



Clifford
CAPITAL FUNDS

**SHAREHOLDER
ACCOUNT
APPLICATION**

U.S. Mail and Overnight:
Clifford Capital Funds
c/o Commonwealth Fund Services
8730 Stony Point Parkway, Suite 205
Richmond, VA 23235
Toll Free:
(800) 628-4077

IMPORTANT INFORMATION

This form must be completed and signed in order to establish an account in the Clifford Capital Funds. Please do not use this application for IRA Accounts. To request a Clifford Capital Funds IRA Application, please call (800) 628-4077 or visit our website at www.cliffordcapfunds.com. If you have any questions regarding this application or how to invest, please call Shareholder Services at (800) 628-4077.

1. Fund Selection (may choose one or both funds)

Partners Fund Focused Small Cap Value Fund

\$ _____ \$ _____

Select only one: Investor Class (\$2,500 Minimum) Institutional Class (\$100,000 minimum)

2. Account Registration (choose only one)

Individual Joint

Owner's Name (first, middle, last) _____

Owner's Social Security Number _____ Date of Birth _____

Joint Owner's Name (first, middle, last) _____

Joint Owner's Social Security Number _____ Date of Birth _____

A Gift or Transfer to Minor (UGMA or UTMA)

Minor's Name (first, initial, last) _____

Minor's Social Security Number _____ Minor's Date of Birth _____

Under the _____ Uniform Gifts/Transfer to Minor's Act
(Specify State)

Custodian's Name (first, initial, last) _____

Trust (Please attach a trust resolution)

Trustee's Name _____ Social Security Number _____

Name of Trust Agreement _____ Date of Trust Agreement _____

Beneficiary's Name _____ Taxpayer ID Number _____

Corporation, Partnership or Other Entity
(Please attach a corporate/non-corporate resolution)

Name of Entity _____

Taxpayer ID Number _____

Check the Appropriate Box:

- Corporation Partnership
- Foundation Endowment
- Non-Profit Other

3. Mailing Address of Registered Owner(s)

Address _____

City, State, ZIP Code _____

Daytime Telephone _____ Evening Telephone _____

Email Address _____

4. Dividend and Capital Gain Distribution Options

All income dividends and capital gains distributions will be automatically reinvested in shares of the Fund as stated in the Prospectus unless the box below is checked.

Please pay all income dividends and capital gains distributions in cash.

5. Telephone Redemptions

As a Clifford Capital Funds shareholder, you have the ability to redeem shares by telephone. You will automatically be granted telephone redemption privileges unless you decline them by checking below.

I/we decline telephone redemption privileges. All requests to redeem shares from this account must be submitted in writing.

6. Automatic Investment Plans

Yes, I/we want to institute the Automatic Investment Plan.

The Automatic Investment Plan permits you to initiate automatic transfers to your Clifford Capital Funds from your bank, savings and loan, or credit union using the ACH system. **You must attach a voided check to this application.** Money will be transferred only from the account indicated on the check.

Amount(s):	Partners Fund	Focused Small Cap Value Fund
(minimum \$100)	\$ _____	\$ _____

Frequency: Monthly Quarterly

It is understood that this authorization may be terminated by me/us at any time by written notification to Clifford Capital Funds. The termination request will be effective as soon as Fund has had reasonable time to act upon it.

7. Duplicate Account Statements

Please send duplicate account statements to:

Name _____

Address _____

City, State, ZIP Code _____

8. Signature and Agreement

By signing this form, I represent and warrant that: (a) I am of legal age in my state of residence and wish to purchase shares of the Fund as described in the current Prospectus; and (b) I have the full right, power and authority to invest in the Fund; and (c) I have received a current Prospectus of the Fund and agree to be bound by its terms; and (d) I understand that no certificates will be issued and that my confirmation statement will be evidence of my ownership of fund shares.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividend, you are not required to sign the Certification, but you must provide your correct TIN. (See IRS Form W-9, which is available from the Fund, for more information).

Non-U.S. Investors must furnish a social security number or taxpayer identification number. Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are required to furnish corporate resolutions or similar documents providing evidence that they are authorized to effect securities transactions on behalf of the Investor (alternatively, the secretary or designated officer of the organization must certify the authority of the persons signing on the space provided below). In addition, signatures of representatives or fiduciaries of corporations and other entities must be accompanied by a signature guarantee by a commercial bank that is a member of the Federal Deposit Insurance Corporation, a trust company or a member of a national securities exchange.

_____ Signature (Owner, Trustee, etc.)	_____ Please Print Name	_____ Date
---	----------------------------	---------------

_____ Signature (Joint Owner, Co-Trustee, etc.)	_____ Please Print Name	_____ Date
--	----------------------------	---------------

9. Broker-Dealer/Advisor Information (to be completed by broker-dealer/advisor)

_____ Name of Institution	_____ Dealer Number	_____ Branch Number
_____ Institution Address	_____ Representative Number	
_____ Representative Name	_____ Representative Signature	

Please make your check payable to Clifford Capital Funds, and mail or overnight the check and this completed application to:

Clifford Capital Funds
c/o Commonwealth Fund Services
8730 Stony Point Parkway, Suite 205
Richmond, VA 23235

For instructions on opening and funding an account by Wire Transfer, please call Shareholder Services at (800) 628-4077.