



CRA Qualified Investment Fund P.O. Box 2175 Milwaukee WI 53201-2175 Fax: 1-414-299-2178 Telephone: 866-202-3573

Date _____

A corporate resolution (and certificate of incumbency if the corporate resolution is more than 60 days old) is required along with a completed application to open an account.

1. ACCOUNT REGISTRATION

Please choose the appropriate section to complete based upon the Account type you wish to establish. Note, if you are completing Section C, it is required that you provide beneficial owner information and authorized Controlling Individual.

Section A: Individual

Name _____ (Complete Corporate Name) _____ Taxpayer Identification Number _____

Address _____

City _____ State _____ Zip Code _____

Principal Office (if different from address above) _____ (Street Address)

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Section B: Trust

Note: For a Statutory Trust, please complete the Entity section below Photocopy of the title page and signature page of Trust documents required.

Name of Trust _____ Date of Trust _____

Trust Tax ID Number _____

Mailing Address _____

City _____ State _____ Zip _____

Trustee _____ Trustee Tax ID Number _____

Residence Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Primary Phone _____ Email Address _____

Date of Birth _____

Section B: continued

Additional Trustee _____ Additional Trustee Tax ID Number _____

Residence Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Primary Phone _____ Email Address _____

Date of Birth _____

Section C: Entity (Chose from one of the following)

Statutory Trust C-Corporation S-Corporation Partnership Government

Other Entity: _____

Limited Liability Company (LLC) Classified for tax purposes by one of the following:

Partnership S-Corporation C-Corporation

Organization documentation required such as articles of incorporation. If a Statutory Trust, please include entire trust instrument

Check if appropriate: I am an exempt recipient as defined under U.S. federal income tax regulations (e.g., C-Corporation, financial institution, registered broker-dealer, or tax exempt organization).

Exempt payee code _____ **Note:** Please see IRS Form W-9 for a list of exempt payee codes

Name of Entity _____

Tax ID Number _____

Permanent Address _____

Mailing Address _____

Certification of Beneficial Owners for Legal Entity Clients

This information is required by federal regulations as a means to identify and document information for individuals who own and/or control a legal entity.

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. 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 of America or a foreign country. A legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

Do not complete if the entity is publically traded on an exchange or subject to ERISA.

Beneficial Owners

Identify each individual who owns—directly or indirectly through any agreement, arrangement, understanding, relationship, or otherwise—25% or more of the equity interests of the legal entity.

Check this box if no individual owns 25% or more of the legal entity and that you will inform the Fund if/when an individual assumes 25% or more ownership.

Section C: continued

Beneficial Owner 1

Name _____

Residence Address _____

City _____ State _____ Zip _____

Date of Birth _____ Taxpayer ID Number _____

Beneficial Owner 2

Name _____

Residence Address _____

City _____ State _____ Zip _____

Date of Birth _____ Taxpayer ID Number _____

Beneficial Owner 3

Name _____

Residence Address _____

City _____ State _____ Zip _____

Date of Birth _____ Taxpayer ID Number _____

Beneficial Owner 4

Name _____

Residence Address _____

City _____ State _____ Zip _____

Date of Birth _____ Taxpayer ID Number _____

Authorized Controlling Individual: Provide information for one individual with significant responsibility for managing the legal entity (ex: CEO, CFO, managing member, general partner, president, treasurer, etc.).

Name _____

Residence Address _____

City _____ State _____ Zip _____

Date of Birth _____ Taxpayer ID Number _____

2. INITIAL INVESTMENT—\$500,000 minimum investment— 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 advise us that you will be faxing an application
- 2) Fax the completed application to 414-299-2178
- 3) Upon receipt a representative will establish the account and call you with the account number
- 4) Wire funds (wire instructions below)
- 5) Mail the original completed application to the address below
- 6) Any questions, please call 1-866-202-3573

Mail the completed application and check to:

CRA Qualified Investment Fund
P.O. Box 2175
Milwaukee, WI 53201-2175

Wire Instructions: UMB Bank, n.a.
ABA Routing Number 101000695

For credit to: CRA Qualified Investment Fund
A/C # 9871418510

For further credit to: CRA Qualified Investment Fund
Name of investor
CRA Qualified Investment Fund Account number Tax
ID Number

For overnight/express deliveries, send to:

CRA Qualified Investment Fund
235 W. Galena Street
Milwaukee, WI 53212

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.

Pay dividends and capital gains in cash. A check will be sent to the address of record.

Pay dividends and capital gains to the bank listed in Section 5 by wire.

Pay dividends and capital gains by ACH.

If you have selected to pay dividends and capital gains by ACH please indicate the bank account type:

Checking

Savings

4. BROKER/DEALER USE ONLY – Please Print

Dealer #

Securities Dealer Name _____

Main Office Address _____

Branch # _____ Rep # _____ Representative Name _____

Branch Address _____ Phone # _____

Is this account subject to SEC Rule 22c-2? Yes or No

If yes, an information sharing agreement must be signed before the initial purchase is placed.

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.

Bank _____

Bank Address _____

City _____ State _____ Zip _____

Bank Phone Number _____ Name(s) on Bank Account _____

Bank 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 this box I am certifying that I am **NOT** a U.S. Citizen.

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 other bodies necessary to execute the Purchase Application and establish an account with The CRA Qualified Investment Fund have been taken:

Signature of certifying officer _____ Date _____

Please make a photocopy of this application for your records.

Check here if you prefer that Community Capital Management, Inc. **not** use the name of your organization in marketing materials.

