

**IRA Application (Retail Shares)**

**For Assistance Call: 1-888-564-4517**

**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 to 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 is subject to verification. If we are unable to verify your identity, we reserve the right to close your account or take such other steps as we deem reasonable.

**Sections 1 and 2 must be completed and the information provided will be verified as required by the USA PATRIOT Act. Failure to complete these sections may result in the rejection of your application.**

**GENERAL INFORMATION**

Read the Funds' prospectus for important information about the Funds and the **IRA Custodial Agreement and Disclosure Statement** for important information regarding IRA investments and retain them for your files.

Please complete the IRA Application and, if applicable, the IRA Asset Transfer/Direct Rollover Request form. Make your check payable to the RiverPark Funds.

<b>Send to:</b>	<b>For overnight packages:</b>
RiverPark Funds	RiverPark Funds
P.O. Box 219008	c/o DST Systems, Inc.
Kansas City, MO 64121-9008	430 West 7th Street
	Kansas City, MO 64105

For assistance, call the RiverPark Funds, toll-free at 1-888-564-4517.

**1 SHAREHOLDER REGISTRATION**

NAME: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

IF MAILING ADDRESS IS A POST OFFICE BOX (OTHER THAN AN ARMY POST OFFICE BOX OR A FLEET POST OFFICE BOX), THEN A PHYSICAL ADDRESS IS ALSO REQUIRED BY THE USA PATRIOT ACT.

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTRY OF CITIZENSHIP \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
DAYTIME TELEPHONE \_\_\_\_\_ EVENING TELEPHONE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**Receiving Investor Documents**

The RiverPark Funds are taking advantage of the "Householding" Rule, which permits the delivery of one copy of an annual/semi-annual report, and/or prospectus on behalf of two or more shareholders at a shared address. Unless you indicate otherwise by checking the box below, your signature on this application indicates your consent to Householding and the Funds will deliver one copy of the above referenced documents to your address for as long as you remain invested in the RiverPark Funds. You may revoke your consent at any time by calling 1-888-564-4517. Upon receiving such notification, the Funds will begin mailing individual copies of the above referenced documents to your attention within 30 days.

I do **not** wish to participate in Householding.

**Documents provided in connection with your Application will be used solely to establish and verify your identity. The Funds will have no obligation with respect to the terms of any such documents.**

**Notice for Non-U.S. persons**

The Funds generally will not accept investments from foreign investors (e.g. foreign financial institutions; non-U.S. persons). The Funds have instructed their transfer agent accordingly. If the Funds do accept such investments, the Funds are 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.

**2 TYPE OF IRA AND INVESTMENT ACCOUNTS**

**Please check only one box indicating the type of IRA you are opening.** If more than one option is required please use multiple applications.

**Traditional IRA**

- Contribution for tax year 20\_\_\_\_ \$ \_\_\_\_\_
- Transfer Traditional IRA assets from my account at another financial institution\* % or \$ \_\_\_\_\_
- Direct Rollover from a 401(k), Profit Sharing, or Employer-Sponsored Plan\* % or \$ \_\_\_\_\_

**Roth IRA**

- Contribution for tax year 20\_\_\_\_ \$ \_\_\_\_\_
- Transfer Roth IRA assets from another financial institution, where my account was started in (year)\_\_\_\_\_ \* % or \$ \_\_\_\_\_

**Roth IRA Conversion**

- Convert my existing RiverPark Funds Traditional IRA to a Roth IRA \_\_\_\_\_ Existing Traditional IRA Account Number
- Transfer Roth IRA assets from another financial institution, where my account was started in (year)\_\_\_\_\_ \* % or \$ \_\_\_\_\_
- I elect to have no withholding taken on the conversion of my Traditional IRA to a Roth IRA. **(If this box is not checked, a 10% withholding will be taken for Federal Income Tax. You may wish to consult a tax advisor).**
- I elect to increase the withholding amount to \_\_\_\_\_% (10 – 100%) **(not less than 10%)**

**SEP IRA**

- SEP employer (or self-employed) contribution (year)\_\_\_\_\_ \$ \_\_\_\_\_
- Transfer SEP IRA\* \$ \_\_\_\_\_

\* Please complete the IRA Transfer/Direct Rollover Request Form.

**3 INVESTMENT INSTRUCTIONS**

- Enclose your check (minimum initial investment for an IRA is \$1,000)
- **Make your check payable to: RiverPark Funds**
- The Funds do not accept cash, travelers checks, cashier's checks, bank drafts, money orders, starter, counter, or third party checks.

<input type="checkbox"/> RiverPark Large Growth Fund	\$ _____
<input type="checkbox"/> Wedgewood Fund	\$ _____
<input type="checkbox"/> RiverPark Short Term High Yield Fund	\$ _____
<input type="checkbox"/> RiverPark Long/Short Opportunity Fund	\$ _____
<input type="checkbox"/> RiverPark Strategic Income Fund	\$ _____
<input type="checkbox"/> RiverPark Floating Rate CMBS Fund	\$ _____
<b>Total</b>	<b>\$ _____</b>

## IRA Application (continued)

### 4 BENEFICIARY DESIGNATION

Designate the beneficiary or beneficiaries who will receive your IRA account in the event of your death. If you name more than one beneficiary, indicate the percentage each is to receive, otherwise your named beneficiaries (if more than one) will share equally.

If you need more space to list additional beneficiaries, please use a separate sheet to list them using the same format as below.

#### Primary Beneficiary

1. \_\_\_\_\_  
NAME PERCENT

RELATIONSHIP DATE OF BIRTH SOCIAL SECURITY NUMBER

2. \_\_\_\_\_  
NAME PERCENT

RELATIONSHIP DATE OF BIRTH SOCIAL SECURITY NUMBER

#### Secondary Beneficiary

1. \_\_\_\_\_  
NAME PERCENT

RELATIONSHIP DATE OF BIRTH SOCIAL SECURITY NUMBER

2. \_\_\_\_\_  
NAME PERCENT

RELATIONSHIP DATE OF BIRTH SOCIAL SECURITY NUMBER

#### Spousal Consent

*Only applicable if the accountholder named designates a beneficiary other than their spouse and lives in a community or marital property state.*

(This section should be reviewed if either the Trust or the residence of the accountholder is located in a community or marital property state and the accountholder is married and is designating a beneficiary other than the spouse. It is the accountholder's responsibility to determine if this section applies. The accountholder may need to consult with legal counsel. Neither the Custodian nor the Sponsor will be liable for any consequences resulting from a failure of the accountholder to provide proper spousal consent).

I am the spouse of the above-named accountholder. 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 property interest in this IRA, I have been advised to see a tax professional or legal advisor. I hereby give the accountholder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above.

I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

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

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

### 5 TELEPHONE AUTHORIZATION

I hereby authorize and direct the agent to accept and act upon telephone instructions for exchanges involving the account with corresponding registration unless the below box is checked:

I do not authorize telephone exchanges.

### 6 SYSTEMATIC INVESTMENT PLAN (SIP)

I (We) hereby authorize and direct the agent to draw on my (our) bank account on a periodic basis, as indicated in section 8, for investment in my (our) account. Attached is a voided check of the bank account I (We) wish to use. (Initial investments may not be made through the Systematic Investment Plan). Please note this service will be effective 15 days after the RiverPark Funds receive this application. **Your bank account will be debited on the 25<sup>th</sup> of the month.**

#### Preferred Investment Schedule:

Monthly  Quarterly  Semi-Annually  Annually

BEGIN INVESTMENT ON (ENTER MONTH/YEAR)

#### Debit My (Our) Bank Account and Invest as Follows (\$50 Minimum):

RiverPark Large Growth Fund: \$ \_\_\_\_\_  
AMOUNT

Wedgewood Fund: \$ \_\_\_\_\_  
AMOUNT

RiverPark Short Term High Yield Fund: \$ \_\_\_\_\_  
AMOUNT

RiverPark Long/Short Opportunity Fund: \$ \_\_\_\_\_  
AMOUNT

RiverPark Strategic Income Fund: \$ \_\_\_\_\_  
AMOUNT

RiverPark Floating Rate CMBS Fund: \$ \_\_\_\_\_  
AMOUNT

### 7 SYSTEMATIC WITHDRAWAL PLAN (SWP)

An account balance of at least \$10,000 is required.

#### Your withdrawal will occur on the 25th of the month:

Monthly  Quarterly  Semi-Annually  Annually

BEGIN WITHDRAWAL ON (ENTER MONTH/YEAR)

#### Preferred Payment Method:

By Check  Direct Deposit to your Bank (ACH) (Complete Section 8)

#### I (We) Elect to Receive a Periodic Payment of (\$75 Minimum):

RiverPark Large Growth Fund: \$ \_\_\_\_\_  
AMOUNT

Wedgewood Fund: \$ \_\_\_\_\_  
AMOUNT

RiverPark Short Term High Yield Fund: \$ \_\_\_\_\_  
AMOUNT

RiverPark Long/Short Opportunity Fund: \$ \_\_\_\_\_  
AMOUNT

RiverPark Strategic Income Fund: \$ \_\_\_\_\_  
AMOUNT

RiverPark Floating Rate CMBS Fund: \$ \_\_\_\_\_  
AMOUNT

## IRA Application (continued)

### 8 BANK INFORMATION

#### For SIP/SWP and Wire Redemptions:

Your bank account information must be on file in order to exercise telephone investment privileges. The account holder's name(s) corresponding to the account number below must match exactly at least one name in Section 1.

**A blank voided check must be enclosed.**

NAME OF BANK

REGISTRATION ON ACCOUNT

ABA ROUTING NUMBER

Checking  Savings

ACCOUNT NUMBER

ACCOUNT TYPE

### 9 SHAREHOLDER AGREEMENT

- (a) I acknowledge that I have received the SEI Private Trust Company IRA Disclosure Statement and the IRA Custodial Agreement. I have read both and I accept and agree to be bound by the terms and conditions of the IRA Custodial Agreement. I have also read the current prospectus and this application and agree to all terms. In addition, I authorize the instructions in this application. I also agree 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) I agree that the designation of the tax year for my deposit and my election to treat a deposit as a rollover (if applicable) are irrevocable.
- (c) By execution of this application, the investor represents and warrants that (i) he 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 state of residence. By signing this application, I hereby authorize and appoint SEI Private Trust Company to act as Custodian of my account. I further agree that for any future modifications to be valid they must be received by SEI Private Trust Company.
- (d) If I am a U.S. citizen, resident alien, or a representative of a U.S. entity, I certify, under penalty of perjury, that:
- The social security number or employer identification number shown on this form is my correct Taxpayer Identification Number
  - I am not subject to backup withholding because:
    - I am exempt from backup withholding OR
    - I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividend OR,
    - The Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Strike out this item (b) if you have been notified that you are subject to backup withholding).
  - I am a U.S. person, resident alien, or a representative of a U.S. entity.
- (e) If I am a nonresident alien, I understand that I am required to complete the appropriate Form W-8 to certify my foreign status. I understand that, if I am a nonresident alien, I am not under penalty or perjury for certifying to the above information.
- (f) **By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:**
- the investor is not involved in any money laundering or terrorist financing schemes and the source of this investment is not derived from any unlawful activity; and**
  - the information provided by the investor in this application is true and correct and any documents provided herewith are genuine.**

**X**  
SIGNATURE

DATE

### 10 CUSTODIAN ACCEPTANCE

The Custodian hereby adopts this SEI Private Trust Company Individual Retirement Custodial Account.

SEI PRIVATE TRUST COMPANY:

**X**

BY

DATE

TITLE

### 11 DEALER/SERVICE ORGANIZATION USE ONLY

FIRM NAME

FIRM NUMBER

REP NAME

REP NUMBER

BRANCH ADDRESS

BRANCH PHONE NUMBER

BRANCH NUMBER

**X**

AUTHORIZED SIGNATURE OF DEALER