



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

Date \_\_\_\_\_

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

Bank and other Federally or State Regulated Financial Institutions      Other \_\_\_\_\_

**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

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

**Mail the completed application and check to:**  
CRA Qualified Investment Fund  
P.O. Box 2175  
Milwaukee, WI 53201-2175

**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.

Please return this impact targeting form to Jessica Botelho at [jbotelho@ccminvests.com](mailto:jbotelho@ccminvests.com). Use this form to select your impact targeting. The minimum investment required for any targeting in the CRA Qualified Investment Fund is \$500,000.

DATE \_\_\_\_\_ DATE OF INVESTMENT (if applicable) \_\_\_\_\_

**ADVISOR INFORMATION (if applicable):**

ADVISOR NAME \_\_\_\_\_ FIRM \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**CLIENT INFORMATION:**

CLIENT NAME \_\_\_\_\_ FIRM \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**TRADE PLATFORM (e.g. Charles Schwab, if applicable):**

PLATFORM: \_\_\_\_\_

Please choose **one** of the options below.

**Option 1: Targeting by Geography**

State Specific (please list state[s]) \_\_\_\_\_

County Specific (please list county/counties) \_\_\_\_\_

**Option 2: Targeting by Impact Themes**

Please note: the options listed below are general themes. If there is a specific theme you would like to target your investments to that is not listed below, we will be happy to discuss customization options. Descriptions of impact themes can be found on page 2.

- Affordable Health/Rehab Care
- Affordable Housing
- Arts & Culture
- Disaster Recovery
- Economic Inclusion
- Education/Childcare
- Enterprise Development/Jobs
- Environmental Sustainability
- Gender Lens

- Government Supported Communities
- Healthy Communities
- Human Empowerment
- Minority Neighborhoods
- Neighborhood Revitalization
- Rural Community Development
- Seniors/Disabled
- Sustainable Agriculture
- Transit-Oriented Development (TOD)

# Impact Themes



**Affordable Health/Rehab Care:** Creating and retaining affordable healthcare services and rehabilitation facilities for low- and moderate-income and medically underserved persons<sup>1</sup> and investing in opportunities that promote wellness and access to high-quality health care for everyone.



**Affordable Housing:** Financing for affordable homeownership to low- and moderate-income borrowers and renters and investing in opportunities that promote affordable homeownership and access to quality living.



**Arts & Culture:** Supporting educational programs, businesses, organizations, and the development of properties involved with visual, performing, design, literary, and other art-related works.



**Disaster Recovery:** Supporting disaster-prevention and resiliency initiatives and community development activities in federally designated disaster and disaster-prone areas to enable the recovery and continuation of daily life.



**Economic Inclusion:** Assisting and supporting the process of bringing targeted groups, individuals, and communities closer to the economic mainstream and capital markets. Financial literacy training, loans to first-time homebuyers, small business loans, rent-to-own housing programs, and “banking the unbanked” initiatives are all examples of economic inclusion opportunities.



**Education/Childcare:** Providing education and/or childcare services primarily in low- and moderate-income communities, improving the quality of educational services and facilities, and offering broad-based youth development programs that look to have a beneficial impact to children.



**Enterprise Development/Jobs:** Providing small businesses with access to capital, creating jobs, retaining jobs, and offering job training programs.



**Environmental Sustainability:** Supporting properties, projects, companies, and small businesses implementing sustainable initiatives such as rehabilitation of existing buildings/adaptive reuse; meeting energy codes; LEED certification; using renewable energy, reused, or recycled materials for construction; water conservation efforts; brownfield development; and Walk Scores.<sup>2</sup>



**Gender Lens:** Benefiting women and girls, primarily those that are low- and moderate-income, such as women-owned businesses, educational programs, health-related services, and affordable homeownership. Investing in opportunities with women leadership, workplace equity, products and services beneficial to women and girls, and related shareholder engagement and policy work.



**Government Supported Communities:** Assisting communities in need of economic and community development as designated by U.S. Government, federal agencies, and/or state agencies.



**Healthy Communities:** Establishing and maintaining effective strategies to achieve healthy equity in neighborhoods such as multi-use trails, high Walk Scores, high Bike Scores<sup>2</sup>, community parks, access to nutritious foods, and investing in opportunities that promote health and wellness.



**Human Empowerment:** Assisting individuals and families through resources and programs designed to achieve personal goals, greater self-sufficiency, and upward mobility.



**Minority Advancement:** Supporting communities with a high minority population (over 50%), programs offering equal access to jobs, economic development, and affordable housing. Investing in opportunities with minority leadership, workplace equity, services beneficial to minorities, and related shareholder engagement and policy work.



**Neighborhood Revitalization:** Transforming blighted neighborhoods into areas of opportunity and vibrant, safe places to live by assisting in the revitalization of neighborhood facilities.



**Rural Community Development:** Investing in small businesses and other economic opportunities in rural communities.



**Seniors/Disabled:** Offering affordable living for seniors and/or disabled individuals including physical, social, and psychological services.



**Sustainable Agriculture:** Supporting agriculturally-sustainable businesses such as those that engage in pesticide-free agriculture, hydroponics, aquaponics, and vertical farming.



**Transit-Oriented Development (TOD):** Creating vibrant, livable, and sustainable communities through the integration of compact, walkable, pedestrian-oriented, mixed-use communities centered around high-quality train systems.<sup>3</sup>

<sup>1</sup> “Medically Underserved” are areas or populations designated by HRSA (U.S. Department of Health and Human Services, Health Resources and Services Administration) as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population.

<sup>2</sup><https://www.walkscore.com/>

<sup>3</sup><http://www.tod.org/>