

IRA ADDITIONAL INVESTMENT FORM

SECTION 1: Account Information

Account Number or Owner's Social Security Number

Date of Birth (MM/DD/YY)

Owner's Name (Last, First, Middle Initial)

Joint Owner (if applicable)

Address of Residence - P.O. Box is not accepted

City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

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Phone

E-mail Address

SECTION 2: Purchase Request

Purchases will be made at the next determined price after your instructions are received in good order. Requests for purchases on a specific date or at a specific price will not be honored.

How would you like to make your fund purchase?

Investment Minimum: \$100

Check (enclose with this form) ACH (electronic funds transfer from bank account) Wire

Fund Name	Ticker	Investment Amount
Seafarer Overseas Growth and Income Fund - Institutional Class	SIGIX	\$ _____
Seafarer Overseas Growth and Income Fund - Investor Class	SFGIX	\$ _____
Seafarer Overseas Value Fund - Institutional Class	SIVLX	\$ _____
Seafarer Overseas Value Fund - Investor Class	SFVLX	\$ _____
Total		\$ _____

Please Note: Add or modify **bank account information** in Section 3. If no tax year is indicated, the contribution is posted for the tax year in which it is received.

SECTION 3: Add or Modify Bank Account Instructions

Please provide bank information if you are establishing or modifying wire transfer capabilities and/or ACH transfer capabilities.

I would like to **add** bank information to this account to authorize purchase and redemptions via: ACH transfer and/or Wire transfer

I understand this authorization will allow me to make such transactions via telephone with an Investor Service Representative using the automated service line, or on the website at www.seafarerfunds.com.

I would like to **modify** my current bank information on this account for purchases and redemptions via: ACH transfer and/or Wire transfer

Account type: Checking Savings

Name on Bank Account

Bank Name

ABA Routing Number (First 9 digits at the bottom of check or deposit slip)

Bank Account Number (Second set of numbers at the bottom of check or deposit slip)

SECTION 3: Add or Modify Bank Account Instructions (continued)

Please attach a voided check or savings deposit slip from the specified bank account.

- Adding/changing bank information requires a **Medallion Signature Guarantee**. Please see Section 5.

I authorize Seafarer Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that Seafarer Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to Seafarer Funds. The termination request will be effective as soon as Seafarer Funds has had reasonable time to act upon it.

SECTION 4: Signatures

I authorize Seafarer Funds to make the changes indicated to my account.

I authorize Seafarer Funds and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine for this account or any account into which exchanges are made. I agree that neither Seafarer Funds nor its agents and affiliates will be liable for any loss, cost or expense for acting on such instructions, provided the Funds employs reasonable procedures to confirm that instructions are genuine.

ALL owners of this account must sign below:

Signature	Date (MM/DD/YY)
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SECTION 5: Medallion Signature Guarantee

A Medallion Signature Guarantee is required for adding or changing bank information.

To protect yourself against fraud, your signature(s) must be guaranteed ("**Medallion Signature Guarantee**") by any "eligible" guarantor. The Medallion Signature Guarantee stamp **MUST** include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

- Eligible guarantors:
- Commercial Banks
 - Credit Unions
 - Member Firms of a domestic stock exchange
 - National Securities Exchange & Savings (STAMP, SEMP, NYSE-MSP participation)
 - Savings Associations
 - Trust Companies

Medallion Signature Guarantee Stamp (ID Required)	Bank or Dealer Firm
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Officer's Title	Officer's Signature	Date (MM/DD/YY)
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[STAMP]

Please mail completed form to:

Seafarer Funds
PO. Box 219623
Kansas City, MO 64121

or Fax to 866-205-1499

If you have any questions, please contact an Investor Service Representative at 1-855-732-9220 or visit seafarerfunds.com