

**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 4.  
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 and a list that includes the full name, signature, social security number, date of birth, and address for each additional trustee)*

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

As Trustee of \_\_\_\_\_ for the benefit of \_\_\_\_\_  
(Name of Trust) (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\*

**a) CIP Verification:**

Check if this account is exempt from 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.

**b) Tax Verification:**

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**

**c) 22c-2 Verification:**

Are you a FINANCIAL INTERMEDIARY and will this account be omnibus?       Yes     No

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.

## d) FINRA Customer Due Diligence (CDD) Verification

This information is required by federal regulations as a means to identify and document information for individuals who own and/or control a legal entity, but is not applicable to employer sponsored retirement plans or government institutions.

### 1. Authorized Controlling Individual

Provide information for one individual with significant responsibility for managing the legal entity (ex: CEO, CFO, managing member, general partner, president, treasurer, etc.).

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

### 2. Certification of Beneficial Owners for Legal Entity Clients

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. A legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in The United States of America or a foreign country. A legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

#### Beneficial Owners

Identify each individual who owns—directly or indirectly through any agreement, arrangement, understanding, relationship, or otherwise—25% or more of the equity interests of the legal entity.

Check this box if no individual owns 25% or more of the legal entity and that you will inform the Fund if/when an individual assumes 25% or more ownership.

#### Beneficial Owner 1:

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

#### Beneficial Owner 2:

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

#### Beneficial Owner 3:

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

**Beneficial Owner 4:**

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

I, \_\_\_\_\_ (*name of natural person opening account*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Entity Identifier \_\_\_\_\_ (Optional)

**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.*

**3. PERSONS AUTHORIZED TO CONDUCT TRANSACTIONS**

The following persons ("Authorized Persons") are currently officers, trustees, general partners or other authorized agents of the Shareholder. Any \_\_\_\_\_\* of the Authorized Persons is, by lawful and appropriate action of the Shareholder, a person entitled to give instructions regarding purchases and redemptions or to make inquiries regarding the Account.

*\* If this space is left blank, any one Authorized person is authorized to give instructions and make inquiries. Oral instructions will be accepted from any one Authorized Person. Written instructions will require signature of the number of Authorized persons indicated in this space:*

\_\_\_\_\_  
Name Title Signature

\_\_\_\_\_  
Social Security Number Street Address Date of Birth

Name	Title	Signature
Social Security Number	Street Address	Date of Birth

Name	Title	Signature
Social Security Number	Street Address	Date of Birth

Name	Title	Signature
Social Security Number	Street Address	Date of Birth

*Attach separate list for additional Authorized Persons including full name, title, signature, social security number and date of birth.*

The signature appearing to the right of each Authorized Person is that person's signature that FundVantage Trust may without inquiry, act upon the instructions (whether oral, written, or provided by wire, telecommunication, or any other process) of any person claiming to be an Authorized Person. Neither the Fund, nor any entity on behalf of which the FundVantage Trust is acting, shall be liable for any claims or expenses (including legal fees) for any losses resulting from actions taken upon any instructions believed to be genuine. The Funds may continue to rely on the instructions made by a person claiming to be an Authorized Person until it is informed by amended Application that the person is no longer an Authorized Person and it has a reasonable period of time (not to exceed one week) to process the amended Application. Provisions of this application shall be equally applicable to any successor to FundVantage Trust.

#### **4. 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.

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.)
- (4) I am exempt from FATCA reporting. Please indicate The FATCA Exemption Code(s)\_\_\_\_\_. The following codes identify payees that are exempt from backup withholding:
  - 1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
  - 2 - The United States or any of its agencies or instrumentalities
  - 3 - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
  - 4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
  - 5 - A corporation
  - 6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
  - 7 - A futures commission merchant registered with the Commodity Futures Trading Commission
  - 8 - A real estate investment trust
  - 9 - An entity registered at all times during the tax year under the Investment Company Act of 1940
  - 10 - A common trust fund operated by a bank under section 584(a)
  - 11 - A financial institution
  - 12 - A middleman known in the investment community as a nominee or custodian
  - 13 - A trust exempt from tax under section 664 or described in section 4947.

**Certification Instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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.

Name	Title	Signature
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Name	Title	Signature
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**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
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Name	Title	Signature
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## 5. FUND SELECTION OPTION

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### INITIAL INVESTMENT AMOUNT

- |  |                      |                                  |
|--|----------------------|----------------------------------|
| <input type="checkbox"/> Polen Growth Fund – Retail Class                  | #501 (\$3,000 Min)   | _____                            |
|  |                      | <i>Initial Investment Amount</i> |
| <input type="checkbox"/> Polen Growth Fund – Institutional Class           | #521 (\$100,000 Min) | _____                            |
|  |                      | <i>Initial Investment Amount</i> |
| <input type="checkbox"/> Polen Global Growth Fund – Retail Class           | #502 (\$3,000 Min)   | _____                            |
|  |                      | <i>Initial Investment Amount</i> |
| <input type="checkbox"/> Polen Global Growth Fund – Instl. Class           | #522 (\$100,000 Min) | _____                            |
|  |                      | <i>Initial Investment Amount</i> |
| <input type="checkbox"/> Polen International Growth Fund – Retail Class    | #503 (\$3,000 Min)   | _____                            |
|  |                      | <i>Initial Investment Amount</i> |
| <input type="checkbox"/> Polen International Growth Fund – Instl. Class    | #523 (\$100,000 Min) | _____                            |
|  |                      | <i>Initial Investment Amount</i> |
| <input type="checkbox"/> Polen US Small Company Growth Fund – Instl. Cl    | #524 (\$100,000 Min) | _____                            |
|  |                      | <i>Initial Investment Amount</i> |
| <input type="checkbox"/> Polen Int'l Small Company Growth Fund – Instl. Cl | #525 (\$100,000 Min) | _____                            |
|  |                      | <i>Initial Investment Amount</i> |

## 6. TELEPHONE PRIVILEGES

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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

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Dividends	<input type="checkbox"/> Reinvested	<input type="checkbox"/> Cash	(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

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Complete this information to 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)

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- 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 or my Polen Global Growth Fund Account (as the case may be) 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. 15<sup>th</sup>) 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 15<sup>th</sup> of the month.

### Fund Name

Polen Growth Fund - Investor Class	\$ _____
Polen Global Growth Fund – Investor Class	\$ _____
Polen International Growth Fund – Investor Class	\$ _____

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### **BANKING INSTRUCTIONS FOR AUTOMATIC INVESTMENT PLAN**

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ATTACH VOIDED CHECK HERE



## 10. COST BASIS TAX REPORTING

**Polen Funds are responsible for tracking and reporting to the IRS your realized gains and losses on covered shares. In general, these are shares acquired on or after January 1, 2012.**

The default tax lot identification method of the **Polen Funds** is **Average Cost (AC)** method. If you wish to use a different Cost Basis method, you may change to another method below.

**Note: IRS Regulations do not permit the change of the method on a settled trade.**

I choose a method other than Average Cost, as follows:

- FIFO (FI) – First in, First out
- HIFO (HI) – Highest in, First out
- LIFO (LI) – Last in, First out
- LOFO (LO) – Lowest Cost, First Out
- HILT (H1) - Highest Cost Long Term, First Out
- HIST (H2) – Highest Cost Short Term, First Out
- LILT (L1) – Lowest Cost Long Term, First Out
- LIST (L2) – Lowest Cost Short Term, First Out
- Specific Identification (SL) - I will identify the type of cost basis at the time of redemption

If no option is selected above, your account will use the Fund's default of Average Cost. If you are unsure of which tracking method is right for your personal tax situation, please consult a tax adviser.

## 11. OPTIONAL TRUSTED CONTACT

FundVantage Trust asks that you provide information for a trusted contact person. A trusted contact person is intended to be a resource for FundVantage Trust in administering your accounts, protecting your assets and responding to possible financial exploitation. By providing this information, you give permission to FundVantage Trust to use their discretion to contact the trusted contact person (if we have concerns that you might be a victim of possible financial exploitation) and disclose information about you and your account(s) in order to confirm:

- the specifics of your current contact information
- health status
- the identify of any legal guardian, executor, trustee, or holder of a power of attorney
- otherwise as permitted by the Financial Industry Regulatory Authority ("FINRA") Rule 2165 (Exploitation of Specified Adults)

### TRUSTED CONTACT INFORMATION

Your trusted contact person must be age 18 or older. FundVantage Trust suggests that the trusted contact person not be already authorized to transact business on the account, or who is already otherwise able to receive information about the account. Please bear in mind that establishing a "trusted contact" on your account does not authorize the trusted contact to conduct transactions in your account.

Name	
Address (street, city, state, zip code)	
Telephone Number(s)	Home:
	Cell:
	Business:
Email Address	
Relationship to Account Holder (Spouse, Relative, Friend,	

**Acknowledgment**

I authorize FundVantage Trust to contact my trusted contact person under the circumstances outlined above. I understand that providing this information is optional and I may change or withdraw the trusted contact at any time.

Account Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Owner Signature (if joint account): \_\_\_\_\_ Date: \_\_\_\_\_

**PRIVACY POLICY**

The privacy of your personal financial information is extremely important to us. When you open an account with us, we collect a significant amount of information from you in order to properly invest and administer your account. We take very seriously the obligation to keep that information private and confidential, and we want you to know how we protect that important information. We collect nonpublic personal information about you from applications or other forms you complete and from your transactions with us or our affiliates. We do not disclose information about you, or our former clients, to our affiliates or to service providers or other third parties, except as permitted by law. We share only the information required to properly administer your accounts, which enables us to send transaction confirmations, monthly or quarterly statements, financials and tax forms. Even within FundVantage Trust and its affiliated entities, a limited number of people who actually service accounts will have access to your personal financial information. Further, we do not share information about our current or former clients with any outside marketing groups or sales entities. To ensure the highest degree of security and confidentiality, FundVantage Trust and its affiliates maintain various physical, electronic and procedural safeguards to protect your personal information. We also apply special measures for authentication of information you request or submit to us on our web site. If you have questions or comments about our privacy practices, please call us at 1-888-678-6024

**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: \_\_\_\_\_