

IMPORTANT: 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 information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

SECTION 1: Account Registration

Individual Account Joint Account

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

Address of Residence - P.O. Box or Foreign address is not accepted
(Street, City, State, Zip Code)

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

() ()
Day Phone Evening Phone

E-mail Address

Owner's Social Security Number Date of Birth (MM/DD/YY)

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

Address of Residence - P.O. Box or Foreign address is not accepted
(Street, City, State, Zip Code)

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

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Day Phone Evening Phone

Email Address

Joint Owner's Social Security Number Date of Birth (MM/DD/YY)

Note: Joint ownership means "joint tenants with rights of survivorship" and not "tenants in common", unless you specify otherwise.

Uniform Transfer to Minors Account

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

Address of Residence - P.O. Box or Foreign address is not accepted
(Street, City, State, Zip Code)

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

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Day Phone Evening Phone

Email Address

Custodian's Social Security Number Date of Birth (MM/DD/YY)

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

Minor's Social Security Number Date of Birth (MM/DD/YY)

SECTION 1: Account Registration (continued)

Trust, Corporation, Business, or Other Entity
If Corporation: S-Corporation, C-Corporation

Trust/Corporation Name

Trust Date (MM/DD/YY) Tax ID Number (Used for Tax Reporting Purposes)

Address of Residence - P.O. Box or Foreign address is not accepted
(Street, City, State, Zip Code)

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

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Day Phone Evening Phone

Name of Trustee/Person with control or authority over account

Social Security Number Date of Birth (MM/DD/YY)

Name of Co-Trustee/Person with control or authority over account

Social Security Number Date of Birth (MM/DD/YY)

Note: Please include copies of any certified trust documents, articles of incorporation, business licenses, or partnership agreements.

Note: An S-Corporation will be established unless otherwise indicated.

SECTION 2: Investment Selection

How would you like to make your initial fund purchase?

- Check** - Make your personal check payable to Cullen Funds and enclose it with your application. We do not accept third party checks (see prospectus for acceptable method of payment).
- Electronically** - Make a one-time withdrawal from the bank account listed in section 7 for amount indicated below.

Investment Minimums:

\$1,000.00
\$50.00 - with Automatic Investment Plan

Fund Name	Amount
Cullen International High Dividend – Retail Class	\$ _____
Cullen High Dividend Equity – Retail Class	\$ _____
Cullen Small Cap Value Fund – Retail Class	\$ _____
Total Amount	\$ _____

SECTION 3: Automatic Investment Plan

Yes (Please complete below) No

This option allows you to make automatic investments (must be the equivalent of at least \$50.00 per month per fund) into your Cullen Funds account directly from your bank checking or savings account.

Fund Name	Amount
Cullen International High Dividend – Retail Class	\$ _____
Cullen High Dividend Equity – Retail Class	\$ _____
Cullen Small Cap Value Fund – Retail Class	\$ _____
Total Amount	\$ _____

How often would you like invest?

Monthly Quarterly

On or about which date? (e.g., 2nd, 15th) _____

If no date is specified, withdrawals will be made on or about the 15th of each term (month or quarter). There is a \$25.00 fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).

■ Please provide **bank information** in Section 7.

SECTION 4: Systematic Withdrawal Plan

I wish to receive regular cash payments from my account.

Systematic withdrawal plan automatically withdraws money from this account on a monthly, quarterly, or annual basis. Please complete this section if you would like to establish a systematic withdrawal plan. There is a \$10,000.00 minimum account value requirement.

Fund Name	Amount
Cullen International High Dividend – Retail Class	\$ _____
Cullen High Dividend Equity – Retail Class	\$ _____
Cullen Small Cap Value Fund – Retail Class	\$ _____
Total Amount	\$ _____

How often would you like automatic withdrawals?

Monthly Quarterly Annually

On or about which date? (e.g., 2nd, 15th) _____

If no date is selected, withdrawals will be made on or about the 15th of each term (month, quarter, or year).

Money is to be sent by: ACH Mail

■ Please provide **bank information** in Section 7, if applicable.

SECTION 5: Distribution Options

All dividends and capital gains will be reinvested unless otherwise indicated below.

Dividend distribution: Cash
Capital Gains distribution: Cash

Check here if you would like cash distributions deposited directly to your bank account.

■ Please provide **bank information** in Section 7, if applicable.

SECTION 6: Telephone & Online Privileges

As a shareholder, you will automatically have access to your accounts via our automated telephone and online computer services unless you specifically decline from them below.

I DO NOT want any telephone privileges.
 I DO NOT want online privileges.

SECTION 7: Bank Information

If you requested direct deposit of dividends and capital gain distributions, to establish a Systematic Withdrawal Plan, to establish an Automatic Investment Plan, telephone purchase privileges, and/or direct deposit of telephone redemption proceeds, complete this section.

Account type: Checking Savings

Name on Bank Account

Bank Name

Bank Account Number

Routing Number 123456789 987654321 112474

Account Number

ABA Routing Number

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

I authorize Cullen Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that Cullen 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 Cullen Funds. The termination request will be effective as soon as Cullen Funds has had reasonable time to act upon it.

SECTION 8: eDelivery

eDelivery allows you to receive your Cullen Funds account statements, transaction confirmations, and shareholder mailings via e-mail.

Check here to sign up for eDelivery.

