



IRA ADDITIONAL INVESTMENT FORM

**SECTION 1: Account Information**

Account Number

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

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

Joint Owner (if applicable)

Address of Residence - P.O. Box is not accepted City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted) City, State, Zip Code

( ) ( )  
Day Phone Evening Phone E-mail Address

**SECTION 2: Purchase Request**

Purchases will be made at the next determined price after your instructions are received in good order. Requests for purchases on a specific date or at a specific price will not be honored.

**How would you like to make your fund purchase?**

Check (enclose with this form)  Wire  ACH For the year: \_\_\_\_\_

Fund Name	Fund Number	Ticker	Amount	or	Percent	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
_____	_____	_____	\$ _____		_____	%
<b>Total</b>			<b>\$ _____</b>		<b>100</b>	<b>%</b>

**Please Note:** Bank information must be on file prior to the request for purchase or redemption. If you choose to, please complete Section 3. If no tax year is indicated, contribution is posted for the tax year it is received.

**SECTION 3: Update or Add Bank Instructions**

Please provide bank information if you are establishing or modifying wire transfer capabilities and/or ACH transfer capabilities.

I would like to **add** bank information to this account to authorize purchase and redemptions via:  ACH transfer and/or  Wire transfer.

I understand this authorization will allow me to make such transactions via telephone with an Investor Service Representative; using the automated service line; or on the website at www.cullenfunds.com.

I would like to **modify** my current bank information on this account for purchases and redemptions via:  ACH transfer and/or  Wire transfer.

Account type:  Checking  Savings

Name on Bank Account Bank Name

ABA Routing Number (First 9 digits at the bottom of the check or deposit slip)

Bank Account Number (Second set of numbers at the bottom of check or deposit slip)

**SECTION 3: Update or Add Bank Instructions (continued)**

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

- Adding/changing bank information requires a **signature guarantee**. Please see Section 5.

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 4: Signatures**

I authorize Cullen Funds to make the changes indicated to my account.

I authorize Cullen Funds, and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine for this account or any account into which exchanges are made. I agree that neither Cullen Funds nor its agents and affiliates will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions are genuine.

**ALL owners of this account must sign below:**

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Signature Date (MM/DD/YY)

**SECTION 5: Signature Guarantee**

A signature guarantee is required for adding or changing bank information.

To protect yourself against fraud, your signature(s) must be guaranteed (“Medallion Signature Guarantee”) by any “eligible” guarantor. The Medallion Signature Guarantee stamp MUST include the words “Signature Guaranteed, Medallion Guaranteed” and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

- Eligible guarantor’s:
- Commercial Banks
  - Credit Unions
  - Member Firms of a domestic stock exchange
  - National Securities Exchange & Savings (STAMP, SEMP, NYSE-MSP participation)
  - Savings Associations
  - Trust Companies

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Medallion Signature Guarantee Stamp (ID Required) Bank or Dealer Firm

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Officer’s Title Officer’s Signature Date (MM/DD/YY)

[STAMP]

**Please mail completed form to:**

**Mailing Address**  
 Cullen Funds  
 P.O. Box 13584  
 Denver, CO 80201

**Overnight Address**  
 Cullen Funds  
 1290 Broadway, Suite 1100  
 Denver, CO 80203

**or Fax to 866-205-1499**

If you have any questions, please contact an Investor Service Representative at 1-877-485-8586 or visit [www.cullenfunds.com](http://www.cullenfunds.com).