



NEW ACCOUNT APPLICATION – Retail Class

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)

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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

E-mail 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

E-mail 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

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.

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	\$ _____

