



# NEW ACCOUNT APPLICATION

Please print clearly in CAPITAL LETTERS

The minimum initial investment is \$2,000,000. Once your account is established, the minimum subsequent investment is \$500,000.

If you have any questions or need any help filling out the application, please call **1-855-881-2380**, Monday through Friday, 8:30 a.m. to 6:00 p.m. Eastern Time.

After you have completed and signed this application, Fax to **402-963-9094** and please mail original to:

**TRANSWESTERN INSTITUTIONAL SHORT DURATION GOVERNMENT BOND FUND**  
c/o **Ultimus Fund Solutions, LLC**  
**PO BOX 541150**  
**OMAHA, NE 68154**

## 1. ACCOUNT OWNERSHIP

Please provide complete information. Only complete 1A or 1B.

### A. CORPORATIONS OR OTHER ENTITIES (Only select one box in section A)

- Bank                       Bank Holding Company                       Credit Union                       Corporation
- Other (*please specify*) \_\_\_\_\_

Name of Entity	Tax ID Number	Email
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Authorized Individual	Co Authorized Individual
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**Include a copy of one of the following documents: registered articles of incorporation, government-issued business license, partnership papers, plan documents or other official documentation that verifies the entity and lists the authorized individuals. Failure to provide this documentation may result in a delay in processing your application.**

**Only complete the section below if your entity is a trust.**

### B. TRUST

Name of Trust	Tax ID Number	Email
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Trustee(s) Name	Co Trustee Name	Date of Trust Agreement
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**Include a copy of the title page, authorized individual page and signature page of the Trust Agreement. Failure to provide this documentation may result in a delay in processing your application.**

## 2. MAILING AND CONTACT INFORMATION

### LEGAL ADDRESS (*Must be a street address*)

Street Address	Main Telephone
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City, State, Zip	Direct Telephone
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Please send mail to the address below. Please provide your primary legal address above, in addition to any mailing address (if different).

Street Address	City, State, Zip
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3. INITIAL INVESTMENT (Minimum initial investment is \$2,000,000)

TransWestern Institutional Short Duration Government Bond Fund \$ \_\_\_\_\_

If investing by wire: Call **1-855-881-2380** and indicate the amount of the wire \$ \_\_\_\_\_

4. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

All dividends and capital gains will be reinvested into the fund unless you elect to receive them in cash by signing here:

Signature \_\_\_\_\_ Date \_\_\_\_\_

5. TELEPHONE PRIVILEGES

Telephone privileges, as described in the prospectus, automatically apply unless this box is checked.

**No**, I do not want telephone privileges.

6. DEPOSITORY INFORMATION

**I authorize the Fund to wire redemption proceeds when requested.**

Type of Account:       Checking       Savings       Alternate: \_\_\_\_\_

\_\_\_\_\_  
Name of Depository Institution

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
ABA Number

\_\_\_\_\_  
City, State, Zip

7. ELECTRONIC STATEMENT AND CONFIRMATION AUTHORIZATION

If you plan to sign up for electronic statement and confirmation notifications, please provide an e-mail address. An e-mail will be sent to the e-mail address provided. The e-mail will include instructions about how to select e-delivery of statements after the account has been funded.

E-mail Address: \_\_\_\_\_

8. COST BASIS METHOD

Note: The default cost basis calculation method for your new account will be Average Cost. If you wish to elect a different cost basis method, please contact the Fund to complete a Cost Basis Election Form.

9. STATE ESCHEATMENT LAWS

Escheatment laws adopted by various states require that personal property that is deemed to be abandoned or ownerless, including mutual fund shares and bank deposits, be transferred to the state. Under such laws, ownership of your Fund shares may be transferred to the appropriate state if no activity occurs in your account within the time period specified by applicable state law. The Fund retains a search service to track down missing shareholders and will escheat an account only after several attempts to locate the shareholder have failed. To avoid this from happening to your account, please keep track of your account and promptly inform the Fund of any change in your address.

10. SIGNATURE(S) & CERTIFICATION (REQUIRED)

We must have signatures to process your Application and to certify your Taxpayer Identification number. IRS regulations require your signature to avoid any backup withholding.

**W-9 Certification: Under penalty of perjury:**

- (a) I certify that the number shown on this form is my/our current Social Security number(s) or Taxpayer Identification number(s).
- (b) I am not subject to backup withholding because; (1) I am exempt from backup withholding, or (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (3) the IRS has notified me that I am no longer subject to backup withholding.
- (c) I am a U.S. person (including a resident alien.)
- (d) I am exempt from FATCA reporting.

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 effective October 1, 2003.

What this means for you: When you open an account, we will ask for your name, address, date of birth, social security number/ Tax ID number and other information that will allow us to identify you. We may also ask to see other identifying documents. Until you provide the information or documents we need, we may not be able to open an account or effect any additional transactions for you.

When opening an account for a foreign business, enterprise or a non-U.S. person that does not have an identification number, we require alternative government-issued documentation certifying the existence of the person, business or enterprise.

The undersigned represents and warrants that:

- I have full authority and am of legal age to purchase shares of the Fund;
- I have received and read a current prospectus for the TransWestern Institutional Short Duration Government Bond Fund and agree to be bound by the terms contained therein; and
- The information contained on this New Account Application is complete and accurate.

If Fund shares are being purchased on behalf of an Investment Company (as that term is defined under the Investment Company Act of 1940), I hereby certify that said Investment Company will limit it's ownership to 3% or less of the Funds outstanding shares.

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

\_\_\_\_\_  
Signature of Authorized Signer (corporate officer, partner or other) Date

\_\_\_\_\_  
Signature of CoAuthorized Signer (corporate officer, partner or other) Date

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Trustee (if applicable) Date

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CoTrustee (if applicable) Date

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TO CONTACT :

**Ultimus Fund Solutions, LLC (Administrator)**

**By Telephone**

Toll-Free: 855-881-2380  
Fax: 402-963-9094

**In Writing**

TransWestern Institutional Short  
Duration Government Bond Fd  
C/O Ultimus Fund Solutions, LLC  
PO Box 541150  
Omaha, NE 68154  
Or  
Via Overnight Delivery 4221  
N 203rd ST, Suite 100  
Elkhorn, NE 68022

**TransWestern Capital Advisors, LLC (Fund Advisor)**

**By Telephone**

Toll-Free: 800-997-0718

**In Writing**

Transwestern Capital Advisors, LLC  
37 Bellevue AVE  
Newport RI 02840

**E-Mail**

[admin@transwestcap.com](mailto:admin@transwestcap.com)