

# iM Global Partner Funds

## IRA Account Application and Adoption Agreement

Complete this form to establish a traditional, Roth or SEP IRA. For help with this form or for more information, call 800-960-0188.

In compliance with the USA PATRIOT Act, we are required to obtain the following information for all registered owners and all authorized individuals: **Full Name, Date of Birth, Social Security Number and Permanent Street Address.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information for you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your state's abandoned property laws.

**PLEASE PRINT.** Remember to complete and sign sections 9 and 10 on the reverse side of this application and retain a copy for your records.

### 1. INITIAL INVESTMENT

**Note: Per Fund minimum initial investment is \$5,000.**

\$ \_\_\_\_\_ iMGP Global Select Fund (#305)  
\$ \_\_\_\_\_ iMGP International Fund (#306)  
\$ \_\_\_\_\_ iMGP Small Company Fund (#308) (Initial Investment \$1,000)  
\$ \_\_\_\_\_ iMGP Alternative Strategies Fund (#421)  
\$ \_\_\_\_\_ iMGP High Income Fund (#2965)  
\$ \_\_\_\_\_ iMGP Oldfield International Fund (#2966)  
\$ \_\_\_\_\_ iMGP Dolan McEnery Corporate Bond Fund (#2967)  
Plus:  
\$ \_\_\_\_\_ 15.00 Annual Maintenance Fee per plan type – Current Year (Capped at \$30.00 per social security number)  
\$ \_\_\_\_\_ Total Investment

**Check** Please make your check payable to "iM Global Partner Funds" and mail to the address at the bottom of this form. The Funds do not accept starter, counter, official, or third-party checks, money orders, credit cards, cash, or checks or wires from foreign financial institutions.

**Wire** Please call the Funds' transfer agent at 1-800-960-0188 for instructions.

### 2. ACCOUNT REGISTRATION

Owner's name (first, initial, last)

Owner's social security number

Birth date (mm/dd/yy)

Driver's license or state I.D. number

State of issue

#### You must check one:

U.S. Citizen       Resident Alien       Nonresident Alien

Alien ID or passport number

Country of Issuance

If you are a Foreign Person, you must provide a Form W-8BEN, which can be obtained from the IRS.

### 3. PERMANENT STREET ADDRESS

Street number (P.O. Box is not permitted)

City, State, Zip

Daytime phone

Evening phone

E-mail address

### 4. MAILING ADDRESS (if different than permanent address)

Street or P.O. Box number

City, State, Zip

### 5. ACCOUNT TYPE

Refer to disclosure statement for eligibility requirements and contribution limits. Note, if no tax year is indicated, we will assume it is for the tax year in which it is received.

#### Traditional IRA Account

- For tax year \_\_\_\_\_  
If blank, we will assume it is for the tax year in which it is received.
- IRA to IRA Trustee-to-Trustee Transfer  
(please complete IRA Transfer Form)
- Indirect Rollover (shareholder had receipt of funds)

#### IRA Rollover Account

- Rollover IRA to Rollover IRA Trustee-to-Trustee Transfer  
(please complete IRA Transfer Form)
- Direct rollover from qualified plan – complete any additional form(s) required by your Plan Administrator
  - Corporate     Pension     PSP     401(k)     403(b)
  - Other

#### ROTH IRA Account

- For tax year \_\_\_\_\_  
If blank, we will assume it is for the current tax year.
- Roth IRA to Roth IRA Trustee-to-Trustee Transfer  
(please complete IRA Transfer Form)
- Traditional IRA to Roth IRA – year of conversion (at 100%) \_\_\_\_\_  
Year in which Traditional IRA was converted to Roth IRA
- Indirect Rollover from Roth IRA (shareholder had receipt of funds)

#### SEP (Simplified Employee Pension Plan)

Each employee must complete an *IRA Application* and the employer must complete IRS Form 5305-SEP.

- For tax year \_\_\_\_\_  
If blank, we will assume it is for the current tax year.
- Employer Contribution (custodian must report for current tax year)
- Trustee-to-Trustee Transfer from another IRA or SEP IRA Account  
(please complete IRA Transfer Form)
- Indirect Rollover (shareholder had receipt of funds)

### 6. EXISTING iM GLOBAL PARTNER FUNDS IRA ACCOUNT

I already have an IRA account with iM Global Partner Funds and the account number is:

Shareholder Account # \_\_\_\_\_  
(account number)

### 7. TELEPHONE EXCHANGE PRIVILEGE

To establish the telephone exchange feature, check the box below. Exchanges can be made only between iM Global Partner Fund accounts that have the same ownership.

- Please add the **telephone exchange** feature to my account.

### 8. DUPLICATE SHAREHOLDER STATEMENTS

Complete only if you would like the person named below to receive copies of your cumulative statements.

Name (first, initial, last)

Street or P.O. Box number

City, State, Zip

-Continued on reverse-

**Mail completed forms and checks to:** iM Global Partner Funds, c/o DST Asset Manager Solutions, Inc., P.O. Box 219922, Kansas City, Mo 64121-9922  
**For Overnight Delivery:** iM Global Partner Funds, c/o DST Asset Manager Solutions, Inc., 330 W. 9<sup>th</sup> Street, Kansas City, MO 64105

**9. BENEFICIARY INFORMATION**

**IMPORTANT:** This designation of beneficiary may have significant tax or estate planning effects. Also, if you live in a community or marital property state (such as Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), your spouse must sign below if you do not designate your spouse as primary beneficiary for at least 50% of your Account.

I hereby consent to the beneficiary designation(s) indicated below. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian or Sponsor and I have been advised to see a tax professional or legal advisor.

**X** .....  
 Signature of spouse Date (mm/dd/yy)

I designate the individual(s) named below as the beneficiaries of this IRA. I understand that I may change or add beneficiaries at any time by written notice. If I am not survived by any beneficiary, my beneficiary shall be my estate (unless otherwise required by the laws of your state of residence). Any subsequent designation of beneficiary filed with the Custodian will evoke all prior designations, even if the subsequent designation does not dispose of your entire Account.

If a beneficiary is a trust, please indicate the date of the trust in addition to the name. If you allocate assets among beneficiaries, the allocation must total 100%. If no percentages are provided, the allocation will be in equal proportions among the surviving Primary Beneficiaries.

Primary Beneficiary Name	Relationship	Address	Social Security #	Date of Birth	%
					100%

If none of the Primary Beneficiaries survives me, I designate the individual(s) named below as the alternative beneficiaries of this IRA. If a beneficiary is a trust, please indicate the date of the trust in addition to the name. If you allocate assets among beneficiaries, the allocation must total 100%. If no percentages are provided, the allocation will be in equal proportions among the surviving Alternative Beneficiaries.

Secondary Beneficiary Name	Relationship	Address	Social Security #	Date of Birth	%
					100%

**10. CERTIFICATIONS AND SIGNATURES**

If the Depositor has indicated a Traditional IRA Rollover or Direct Rollover above, Depositor certifies that, if the distribution is from another Traditional IRA, that Depositor has not made another rollover within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to this Account. If Depositor has elected to perform an eligible transfer of an amount that includes a required minimum distribution, Depositor acknowledges responsibility to request the withdrawal by the deadline and to provide information needed to calculate such withdrawal.

If Depositor has indicated a Conversion, Transfer or a Rollover of an existing Traditional IRA to a Roth IRA, Depositor acknowledges that the amount converted will be treated as taxable income (except for any prior nondeductible contributions) for federal income tax purposes, and certifies that no portion of the amount converted, transferred or rolled over is a required minimum distribution under applicable rules. If Depositor has elected to convert an existing Traditional IRA with im Global Partner Funds as custodian to a Roth IRA (Item 5 above) and has elected no withholding, Depositor understands that Depositor may be required to pay estimated tax and that insufficient payments of estimated tax may result in penalties. If Depositor has indicated a rollover from another Roth IRA (Item 5 above), Depositor certifies that the information given in Item 5 is correct and acknowledges that adverse tax consequences or penalties could result from giving incorrect information. Depositor certifies that any rollover contribution to the Roth IRA was completed within 60 days after the amount was withdrawn from the other IRA.

Depositor has received and read the applicable sections of the "UMB Bank, n.a. Universal Individual Retirement Account Disclosure Statement" relating to this Account (including the Custodian's fee schedule), the Custodial Account document, and the "Instructions" pertaining to this Adoption Agreement. Depositor acknowledges receipt of the Universal Individual Retirement Custodial Account document and Universal IRA Disclosure Statement at least 7 days before the date inscribed below and acknowledges that Depositor has no further right of revocation. Depositor certifies the accuracy of the information in the Adoption Agreement. The custodian may change the fee schedule at any time.

Depositor acknowledges that it is his/her sole responsibility to report all contributions to or withdrawals from the Account correctly on his or her tax returns, and to keep necessary records of all the Depositor's IRAs (including any that may be held by another custodian or trustee) for tax purposes. All forms must be acceptable to the Custodian and dated and signed by the Depositor.

Depositor understands the Funds' objectives and policies and agrees to be bound to the terms of the prospectus. Before Depositor requests an exchange, Depositor will obtain the current prospectus for each Fund. Depositor acknowledges and consents to the householding (i.e. consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, and other similar documents. Depositor may contact the Funds to revoke my consent. Depositor agrees to notify the Funds of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Funds and its transfer agent shall not be liable if Depositor fails to notify the Funds within such time period. Depositor certifies that Depositor is of legal age and has the legal capacity to make this purchase. Depositor certifies that the Social Security Number shown on this application is correct.

Depositor authorizes the Fund to perform a credit check in the event that one is needed to verify or establish identity.

**X** .....  
 Signature of Depositor Date (mm/dd/yy)

**Custodian Acceptance.** UMB Bank, n.a. will accept appointment as Custodian of the Depositor's Account. However, this Agreement is not binding upon the Custodian until the Depositor has received a statement confirming the initial transaction for the Account. Receipt by the Depositor of a confirmation of the purchase of the Fund shares indicated above will serve as notification of UMB Bank, n.a.'s acceptance of appointment as Custodian of the Depositor's Account.

UMB Bank, n.a., CUSTODIAN

Certain requests to sell shares must include a medallion guarantee. Please refer to the prospectus for further details.

**RETAIN A PHOTOCOPY OF THE COMPLETED ADOPTION AGREEMENT FOR YOUR RECORDS**

Before you mail, have you:

- Completed all USA PATRIOT Act required information?
  - Social Security or Tax ID Number in Section 2?
  - Full name in Section 2?
  - Birth date in Section 2?
- Permanent street address in Section 3?
- Enclosed your check made payable to iM Global Partner Funds?
- Signed your application in Section 10?
- Enclosed additional documentation, if applicable?

# Privacy Notice

The Funds may collect non-public personal information about you from the following sources:

- Information we receive about you on applications or other forms;
- Information you give us orally; and
- Information about your transactions with us.

We do not disclose any non-public personal information about our shareholders or former shareholders without the shareholder's authorization, except as required or permitted by applicable law or in response to inquiries from governmental authorities. We restrict access to your personal and account information to our employees who need to know that information to provide products and services to you and to the employees of our affiliates. We also may disclose that information to non-affiliated third parties (such as to brokers or custodians) only as permitted or required by applicable law and only as needed for us to provide agreed services to you.

We maintain physical, electronic and procedural safeguards to guard your non-public personal information.

If you hold shares of the Funds through a financial intermediary, such as a broker-dealer, bank, or trust company, the privacy policy of your financial intermediary would govern how your non-public personal information would be shared with non-affiliated third parties.