

**IMPORTANT INFORMATION FOR OPENING YOUR ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, social security number and other information or documents that will allow us to identify you. This information will be subject to verification.

By signing and submitting this application, you give the CRA Qualified Investment Fund (the "Fund") and its agents permission to collect information about you from third parties, including information available in public and private databases such as consumer reports from credit reporting agencies, which will be used to help verify your identity.

If you do not provide the information, we may not be able to open your account. If we open your account but are unable to verify your identity, we reserve the right to take such other steps as we deem reasonable, including closing your account and redeeming your investment at the net asset value next calculated after the Fund decides to close your account. Please see the Fund's Statement of Additional Information for further information.

**1. YOUR INITIAL INVESTMENT - \$500,000 MINIMUM INITIAL INVESTMENT**

Enclosed is \$ \_\_\_\_\_ and/or money wired \_\_\_\_\_

Fax and Bank Wire Instructions:

- 1) Call CRA Qualified Investment Fund at 1-888-272-0007 to advise us that you will be faxing an application
- 2) Fax the completed application to 1-207-347-2195 or email it to [ccminvests.ta@apexgroup.com](mailto:ccminvests.ta@apexgroup.com)
- 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 1-888-272-0007 or email us at [ccminvests.ta@apexgroup.com](mailto:ccminvests.ta@apexgroup.com)

Wire Instructions: UMB Bank  
 ABA Routing Number 101000695  
 For credit to: Atlantic Shareholder Services, LLC FBO Community Capital  
 A/C # 9872324919

**Mail the completed application and check to:**  
 CRA Qualified Investment Fund  
 P.O. Box 588  
 Portland, ME 04112

For further credit to:  
 CCM Community Impact Bond Fund: Name of investor  
 CCM Community Impact Bond Fund: Account number

**For overnight/express deliveries, send to:**  
 CRA Qualified Investment Fund  
 c/o Apex Fund Services  
 190 Middle Street, Suite 101  
 Portland, ME 04101

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

**2. YOUR ACCOUNT TYPE**

**Please provide the Tax Identification Number under which the account will be reported to the IRS:**

Taxpayer Identification Number: \_\_\_\_\_

**Please select only one account type below:**

Trust (first and signature pages of the Trust Instrument required)

Corporation, LLC, or Partnership (select one below):

- S Corporation (certified articles of incorporation required)
- C Corporation (certified articles of incorporation required)
- Partnership (partnership agreement required)

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

Other (please include additional documentation to verify entity)

Describe entity \_\_\_\_\_

### 3. YOUR ACCOUNT INFORMATION

Full Name of Shareholder, Custodian, Primary Owner, Trust, Partnership, Corporation or Other Entity

\_ Date of Birth or Date of Trust

Social Security Number

Full Name of Joint Owner, Trustee, Partner or Officer of Corporation, if applicable

Date of Birth of Joint Owner, Partner or Trustee, if applicable

Social Security Number of Joint Owner, Partner or Trustee, if applicable

Full Name of Joint Owner, Trustee, Partner or Officer of Corporation, if applicable

Date of Birth of Joint Owner, Trustee, or Partner, if applicable

Social Security Number of Joint Owner or Trustee, if applicable

*\* If needed, please attach a separate list for additional investors, trustees, authorized traders, and general partners of a partnership, including full name, social security number, home street address, and date of birth.*

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

### 4. ACCOUNT REGISTRATION

**Please provide your physical street address:**

Company Name

Street Address and Apartment Number

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-Mail Address

**Please provide your mailing address** (if different from your physical street address):

Company Name

Mailing Address

City

State

Zip Code

## 5. TELEPHONE AUTHORIZATION

Unless telephone redemptions are declined below, I (we) hereby authorize and direct the Transfer Agent to accept and act upon telephone instructions for redemptions involving an account with a corresponding registration. I (we) also agree that neither the Fund nor the Transfer Agent will be liable for any loss, cost or expense for acting upon any telephone instructions if it follows reasonable procedures in order to verify that telephone requests are genuine.

I (We) **DO NOT** authorize telephone redemptions.

## 6. INCOME AND CAPITAL GAIN DISTRIBUTION PAYMENT OPTIONS

- Full Reinvestment: Reinvest all income and capital gain distributions when paid.
- Capital Gain Reinvestment: Reinvest capital gain distributions when paid; pay income in cash.
- Income Reinvestment: Reinvest income when paid; pay capital gain distributions in cash.
- Cash: Pay all income and capital gain distributions in cash.
  - Send cash payments by check mailed to the address of record.
  - Send cash payments by Electronic Funds Transfer according to the banking instructions listed in Section 7.

*Please note that if none of the boxes are checked, shareholders are assigned the Full Reinvestment option.*

## 7. BANK ACCOUNT INFORMATION (Optional)

Check type of account (please attach a voided check):  *Checking Account*  *Savings Account*

Name of Bank ABA Routing Number Account Number

Bank Address City State ZIP Code

Registration on Bank Account

Bank Account Owner(s) Address (if different from address in section 4) City State ZIP Code

## 8. DEALER INFORMATION (For Broker/Dealer use only)

Dealer Firm Name Dealer Firm Number

Financial Advisor Name Financial Advisor Number

Financial Advisor's Telephone Number Branch Number

## 9. SIGNATURE AND TAX CERTIFICATIONS

I am of legal age in the state of my residence and wish to purchase shares of the Fund(s) as described in the current Fund's Prospectus. By executing this Account Application, the undersigned represents and warrants that I have full right, power, and authority to make this investment and the undersigned is duly authorized to sign this Account Application and to purchase or redeem shares of the Fund(s) on behalf of the Investor.

Please note that your property may be transferred to the state of your last known address if no activity occurs in your account within the time period specified by that state's law.

Under the penalties of perjury, I certify that (1) the number shown on this form is my correct social security/taxpayer identification number (or I am waiting for a number to be issued to me), (2) that I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding, because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding for failure to report all dividend and interest income; or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (either a U.S. citizen or resident alien).

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

By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:

- (1) The investor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and
- (2) I have received and read the Fund's prospectus and agree to the terms and conditions therein; and
- (3) The information provided by the investor within this application is true and correct and any documents provided herewith are genuine.

Signature	Title or Capacity (if applicable)	Date (mm/dd/yyyy)
Joint Tenant/Trustee/Partner Signature	Title or Capacity (if applicable)	Date (mm/dd/yyyy)

## 10. MAILING INSTRUCTIONS AND CONTACT INFORMATION

**Regular Mail To:**

CRA Qualified Investment Fund  
P.O. Box 588  
Portland, ME 04112

**Overnight Express Mail To:**

CRA Qualified Investment Fund  
c/o Apex Fund Services  
190 Middle Street, Suite 101  
Portland, ME 04101

If you have any questions, please call (888) 272-0007 (toll-free) or email us at [ccminvests.ta@apexgroup.com](mailto:ccminvests.ta@apexgroup.com).