

# Schroder Mutual Funds

## Account Application – Investor Shares

You can find the Funds' statutory and summary prospectuses and other information about the Funds, including the Funds' statement of additional information and shareholder reports, online at <http://www.schroderfunds.com>. You can also get this information at no cost by calling 1-800-464-3108, by sending an email request to [schroderfunds@us.schroders.com](mailto:schroderfunds@us.schroders.com), by writing to Schroder Mutual Funds, P.O. Box 8507, Boston, MA 02266-8507, or from your financial professional.

### IMPORTANT NOTICE – 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 will be verified to ensure the identity of all individuals opening a mutual fund account.

## 1. Initial Investment

Total Dollars Invested

\$

- Minimum initial investment is \$250,000.
- The Funds do not accept money orders, starter, counter or third-party checks.
- Please make your check payable to the Fund you wish to invest in, or if purchasing shares of multiple Funds, make your check payable to Schroder Mutual Funds.
- If by bank wire, see **Section 13**.

## 2. Fund Selection

Please check the Fund in which you wish to invest and amount to invest per Fund.

√	Fund Name	Amount
	Schroder Emerging Market Equity Fund (1851)	\$
	Schroder International Alpha Fund (923)	\$
	Schroder International Multi-Cap Value Fund* (1857)	\$
	Schroder Multi-Asset Growth Portfolio (1528)	\$
	Schroder North American Equity Fund (1369)	\$
	Schroder U.S. Opportunities Fund (926)	\$
	Schroder U.S. Small and Mid Cap Opportunities Fund (1489)	\$
	Schroder Total Return Fixed Income Fund (1012)	\$

**Please note that additional information may be requested. All information contained in this Account Application is subject to verification.**

\*Formerly International Diversified Value Fund

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### 3. Type of Account (Either Section 3 or Section 5 and either Section 6 or Section 7 must be completed)

Attach separate list for additional registrants including full name, social security number and date of birth. All must sign.

Check one:  Individual  Joint Registrant

Registrant Last Name \_\_\_\_\_

Registrant First Name \_\_\_\_\_ MI \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (mm-dd-yyyy) \_\_\_\_\_  
(If applied for, provide copy of application for SSN)

Joint Registrant Last Name \_\_\_\_\_

Joint Registrant First Name \_\_\_\_\_ MI \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (mm-dd-yyyy) \_\_\_\_\_  
(If applied for, provide copy of application for SSN)

You **must** check one:

U.S. Citizen  Resident Alien  Nonresident Alien

For foreign accounts, one of the following must be provided: taxpayer identification number, alien identification card number, passport number with country of issuance or a copy of a government-issued identification card bearing your photograph.

Country of issuance \_\_\_\_\_

Passport or Alien # \_\_\_\_\_

### 4. Uniform Gift or Transfer to Minors

Adult Custodian Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Registrant First Name \_\_\_\_\_ MI \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (mm-dd-yyyy) \_\_\_\_\_  
(If applied for, provide copy of application for SSN)

Joint Registrant Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Joint Registrant First Name \_\_\_\_\_ MI \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (mm-dd-yyyy) \_\_\_\_\_  
(If applied for, provide copy of application for SSN)

Under the Uniform Gift / Transfer to Minors Act of (minor's state of residence): \_\_\_\_\_

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**5. Corporation or Trust** (Complete Section 6 or 7)

Please check one (Foreign Banks and Foreign Intermediaries, please see information below):

√	
	Corporation (A copy of the certified articles of incorporation and business license of the corporation must be attached)
	<ul style="list-style-type: none"> <li>If a Corporation, is the entity a Subchapter S Corporation? (If yes, please check at left; if not, please leave blank)</li> </ul>
	Trust (A copy of the trust agreement must be attached)
	Partnership (A copy of the partnership agreement must be attached)
	Other:

SSN: \_\_\_\_\_ **OR** Tax ID #: \_\_\_\_\_  
*(If applied for, provide copy of application for SSN or TIN)*

Check if exempt from verification due to:

√	
	Financial Institution regulated by federal functional regulator
	Bank regulated by a state bank regulator
	Publicly traded corporation. Symbol: _____
	Retirement plan covered by ERISA

Name of Corporation or Trust \_\_\_\_\_

Trustee Last Name (if Trust) \_\_\_\_\_

Trustee First Name (if Trust) \_\_\_\_\_ MI \_\_\_\_\_

Social Security Number \_\_\_\_\_ Trustee Date of Birth (mm-dd-yyyy) \_\_\_\_\_

Date of Trust Agreement (if Trust) (mm-dd-yyyy) \_\_\_\_\_

Authorized Trader Last Name (if Trust) \_\_\_\_\_

Authorized Trader First Name (if Trust) \_\_\_\_\_ MI \_\_\_\_\_

Social Security Number \_\_\_\_\_ Authorized Trader Date of Birth (mm-dd-yyyy) \_\_\_\_\_

*If required, attach separate list for additional Authorized Traders, including full name, social security number and date of birth.*

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### Foreign Banks and Foreign Intermediaries

Foreign Banks and Foreign Intermediaries need to provide further information to validate the account establishment and to comply with the US Patriot Act, Section 312. Upon receipt of this Account Application, we will send a questionnaire to the address of record.

Please check one:

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Foreign Bank
<input type="checkbox"/>	Foreign Financial Bank / Institution acting as an Intermediary
<input type="checkbox"/>	Foreign Private Banking Account

### 6. Address

Registrant Mailing Address (APO and FPO addresses will be accepted)

Address \* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Street Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Joint Registrant Street Address (required if different than Registrant Address, above)

Address \* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*- If mailing address is a Post Office box a street address is also required by the USA Patriot Act.

### 7. Broker/Dealer Information (to be completed by broker or dealer)

Registered Rep. Last Name \_\_\_\_\_

Registered Rep. First Name \_\_\_\_\_ MI \_\_\_\_\_

Broker / Name \_\_\_\_\_

Branch Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Rep # \_\_\_\_\_ Broker Branch # \_\_\_\_\_ Phone \_\_\_\_\_

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## 8. Bank Account of Record

Banking information will be taken from your purchase check unless a blank check or deposit slip is attached. (Check must be preprinted; starter or counter checks will not be accepted.)

Check one:  Checking  Savings

**Please attach your voided bank check or savings deposit slip below.**

Your Name	123	
123 Main Street		
Anytown, NY 10000		
	_____, 201__	
Pay to the Order of _____	\$ _____	
_____		
Your Bank Address		
123456789	000123456789	123
ABA/Checking Routing No.	Account No.	Check No.

### Bank Details:

Bank Name and Address: \_\_\_\_\_

ABA Check Routing No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

Bank Account Name: \_\_\_\_\_

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### 9. Dividend & Capital Gains Distributions (All distributions will be automatically reinvested if no box is marked.)

Reinv	estd	Cash *
Dividends		
Capital Gains		

\* - If cash, please check desired method of payment:

\_\_\_\_\_ By check to address on application

\_\_\_\_\_ By ACH to the bank in **Section 8**

### 10. Telephone Exchange Privilege and/or Telephone Redemption Privilege

Unless indicated below, I authorize the applicable Fund(s) and its/ their agents to accept instructions from (i) me or (ii) any person purporting to be me or to act as my representative and who can provide the Fund(s) with my account registration, to exchange or redeem shares in my account(s) by telephone, in accordance with the procedures and conditions set forth in the Funds' current Statutory Prospectus. The telephone exchange privilege may only be exercised to exchange shares worth \$1,000 or more. Telephone redemptions will be sent only to me at an address on record with the Fund(s) for at least 30 days. Unless otherwise agreed to by the Fund(s), the telephone redemption privilege may only be exercised to redeem shares worth no more than \$50,000. I understand and agree that neither the Fund(s) nor any person acting on its/their behalf will have any liability to me or anyone else in respect of telephone instructions meeting the description set forth here but not made or authorized by me.

<input type="checkbox"/> I DO NOT want the Telephone Exchange Privilege	<input type="checkbox"/> I DO NOT want the Telephone Redemption Privilege
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Redemptions by telephone will be sent by check via U.S. Mail to the address of record, or sent to the bank of record in Section 8 is completed with bank instructions. Redemptions of shares may be subject to redemption fees as set forth in the Funds' current Statutory Prospectus.

### 11. Systematic Investment – Authorization Form

Invest automatically the amount of \$ \_\_\_\_\_ in the \_\_\_\_\_ Fund on or about the 15<sup>th</sup> day of each month. Purchases will be made monthly unless you wish to elect quarterly by checking here \_\_\_\_\_ in which event the amount specified will be invested automatically on or about the 15<sup>th</sup> day of the first month in each quarter. Funds will be drawn from the bank account you designate in **Section 8**. Your first automatic monthly investment will occur no sooner than two weeks after the receipt of your application. The minimum amount per month or quarter required for systematic investment is \$100.

### 12. Mailing Instructions

Please send this application with your check to

Regular mail	Overnight or Express Mail
Schroder Mutual Funds P.O. Box 8507 Boston, MA 02266-8507	Boston Financial Data Services, Inc. 30 Dan Road Canton, MA 02021-2809 Attn: Schroder Mutual Funds – Ste 8507

## 13. Wiring Instructions

If making your initial investment by bank wire, please call BFDS at (800) 464-3108 (from outside the United States: (617) 483-5000) to obtain an account number. Then instruct your bank to wire Federal Funds to:

State Street Bank and Trust Company  
225 Franklin Street  
Boston, MA 02110  
ABA: 011000028

Attn: Schroder Mutual Funds  
DDA: 9904-650-0  
FBO: [Account Registration}  
A/C: Mutual Fund Account Number / Name of Fund

Complete the Account Application and mail it to the address listed in **Section 12**, above.

## 14. Investor Signatures

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 and that all information on this application is true and correct. The investor certifies that the Taxpayer Identification Number and tax status set forth in this application are correct. The person or persons, if any, signing on behalf of the investor represent and warrant that they are duly authorized to sign this application and purchase or redeem shares of the Fund on behalf of the investor. Each person named in the registration must sign below.

I have read the Summary Prospectus and this application and agree to all their terms. I also agree that any shares purchased now or later are and will be subject to the terms of the Funds' Statutory Prospectus as in effect from time-to-time.

**If I am a U.S. Citizen, resident alien, or a representative of a U.S. entity, I certify, under penalty of perjury, that:**

- (1) The social security or employer identification number shown on this form is my correct Taxpayer Identification Number,**
- (2) 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 failure to report all interest and dividends OR,**
  - **The Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Strike out this item (2) if you have been notified that you are subject to backup withholding.)**
- (3) I am a U.S. person (including a U.S. resident alien)**

**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 of perjury for certifying to the above information.**

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The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

### Signature of Investor (Joint accounts require both signatures)

Signature of Individual, Custodian or Trustee	Title	Date
Print Name and Title (if applicable)		

Signature of Joint Registrant, if any		Date
Print Name and Title (if applicable)		

***Please retain a copy of the completed Account Application for your records.***