares of The CRA Qualified Investment Fund I/we hereby acknowledge receipt and review of the Fund's Prospectus and this Application form; represent to the Fund and its agents that I/we am/are duly authorized to sign this form and to purchase or redeem shares of the Fund on behalf of the corporation.

I/we acknowledge that shares of the Fund are not insured or guaranteed by any agency or institution and that an investment in fund shares involves risks, including the possible loss of the principal amount invested.

 $I/we\ certify\ that\ I/we\ are\ not\ a\ Foreign\ Financial\ Institution\ as\ defined\ in\ the\ USA\ PATRIOT\ Act.$

For purpose of IRS Regulations, I/we certify under penalties of perjury that the investor is a corporation validly organized and in good standing in its state of incorporation, and that the taxpayer identification number provided herein is correct.

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.

By completing Section 5 and signing below:

I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that the CRA Qualified Investment Fund shall be fully protected in honoring any such transaction. I also agree that the CRA Qualified Investment Fund 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.

By selecting the box below, I am certifying that I am NOT a U.S. Citizen.

☐ I am a Resident Alien

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (Substitute Form W-9)

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).
- 4. I am exempt from FATCA reporting.

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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

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

I hereby certify: i) that I am the duly qualified	of	, a	duly
organized and existing under the laws of	·		
OR		CORPORATE SEAL	
ii) that		is (are) the currently acting	[trustee(s)] [partner(s)] of
That all actions by shareholders, directors, trustees, partners, and The CRA Qualified Investment Fund have been taken:	d other bodies necessa	ry to execute the Purchase Application and	establish an account with
Signature of certifying officer		Date	
Please make photocopy of this application for your records.			
☐ Check here if you prefer that Community Capital Management	nt, Inc. <u>not</u> use the nan	ne of your organization in marketing materi	als.