



# CCM ALTERNATIVE INCOME FUND

Use this New Account Application to open an individual, joint, UGMA/UTMA, trust, or corporate account. If you have any questions about completing this form, please contact Shareholder Services at (866) 202-3573

### IMPORTANT:

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 an application if it is not in good order. 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.

### MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

CCM Alternative Income Fund  
PO Box 2175  
Milwaukee WI 53201-2175  
Fax: 414-299-2178

Overnight Delivery

CCM Alternative Income Fund  
C/O UMB Fund Services, Inc  
235 W. Galena Street  
Milwaukee WI 53212

### PART I: OWNER INFORMATION

Individual or  Joint\* (may not be a minor)

Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\*fill out section below if joint account

Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Uniform Gift/Transfers to Minor Account (UGMA, UTMA)

Minor Name: \_\_\_\_\_ Minor Taxpayer ID Number: \_\_\_\_\_

Minor Residence Address: \_\_\_\_\_

Minor Date of Birth: \_\_\_\_\_

Custodian Name: \_\_\_\_\_ Custodian Taxpayer ID Number: \_\_\_\_\_

Custodian Residence Address: \_\_\_\_\_

Custodian Mailing Address: \_\_\_\_\_

Custodian Primary Phone: \_\_\_\_\_ Custodian Email Address: \_\_\_\_\_

Custodian Date of Birth: \_\_\_\_\_

Choose from one of the following:

Trust  C-Corporation  S-Corporation  Partnership  Government  Other Entity: \_\_\_\_\_

LLC Classified for tax purposes by one of the following:  Partnership  S-Corporation  C-Corporation

*Trust instrument or other organization documentation required.*

Name of Trust/Corp/Entity: \_\_\_\_\_ Date of Trust: \_\_\_\_\_

Trust/Corp/Equity Tax ID Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Trustee: \_\_\_\_\_ Trustee Tax ID Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Additional Trustee: \_\_\_\_\_ Additional Trustee Tax ID Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**PART II: DUPLICATE ACCOUNT STATEMENT**

Yes, please send duplicate statements to:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PART III: INVESTMENT INSTRUCTIONS**

You can open your account using any of these methods. The minimum initial purchase is \$1,000. Please check your choice:

Purchase by check for \$ \_\_\_\_\_ payable to CCM Alternative Income fund.

Purchase by wire \$ \_\_\_\_\_ payable to the wire instructions below.

Wire Instructions: UMB Bank, n.a.

ABA Routing Number 101000695

Account Number 9871418510

For credit to: CCM Alternative Income Fund

For further credit to:

Name of investor

CCM Alternative Income Fund Account Number

Tax Id Number

**PART IV: DIVIDEND AND CAPITAL GAINS INSTRUCTIONS**

All dividends will be reinvested unless one of the following is checked.

Send all dividends and capital gains to the address in Part I.

Send all dividends and capital gains to the bank listed in Part VI.

**PART V: COST BASIS ELECTION**

The Fund is responsible for tracking and reporting to the IRS your realized gains and losses on covered shares. In general, these are shares acquired on or after Jan. 1, 2011.

The Fund's default tax lot identification method is FIFO (first-in, first-out), which means the first Fund shares you acquire are the first Fund shares sold. You may choose another method below. Note: IRS Regulations do not permit the change of the method on a settled trade.

- I choose the funds default method of FIFO
- I choose a method **other** than FIFO (select a method below)
  - HIFO –Highest in, First Out
  - LIFO – Last in, First Out
  - Specific Identification
  - Average Cost

If no option is selected above, your account will use the Fund's default method.

**PART VI: ACCOUNT SERVICE OPTIONS**

**Automatic investment program** (The completion of this section is optional) This option provides an automatic investment into your account by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. The automatic investment program may require a minimum deposit. Other account restrictions may also apply. Please provide all of your bank account information AND attach a voided check or deposit slip.

**Frequency:**

Choose one\*:  Monthly or  Quarterly Choose one\*:  5<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  20<sup>th</sup> or  25<sup>th</sup> Begin date (month/year): \_\_\_\_\_

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

**Investment Information:**

Fund Name: \_\_\_\_\_ Amount (\$): \_\_\_\_\_

**Bank Account Information** Provide information about your checking or savings account to establish an automatic investment program by ACH. Please select one of the following:

- Attach a voided check or deposit slip for your bank account. *Please use tape; do not staple.*
- Provide information about your bank account below.

**Enter your checking or savings account information:** Account Type:  Checking  Savings

Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Bank's Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ ABA Routing Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name(s) on Bank Account: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____  BANK NAME BANK ADDRESS  MEMO _____	Tape your voided check or preprinted deposit slip here.  Please do <u>not</u> use staples.	\$ _____  DOLLARS

**Telephone Transactions** This option provides 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.

**PART VII: FOR DEALER USE ONLY**

If dealer information is included in this section, your purchase will be made at the public offering price, unless otherwise instructed.

Representative's Full Name: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Representative's Branch Office Telephone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dealer Number: \_\_\_\_\_ Branch Number: \_\_\_\_\_ Representative Number: \_\_\_\_\_

**PART VIII: ACKNOWLEDGEMENT AND SIGNATURE** *Note: This application will not be processed unless signed below by all account owners/trustees. For UGMA/UTMAs, the custodian should sign.*

**By signing below:**

- I certify that I have received and read the current Prospectus and Privacy Notice of the Fund in which I am investing and agree to be bound by its terms and conditions. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- I authorize the Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with the procedures described in the Prospectus for this account. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions.
- I certify that I am not a Foreign Financial Institution as defined in the USA Patriot Act.

**By completing Part VI and signing below:**

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

**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.**

Signature of Owner, Trustee or Custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Joint Owner, Trustee or Custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Owner's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_