

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.

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. MAILING ADDRESS- Applications will only be acceptable if they contain a U.S. street address

Address _____
City State Zip
E-mail _____
Daytime Phone Evening Phone

3. DUPLICATE STATEMENTS- This section should only be completed if you would like another individual or financial advisor to receive copies of your quarterly account statements.

Name _____
First Name Middle Initial Last Name
Address _____
City State Zip

4. INVESTMENT INSTRUCTIONS

The minimum initial investment is \$2500

Purchase by check for \$_____ payable to CRA Qualified Investment Fund.

Purchase by wire. Please call toll-free (866) 202-3573 for instructions.

5. 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 Rule22c-2? Yes or No

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

6. 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 9.

7. TELEPHONE TRANSACTIONS

As a CRA Qualified Investment Fund shareholder, you have the ability to conduct purchase, exchange and redemption transactions by telephone. You will automatically be granted telephone exchange and redemption privileges unless you decline them to 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 exchange and redemption privileges. All requests to exchange or redeem share from this account must be submitted in writing

8. AUTOMATIC INVESTMENT OR WITHDRAWAL PLAN

This option allows you to execute automatic monthly or quarterly transactions with your CRA Qualified Investment Fund. To establish a new account with this program you must initially invest at least \$2,500. Subsequent investment must be at least \$1,000. Withdrawals must be a minimum of \$100 per transaction.

Amount to be Invested \$ _____ Month to Begin _____ Year to Begin _____

***CHOOSE ONE:**

Investment _____	Withdrawal _____
Monthly _____	Quarterly _____
1st _____	15th _____

*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.

9. 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. Please attach a voided, unsigned check or deposit slip for this bank account. If information on voided check differs from information on this application, the information from the voided check will be used.

CHECKING

SAVINGS

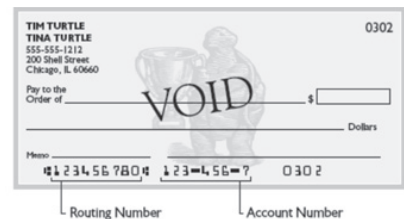
Bank _____

Bank Address _____

City _____ State _____ Zip _____

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

Bank Account Number _____ Bank Routing Number _____



10. HOW DID YOU HEAR ABOUT THE CRA QUALIFIED INVESTMENT FUND?

11. ACKNOWLEDGEMENT AND SIGNATURE- All account owner/ trustees must sign

By signing below:

I certify that I have received and read the current Prospectus of the Fund in which I am investing and understand its terms are incorporated in this application by reference. 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 CRA Qualified Investment Funds 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 CRA Qualified Investment Fund 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.

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

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).

Note: Please indicate with an "X" next to item 2 if you have been notified by the IRS that you are currently subject to backup withholding.

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

All owners/trustees must sign. For UGMA/UTMAs, custodian should sign.

_____ Signature of Owner, Trustee, or Custodian	_____ Date
_____ Signature of Joint Owner, Trustee, or Custodian (if applicable)	_____ Date
_____ Additional Owner's Signature (if applicable)	_____ Date
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