

# BISHOP STREET FUNDS

*Your Avenue  
To Sound Investment*

# Adoption Agreement

## Bishop Street Funds Individual Retirement Custodial Agreement

Failure to complete these sections may result in rejection of your application. These sections must be completed and the information provided will be verified as required by the USA Patriot Act.

- Complete Sections 1–5 AND 9
- Include Payment or Voided check for AIP
- Mail To: Bishop Street Funds, P.O. Box 219009, Kansas City, MO 64121-9009

### THE USA PATRIOT ACT

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.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. This information will be verified to ensure the identity of all persons opening a mutual fund account.

### Notice for Non-U.S. persons:

The Fund(s) generally will not accept investments from foreign investors (e.g. foreign financial institutions; non-U.S. persons). The Fund(s) has instructed its transfer agent accordingly. If the Fund(s) does accept such investments, the transfer agent is expected to conduct enhanced due diligence on such foreign investors as may be required under Section 312 of the USA Patriot Act and applicable Treasury or SEC rules, regulations and guidance (if any).

### 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.

I, THE PERSON SIGNING THIS ADOPTION AGREEMENT (HEREINAFTER CALLED THE "DEPOSITOR"), ESTABLISH AN INDIVIDUAL RETIREMENT ACCOUNT (IRA), WHICH IS EITHER A TRADITIONAL IRA OR A ROTH IRA, AS INDICATED BELOW, (THE "ACCOUNT") WITH STATE STREET BANK AND TRUST COMPANY AS CUSTODIAN ("BANK"). A TRADITIONAL IRA OPERATES UNDER INTERNAL REVENUE CODE SECTION 408(A). A ROTH IRA OPERATES UNDER INTERNAL REVENUE CODE SECTION 408A. I AGREE TO THE TERMS OF MY ACCOUNT, WHICH ARE CONTAINED IN THE APPLICABLE PROVISIONS OF THE DOCUMENT ENTITLED "STATE STREET BANK AND TRUST COMPANY UNIVERSAL INDIVIDUAL RETIREMENT CUSTODIAL ACCOUNT" AND THIS ADOPTION AGREEMENT. I CERTIFY THE ACCURACY OF THE INFORMATION IN THIS ADOPTION AGREEMENT. MY ACCOUNT WILL BE EFFECTIVE UPON ACCEPTANCE BY BANK.

## 1 Depositor Information

Print Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

U.S. State or Foreign Country of Permanent Residence \_\_\_\_\_

Date of Birth \_\_\_\_\_

Daytime Telephone No.(\_\_\_\_\_) \_\_\_\_\_

(If a mailing address is a P.O. Box other than an Army Post Office Box or a Fleet Post Office Box, a street address is required by the USA Patriot Act)

Street Address (if different) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Citizenship:  U.S. Citizen  Resident Alien  
 Non-Resident Alien Country of Citizenship \_\_\_\_\_

You **must** check one. For non-resident aliens, a copy of an unexpired government-issued photo ID must be included with the application.

## 2 IRA Election

INSTRUCTIONS: TO ESTABLISH A TRADITIONAL IRA, CHECK BOX A AND COMPLETE PART A. TO ESTABLISH A ROTH IRA, CHECK BOX B AND COMPLETE PART B. (IN EITHER CASE, COMPLETE PART 3 TO SELECT YOUR INVESTMENT CHOICES, COMPLETE PART 4 TO DESIGNATE A BENEFICIARY, COMPLETE PART 5 WITH THE REQUIRED WITHHOLDING INFORMATION, AND SIGN AT THE END OF PART 9.)

**A. TRADITIONAL IRA** – By checking this box, I designate my Account as a Traditional IRA under Code Section 408(a).

(COMPLETE 1, 2, 3, 4 OR 5 BELOW TO INDICATE THE TYPE OF TRADITIONAL IRA YOU ARE OPENING. CHECK BOX 6, IF APPLICABLE.)

### 1. Annual Contributions

Current Contribution for the year \_\_\_\_\_ .

Check enclosed for \$ \_\_\_\_\_ .

THIS CONTRIBUTION DOES NOT EXCEED THE MAXIMUM PERMITTED AMOUNT FOR THE YEAR OF CONTRIBUTION AS DESCRIBED IN THE TRADITIONAL IRA DISCLOSURE STATEMENT.

### 2. Transfer

Transfer of existing Traditional IRA directly from current Custodian or Trustee. Complete the Universal IRA Transfer of Assets Form.

[If this transfer includes any nondeductible contributions to the transferring account, indicate the amount of nondeductible contributions included in this transfer: \$ \_\_\_\_\_]

### 3. Rollover

Rollover of a withdrawal from another Traditional IRA or of an eligible rollover distribution from an employer qualified plan, 403(b) arrangement or eligible 457 plan. The requirements for a valid rollover are complex. See the Traditional IRA Disclosure Statement for additional information and consult your tax adviser for help if needed. Check enclosed for \$ \_\_\_\_\_ .

[If this rollover contribution constitutes all or part of either a withdrawal from another Traditional IRA or an eligible rollover distribution from an employer qualified plan or 403(b) arrangement, and if it includes any after-tax (or nondeductible) contributions to such other Traditional IRA or employer qualified plan or 403(b) arrangement, indicate the amount of after-tax contributions included in this rollover contribution: \$ \_\_\_\_\_ ]

### 4. Direct Rollover

Direct rollover of an eligible rollover distribution from an employer qualified plan, 403(b) arrangement or eligible 457 plan.

Direct rollovers are described in the Traditional IRA Disclosure Statement.

[If this is a direct rollover contribution from an employer qualified plan or 403(b) arrangement, and if it includes any

after-tax (or nondeductible) contributions to such employer qualified plan or 403(b) arrangement, indicate the amount of after-tax contribution included in this direct rollover: \$ \_\_\_\_\_ ]

5.  **Recharacterization of existing Roth IRA**

With Bank as Custodian. Give current Roth IRA Account No.: \_\_\_\_\_

Indicate amount recharacterized, if less than entire account balance: \$ \_\_\_\_\_

(If no amount is inserted here, we will recharacterize the entire account balance.)

With another custodian or trustee: complete the Universal IRA Transfer of Assets Form

6.  **SEP Provision**

Check here if the Depositor intends to use this Account in connection with a SEP Plan or grandfathered SARSEP Plan established by the Depositor's employer.

**B. ROTH IRA** – By checking this box, I designate my Account as a Roth IRA under Code Section 408A.

(COMPLETE 1, 2, 3 OR 4 BELOW TO INDICATE THE TYPE OF ROTH IRA YOU ARE OPENING.)

1.  **Annual Contributions**

Current Contribution for the year \_\_\_\_\_ .

Check enclosed for \$ \_\_\_\_\_ .

THIS CONTRIBUTION DOES NOT EXCEED THE MAXIMUM PERMITTED AMOUNT FOR THE YEAR OF CONTRIBUTION AS DESCRIBED IN THE ROTH IRA DISCLOSURE STATEMENT.

2.  **Conversion** of existing Traditional IRA with Bank as Custodian or Trustee to a Roth IRA with Bank.

Current Traditional IRA Account No.: \_\_\_\_\_

Amount Converted

All

Part (specify how much): \$ \_\_\_\_\_

**Tax Withholding Election for Conversion**

Under IRS rules, a conversion of a Traditional IRA to a Roth IRA is treated for income tax purposes as a distribution of taxable amounts in the Traditional IRA. IRS rules also require the custodian to withhold 10% of the conversion amount for federal income taxes unless no withholding has been elected. See IRS Publication 505, "Tax Withholding and Estimated Tax" for more information. State tax withholding may also apply if federal income tax is withheld. *Caution:* Withholding income taxes from the amount converted (instead of paying applicable income taxes from another source) may adversely impact the expected financial benefits of converting from a Traditional to a Roth IRA (consult your financial adviser if you have a question). Because of this impact, by electing to convert a Traditional IRA to a Roth IRA, you are deemed to elect no withholding unless you check the box below:

Withhold 10% for federal income taxes (if you want a greater percentage, put it here: \_\_\_\_%)

3.  **Rollover or Transfer** from existing Traditional IRA with a custodian or trustee other than Bank to a Roth IRA with Bank.

4.  **Rollover or Transfer** from existing Roth IRA with another custodian or trustee to a Roth IRA with Bank

Date existing Roth IRA was originally opened: \_\_\_\_\_

Check this box if this rollover or transfer contains any amounts converted from a Traditional IRA to a Roth IRA in calendar year 1998.

COMPLETE THE UNIVERSAL IRA TRANSFER OF ASSETS FORM IF EITHER 3 OR 4 IS CHECKED AND THE TRANSACTION IS A TRANSFER (AS OPPOSED TO A ROLLOVER).

*Note:* To facilitate proper recordkeeping and tax reporting for your Roth IRA, we require separate Roth IRA accounts to hold annual contributions and to hold conversion amounts. If you wish to make both annual contributions and conversion contributions by converting, transferring or rolling over an existing Traditional IRA, please complete different Adoption Agreements to set up separate Roth IRAs. If you are transferring or rolling over an existing Roth IRA, please set up separate Roth IRAs for a transfer/rollover of an annual contributions Roth IRA and a conversion Roth IRA.

**3 Investments**

THE FUNDS DO NOT ACCEPT CASH, TRAVELER'S CHECKS, MONEY ORDERS, STARTER, COUNTER, OR THIRD PARTY CHECKS. FOR ASSISTANCE, PLEASE CALL 1/800-262-9565 BETWEEN 8:30 AM AND 8:00 PM EASTERN TIME. MAKE CHECKS PAYABLE TO BISHOP STREET FUNDS, P.O. BOX 219009, KANSAS CITY, MO 64121-9009.

INVEST CONTRIBUTIONS TO MY ACCOUNT AS FOLLOWS:

BISHOP STREET FIXED INCOME FUNDS

High Grade Income Fund  (612) \_\_\_\_\_ %  
Hawaii Municipal Bond Fund  (968) \_\_\_\_\_ %

MUST TOTAL 100% 100%

I ACKNOWLEDGE THAT I HAVE SOLE RESPONSIBILITY FOR MY INVESTMENT CHOICES AND THAT I HAVE RECEIVED A CURRENT PROSPECTUS FOR EACH FUND I SELECT. PLEASE READ THE PROSPECTUS(ES) OF THE FUND(S) SELECTED BEFORE INVESTING.

**Authorization of Telephone Transfer**

CHECK THE APPROPRIATE BOX IF YOU DO NOT WANT TELEPHONE PRIVILEGES.

Unless one or both of the following is (are) checked, telephone instructions for exchanges and/or redemptions involving portfolios with this registration are authorized:

I/We do NOT authorize telephone exchanges.

I/We do NOT authorize telephone redemptions.

**4 Designation of Beneficiary**

NOTE: ANY AMOUNT REMAINING IN THE ACCOUNT THAT IS NOT DISPOSED OF BY A PROPER DESIGNATION OF BENEFICIARY WILL BE DISTRIBUTED TO YOUR ESTATE (UNLESS OTHERWISE REQUIRED BY THE LAWS OF YOUR STATE OF RESIDENCE). YOU MAY CHANGE THE BENEFICIARY(IES) NAMED BELOW AT ANYTIME BY FILING A NEW DESIGNATION OF BENEFICIARY WITH THE CUSTODIAN. ANY SUBSEQUENT DESIGNATION FILED WITH THE CUSTODIAN WILL REVOKE ALL PRIOR DESIGNATIONS, EVEN IF THE SUBSEQUENT DESIGNATION DOES NOT DISPOSE OF YOUR ENTIRE ACCOUNT.

As Depositor, I hereby make the following designation of beneficiary in accordance with the Bishop Street Funds Traditional Individual Retirement Custodial Account or Roth Individual Retirement Custodial Account:

In the event of my death, pay any interest I may have under my Account to the following Primary Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Primary Beneficiary predeceases me, his share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each such surviving Primary Beneficiary.

PRIMARY BENEFICIARY OR BENEFICIARIES:

Print Full Name \_\_\_\_\_
Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_
State \_\_\_\_\_ Zip \_\_\_\_\_
Social Security Number \_\_\_\_\_ Proportion \_\_\_\_\_ %

Print Full Name \_\_\_\_\_
Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_
State \_\_\_\_\_ Zip \_\_\_\_\_
Social Security Number \_\_\_\_\_ Proportion \_\_\_\_\_ %

If none of the Primary Beneficiaries survives me, pay any interest I may have under my Account to the following Alternate Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Alternate Beneficiary predeceases me, his share is to be divided among the Alternate Beneficiaries who survive me in the relative proportions assigned to each such surviving Alternate Beneficiary.

ALTERNATE BENEFICIARY OR BENEFICIARIES:

Print Full Name \_\_\_\_\_
Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_
State \_\_\_\_\_ Zip \_\_\_\_\_
Social Security Number \_\_\_\_\_ Proportion \_\_\_\_\_ %

Print Full Name \_\_\_\_\_
Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_
State \_\_\_\_\_ Zip \_\_\_\_\_
Social Security Number \_\_\_\_\_ Proportion \_\_\_\_\_ %

IMPORTANT: THIS DESIGNATION OF BENEFICIARY MAY HAVE IMPORTANT TAX OR ESTATE PLANNING EFFECTS. IF YOU CANNOT ACCOMPLISH YOUR ESTATE PLANNING OBJECTIVES BY USING THIS PART 4 TO DESIGNATE YOUR BENEFICIARY(IES) (FOR EXAMPLE, IF YOU WISH TO PROVIDE THAT THE SURVIVING CHILDREN OF A BENEFICIARY WHO PREDECEASES YOU SHOULD TAKE THAT BENEFICIARY'S SHARE BY RIGHT OF REPRESENTATION), YOU MAY SUBMIT ANOTHER FORM OF WRITTEN BENEFICIARY DESIGNATION TO THE CUSTODIAN. ALSO, IF YOU ARE MARRIED AND RESIDE IN A COMMUNITY PROPERTY OR MARITAL PROPERTY STATE (ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEVADA, NEW MEXICO, TEXAS, WASHINGTON OR WISCONSIN), YOU MAY NEED TO OBTAIN YOUR SPOUSE'S CONSENT IF YOU HAVE NOT DESIGNATED YOUR SPOUSE AS PRIMARY BENEFICIARY FOR AT LEAST HALF OF YOUR ACCOUNT. SEE YOUR LAWYER OR OTHER TAX PROFESSIONAL FOR ADDITIONAL INFORMATION AND ADVICE.

SPOUSAL CONSENT:

(THIS SECTION SHOULD BE REVIEWED IF THE DEPOSITOR IS MARRIED AND DESIGNATES A BENEFICIARY OTHER THAN THE SPOUSE. IT IS THE DEPOSITOR'S RESPONSIBILITY TO DETERMINE IF THIS SECTION APPLIES. THE DEPOSITOR MAY NEED TO CONSULT WITH LEGAL COUNSEL. NEITHER THE CUSTODIAN NOR THE SPONSOR ARE LIABLE FOR ANY CONSEQUENCES RESULTING FROM A FAILURE OF THE DEPOSITOR TO PROVIDE PROPER SPOUSAL CONSENT.)

I am the spouse of the above-named Depositor. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and

financial obligations. Due to any possible consequences of giving up my community or marital property interest in this IRA, I have been advised to see a tax professional or legal adviser.

I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian or Sponsor.

X \_\_\_\_\_
SIGNATURE OF SPOUSE DATE

X \_\_\_\_\_
SIGNATURE OF WITNESS FOR SPOUSE DATE

5 Information and Certifications Concerning Tax Withholding

BY SIGNING THIS FORM, THE DEPOSITOR CERTIFIES THAT HE/SHE IS A U.S. PERSON (A U.S. CITIZEN OR A RESIDENT ALIEN) OR A FOREIGN PERSON (A NONRESIDENT ALIEN), AS INDICATED BY CHECKING THE APPROPRIATE BOX BELOW, AND MAKES THE RELATED CERTIFICATIONS.

Depositor is (check one)

[ ] A U.S. Person. Depositor certifies that the number shown in Part 1 of this Adoption Agreement is the Depositor's correct Social Security number (or the Depositor is waiting to be issued a Social Security number); and

Depositor is not subject to backup withholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (IRS) that the Depositor is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Depositor that the Depositor is no longer subject to backup withholding. (NOTE: Cross out this sentence if the Depositor has been notified by the IRS that the Depositor is currently subject to backup withholding because of failure to report all interest and dividends on the Depositor's tax return.)

[ ] A Foreign Person.

Depositor acknowledges that the IRS does not require consent to any provisions of this document other than the Form W-8BEN certification required to avoid backup withholding and qualify for a tax treaty rate of withholding (see IRS Publication 515).

6 Bank Information (Optional)

COMPLETE THIS SECTION IF YOU INTEND TO MAKE ACH AND WIRE REDEMPTIONS OR UTILIZE THE AUTOMATIC INVESTMENT OR SYSTEMATIC WITHDRAWAL PLANS.

To exercise these investment and redemption privileges, your bank account information must be on file. Please attach a voided check or deposit slip for the bank account you wish to use AND complete the section below.

BANK NAME BRANCH OFFICE (IF APPLICABLE)
BANK ADDRESS (DO NOT USE P.O. BOX)
CITY STATE ZIP
NAME(S) ON YOUR BANK ACCOUNT
BANK ACCOUNT NUMBER BANK ABA NUMBER

Account Type (check one): [ ] Checking [ ] Savings

7 Automatic Investment Plan (Optional)

IF YOU CHOOSE THIS OPTION, YOU MUST ATTACH A VOIDED CHECK AND PROVIDE FULL BANK INFORMATION IN SECTION 6.

[ ] Check box, if you want the Automatic Investment Plan (AIP)

[ ] I/We hereby authorize and direct the Bishop Street Funds Distributor, SEI Investments Distribution Co., to draw on my (our) bank account on a periodic basis, as indicated in Section 6, for investment in my (our) account. Initial investments may not be made through the Automatic Investment Plan.

- I/We understand that if there are insufficient funds in my/our account, finance charges may apply.
- I/We have read and understand the accompanying prospectus and understand that certain minimum payments are required for the Automatic Investment Plan.

**AIP INVESTMENT SELECTION:**

\_\_\_\_\_ \$ \_\_\_\_\_  
 BISHOP STREET FUNDS AMOUNT (\$50 MINIMUM)

\_\_\_\_\_ \$ \_\_\_\_\_  
 BISHOP STREET FUNDS AMOUNT (\$50 MINIMUM)

**PREFERRED INVESTMENT SCHEDULE:**

Monthly     Quarterly     Semiannually     Annually

\_\_\_\_\_  1st or  15th  
 BEGIN INVESTMENT ON (ENTER MONTH/YEAR) (DAY OF MONTH)

**NOTE:** THIS PRIVILEGE WILL BE EFFECTIVE 15 DAYS AFTER BISHOP STREET FUNDS RECEIVES THIS APPLICATION. IF NO DATE IS CHOSEN ABOVE, YOUR BANK WILL BE DEBITED ON THE 15TH OF THE MONTH.

**NOTE:** THE TABLE BELOW DEPICTS THE ANNUALIZED AMOUNTS THAT WILL BE INVESTED DEPENDING ON THE SELECTIONS YOU MAKE.

Monthly	Quarterly	Semi-Annually	Annual Total
\$25	\$75	\$150	\$300
\$50	\$150	\$300	\$600
\$100	\$300	\$600	\$1,200
\$150	\$450	\$900	\$1,800
\$166.67	\$500	\$1,000	\$2,000

**8 Systematic Withdrawal Plan (Optional)**

CHECK HERE AND COMPLETE THE UNIVERSAL IRA DISTRIBUTION FORM, IF YOU WOULD LIKE TO PARTICIPATE IN THE SYSTEMATIC WITHDRAWAL PROGRAM.

I/We DO wish to participate in the Systematic Withdrawal Plan.

**9 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; and that no portion of the amount rolled over is a required minimum distribution under the required distribution rules or a hardship distribution from an employer qualified plan or 403(b) arrangement or eligible 457 plan.

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 Bank as custodian to a Roth IRA (Item 2 of Part B 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 4 of Part B above), Depositor certifies that the information given in Item 4 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 "Bishop Street Funds 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 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.

In addition,

- (a) The Depositor has read the current prospectus and this application and agrees to all terms. In addition, the Depositor authorizes the instructions in this application. The Depositor also agrees that any shares purchased now or later are and will be subject to the terms of the prospectus as in effect from time to time.
- (b) The Depositor agrees that the designation of the tax year for the deposit and the election to treat deposit as a rollover (if applicable) are irrevocable.
- (c) By execution of this application, the Depositor represents and warrants that (i) he/she has the full right, power, and authority to make the investment applied for and (ii) he is a natural person of legal age in his/her state of residence. By signing this application, the Depositor authorizes and appoints State Street Bank and Trust Company as custodian of this account. The Depositor further agrees that for any future modifications to be valid, they must be received by State Street Bank and Trust Company.
- (d) If the Depositor is a U.S. citizen, resident alien, or representative of a U.S. entity, the Depositor certifies, under penalty of perjury, that:
  - a. The social security number or employer identification number shown on this form is the Depositor's correct Taxpayer Identification Number
  - b. The Depositor is not subject to backup withholding because:
    - i. The Depositor is exempt from backup withholding OR
    - ii. The Depositor has been notified that he/she is subject to backup withholding as a result of a failure to report all interest or dividend OR
    - iii. The Internal Revenue Service has notified the Depositor that he/she is no longer subject to backup withholding (strike out this item (b) if you have been notified that you are subject to backup withholding.)
  - c. The Depositor is a U.S. person, resident alien, or representative of a U.S. entity.
- (e) If the Depositor is a non-resident alien, he/she understands the he/she is required to complete the appropriate Form W-8 to certify his/her foreign status. The Depositor understands that, if he/she is a non-resident alien, he/she is not under penalty of perjury for certifying to the above information.
- (f) **By the Depositor's signature below, the Depositor certifies, on his/her own behalf or on behalf of the investor he/she is authorized to represent, that:**

- (1) **The Depositor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and**
- (2) **The information provided by the Depositor in this application is true and correct and any documents provided herewith are genuine.**

X \_\_\_\_\_  
 SIGNATURE OF DEPOSITOR DATE

**Custodian Acceptance.** State Street Bank and Trust Company 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 State Street Bank and Trust Company's acceptance of appointment as Custodian of the Depositor's Account.

STATE STREET BANK AND TRUST COMPANY, CUSTODIAN

If the Depositor is a minor under the laws of the Depositor's state of residence, a parent or guardian must also sign the Adoption Agreement here. Until the Depositor reaches the age of majority, the parent or guardian will exercise the powers and duties of the Depositor.

X \_\_\_\_\_  
 SIGNATURE OF PARENT OR GUARDIAN

RETAIN A PHOTOCOPY OF THE COMPLETED ADOPTION AGREEMENT FOR YOUR RECORDS

**Not FDIC Insured • No Bank Guarantee • May Lose Value**