



Polen Growth Fund

FundVantage Trust
New Account Application

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 for you: When you open an account, we will ask for your name, address, date of birth and other information that allows us to identify you. This information will be verified to ensure identity of all individuals opening a mutual fund account.

IMPORTANT INFORMATION - PLEASE READ

- Please complete the investment selection and account information sections. Please use blue or black ink. For assistance call 1-888-678-6024 from 8 a.m. to 6 p.m. Eastern time, Monday through Friday.
The New Account Application must be signed or it will be returned as required by Federal Law. Be sure to review and sign section 5.
To invest via wire transfer:
1) Call 1-888-678-6024 to obtain an account number and wire instructions.
2) Send completed account application via overnight mail to the address listed below.
Overnight mail to: FundVantage Trust, 4400 Computer Drive, Westborough, MA 01581
Regular Mail to: FundVantage Trust, P.O. Box 9829, Providence, RI 02940

1. ACCOUNT REGISTRATION (check one box)

INDIVIDUAL OR JOINT ACCOUNT

Owner's Name (First, Middle Initial, Last)* Social Security Number* Date of Birth*

Joint Owner's Name (First, Middle Initial, Last)* Social Security Number* Date of Birth*

Joint Accounts will be registered joint tenants with the right of survivorship, unless otherwise indicated

I am a: US Citizen Resident Alien Non-Resident Alien** (specify Country)

GIFT OR TRANSFER TO MINOR

Custodian's Name (One name only: First: Middle Initial, Last)* Social Security Number* Date of Birth*

Minor's Name (One name only: First, Middle Initial, Last)* Social Security Number* Date of Birth*

Under the Uniform Gifts/Transfers to minors Acts (State of Minor's Residence)

TRUST (A copy of the first and last page of the Trust Agreement to be attached)

Trustee(s) Name (First, Middle Initial, Last)* Social Security Number* Date of Birth*

As Trustee of (Name of Trust) for the benefit of (Beneficiary's Name)

Taxpayer ID #* Date of Trust Agreement

CORPORATION, PARTNERSHIP OR OTHER ENTITY (Attach copy of certified Articles of Incorporation and/or business license for a corporation, or the partnership agreement)

Name of Corporation, Partnership or Other Entity* Taxpayer ID Number*

Authorized person or Fiduciary Name (First, Middle Initial, Last)* Social Security Number* Date of Birth*

Check if this account is exempt from CIP verification due to: Publicly traded corporation. Symbol: _____
 Bank regulated by a State bank regulator Financial Institution regulated by a federal functional regulator**

* Items marked with an asterisk (*) are required for your application to be accepted and will be verified as required by the USA Patriot Act.

Is your company any of the following? (If yes, please provide business classification): a bank organized and located outside the United States; a foreign office, agent or branch of a U.S. covered financial institution*, money transmitter, currency dealer or exchange; or a company that if located in the United States would be required to register as a mutual fund, securities broker-dealer or a futures commission merchant?

_____ No _____ Yes, please explain _____

** A US covered financial institution is generally any of the following: a bank; a credit union; a savings association; a corporation acting under Section 25A of the Federal Reserve Act; a trust bank or company; a securities broker-dealer; a futures commission merchant; and introducing broker; or a mutual fund.

Indicate Federal Income Tax Classification (for Corporations, Partnerships, or Other Entities)
(For Disregarded Entity: Please indicate below the income tax classification of the Owner)

_____ S-Corporation _____ C – Corporation _____ Partnership

FINANCIAL INTERMEDIARY Yes No
(Omnibus Account)

If yes, you will also be required to enter into an Information Sharing Agreement with Polen Capital with respect to opening this account.

If no, you represent and warrant that if you become a financial intermediary* with respect to this or other Polen Capital accounts at any time in the future, you will immediately notify Polen Capital, and will take steps to comply with the requirement to enter into an Information Sharing Agreement pursuant to SEC Rule 22c-2.

2. ADDRESS

Daytime Phone Number _____ E-Mail Address: _____

* Mailing Address: _____

* City: _____ * State: _____ * Zip: _____
(If mailing address is a Post Office Box a street address is required by the USA Patriot Act)

* Street Address: _____

* City: _____ * State: _____ * Zip: _____

* Items marked with an asterisk (*) are required for your application to be accepted and will be verified as required by the USA Patriot Act.

5. CERTIFICATION

Your account may be transferred to the appropriate state if no activity occurs in your account within the time period specified by state law.

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 of the information on this application is true and correct. The investor certifies that the taxpayer identification number and tax status set forth in this application is 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 applicable prospectus(es) 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' current as in effect from time to time.

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

Certification of Taxpayer ID Number

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 result of a failure to report all interest or 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.)

Name	Title	Signature
------	-------	-----------

Name	Title	Signature
------	-------	-----------

FOR PARTNERSHIPS AND TRUSTS *(even if you are the sole Trustee)*

The undersigned certify that they are all the general partner/trustees of the Shareholder and that they have done the following under the authority of the Shareholder's Partnership Agreement/Trust Instrument: (1) empowered the general partner/trustee executing this application (or amendment) to do so on behalf of the Shareholder; (2) empowered the above-named Authorized Person(s) to execute securities transactions for the Shareholder on the terms described above, and (3) authorized the Secretary to certify, from time to time, the names of the general partners/trustees of the Shareholder and to notify FundVantage Trust when changes in general partners/trustees occur.

Name	Title	Signature
------	-------	-----------

Name	Title	Signature
------	-------	-----------

6. TELEPHONE PRIVILEGES

Unless indicated below, I authorize the Transfer Agent to accept instructions from any person to Exchange/Redeem shares in/from my account by telephone, in accordance with the procedures and conditions set forth in the current Prospectus. I understand that the exchange privilege is only available for exchanges within the same class of shares.

I DO NOT want Telephone Redemption Privileges

I DO NOT want Telephone Exchange Privileges

Redemption by telephone will be sent by check via U.S. Mail to the address of record, or sent to the bank of record, if section 8 is completed with bank instructions.

Neither the Fund nor the Transfer Agent will be liable for properly acting upon telephone instructions believed to be genuine.

Should the Fund or its Transfer Agent fail to utilize reasonable procedures, it may be liable for any losses due to unauthorized or fraudulent instructions.

7. DIVIDEND & CAPITAL GAIN DISTRIBUTIONS

	Reinvested	Cash	
Dividends	<input type="checkbox"/>	<input type="checkbox"/>	(ALL DISTRIBUTIONS WILL BE REINVESTED IF NO BOX IS MARKED)
Capital Gains	<input type="checkbox"/>	<input type="checkbox"/>	

If cash: By check to the address on the application By wire to the bank in section 8

8. BANK AND WIRE INSTRUCTIONS

Complete this information to buy shares, sell shares or receive cash payments by wire:

Bank Name: _____ ABA # _____

Street Address: _____

City _____ State _____ Zip _____

Name(s) on the Account: _____

Account # _____ Account Type (check one) checking savings

9. AUTOMATIC INVESTMENT PLAN (Attach a voided check)

- All contributions invested using the Automatic Investment Plan will be current year contributions.
- We will establish your banking instructions using the voided check attached in the space provided below.

I would like to automatically invest from my bank account to my Polen Growth Fund Account on the following basis. If you do not indicate a frequency, then we will default to monthly.

Monthly Quarterly Semi-Annually Annually

My contribution to the funds marked below will take place on the _____ (i.e. 15th) of the month, beginning in the month of _____ (i.e. April). If you do not indicate a date of the month, then we will default to the 15th of the month.

Fund Name

Polen Growth Fund Retail Class \$ _____
 Institutional Class \$ _____

BANKING INSTRUCTIONS FOR AUTOMATIC INVESTMENT PLAN

ATTACH VOIDED CHECK HERE

FOR DEALER USE ONLY

- If you do not have a Dealer or Advisor assisting you with this transaction, please leave this section blank.

Firm Name: _____ Firm Number: _____

Representative's Name: _____ Telephone: _____ Rep. Number: _____

Branch Address: _____ Branch Number: _____