



All applicants must complete sections 1, 2, 3, 5 and 10. For optional services complete 4, 6, 7, 8, 9. If you are a Broker Dealer, please also complete section 11.

New Account Application - Emerging Markets Fund

PLEASE DO NOT USE THIS APPLICATION TO OPEN AN IRA ACCOUNT.

FOR ASSISTANCE CALL: 1-866-947-7000

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 is subject to verification. If we are unable to verify your identity, we reserve the right to close your account or take such other steps as we deem reasonable.

Sections 1 and 2 must be completed and the information provided will be verified as required by the USA PATRIOT Act. Failure to complete these sections may result in the rejection of your application.

Notice for Non-U.S. persons:

The Fund generally will not accept investments from foreign investors (e.g. foreign financial institutions; non-U.S. persons). The Fund has instructed the transfer agent accordingly. If the Fund accept such investments, the Fund is expected to conduct enhanced due diligence on such foreign investors as may be required under Section 312 of the enhanced USA PATRIOT Act and applicable Treasury or SEC rules, regulations and guidance (if any).

Notice to all shareholders

In compliance with applicable state laws, your property may be transferred to the appropriate state if no activity occurs in your account within the time period specified by state law.

1 SHAREHOLDER REGISTRATION

Please print or type clearly.

Please choose one type of account below:

Individual or Joint

YOUR NAME: FIRST, MIDDLE, LAST

SOCIAL SECURITY NUMBER

DATE OF BIRTH

JOINT OWNER'S NAME: FIRST, MIDDLE, LAST

JOINT OWNER'S SOCIAL SECURITY NUMBER

JOINT OWNER'S DATE OF BIRTH

OCCUPATION

EMPLOYER

TRANSFER ON DEATH BENEFICIARY (OPTIONAL)

Custodial/Gift to Minors

CUSTODIAN'S NAME: FIRST, MIDDLE, LAST

CUSTODIAN'S SOCIAL SECURITY NUMBER

CUSTODIAN'S DATE OF BIRTH

MINOR'S NAME: FIRST, MIDDLE, LAST

MINOR'S SOCIAL SECURITY NUMBER

MINOR'S STATE OF RESIDENCE

MINOR'S DATE OF BIRTH

Trust*

TRUSTEE'S NAME

TRUSTEE'S SOCIAL SECURITY NUMBER

TRUSTEE'S DATE OF BIRTH

NAME OF TRUST AGREEMENT

TRUST'S TAXPAYER IDENTIFICATION NUMBER

DATE OF TRUST AGREEMENT

* Attach a separate list for additional Trustees and authorized traders including full name, social security number, date of birth and physical address. Please also include the first and last page of trust document.

Corporation*

NAME OF CORPORATION

PROVIDE SYMBOL IF A PUBLICLY TRADED CORPORATION

TYPE OF CORPORATION (please check one): S Corporation C Corporation

TAXPAYER IDENTIFICATION NUMBER

* For all Corporations:

Enclose a corporate resolution (or government-issued business license) which identifies the individuals authorized to conduct transactions on this account.

For Non-Public Corporations:

Your list of authorized traders must include their full names, social security numbers, dates of birth, and physical addresses.

Partnership*

PARTNER: FIRST, MIDDLE, LAST NAME

NAME OF PARTNERSHIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

* Attach a separate list for authorized traders, and each individual partner of a partnership, including full name, social security number, date of birth, and a physical address (P.O. Box is not acceptable.). A copy of partnership agreement must be attached.

Documents provided in connection with your Application will be used solely to establish and verify your identity. Causeway Funds will have no obligation with respect to the terms of any such documents.

2 SHAREHOLDER ADDRESS

U.S. Citizen

Resident Alien (must have U.S. tax identification number and domestic address).

Non-Resident Alien Country of Citizenship _____ (Non-Resident Aliens must provide a copy of an unexpired government issued photo ID with their application.)

Mailing Address:

STREET OR P.O. BOX

IF MAILING ADDRESS IS A POST OFFICE BOX (OTHER THAN AN ARMY POST OFFICE BOX OR A FLEET POST OFFICE BOX), THEN A PHYSICAL ADDRESS IS ALSO REQUIRED BY THE USA PATRIOT ACT.

CITY, STATE, ZIP

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DAYTIME TELEPHONE

EVENING TELEPHONE

E-MAIL ADDRESS

Physical Mailing Address (if different from above):

MUST PROVIDE PHYSICAL ADDRESS FOR INDIVIDUAL TRUSTEE AND AUTHORIZED TRADER; PROVIDE FOR JOINT REGISTRANT OR MINOR ONLY IF DIFFERENT THAN ABOVE.

STREET ADDRESS

CITY, STATE, ZIP

Duplicate Confirmations/Statements Sent To (Optional):

NAME

STREET OR P.O. BOX

CITY, STATE, ZIP

Receiving Investor Documents

Causeway Funds are taking advantage of the "Householding" Rule, which permits the delivery of one copy of an annual/semi-annual report, prospectus and/or proxy statement on behalf of two or more shareholders at a shared address. Unless you indicate otherwise by checking the box below, your signature on this application indicates your consent to Householding and Causeway Funds will deliver one copy of the above referenced documents to your address for as long as you remain invested in the Causeway Funds. You may revoke your consent at any time by calling 1-866-947-7000. Upon receiving such notification, Causeway Funds will begin mailing individual copies of the above referenced documents to your attention within 30 days.

I do not wish to participate in Householding.

3 FUND SELECTION/ INVESTMENT OPTION

• Enclose your check

• **Make your check Payable to: Causeway Emerging Markets Fund**

• The Funds do not accept cash, travelers checks, cashier's checks, bank drafts, money orders, starter, counter, or third party checks.

Emerging Markets Fund – Institutional Class (1273) \$
\$1 million minimum

Emerging Markets Fund – Investor Class (1274) \$
\$5,000 minimum

TOTAL \$

Please call (1-866-947-7000) prior to sending a wire.

Wiring Instructions:

UMB Bank, n.a.

ABA #101000695

Causeway Emerging Markets Fund

DDA Acct. #9871062694

Reference:

Causeway Emerging Markets Fund

Account Number

Account Name

Please be sure to complete the other side of this form.

New Account Application - Emerging Markets Fund

4 DIVIDEND & CAPITAL GAINS INSTRUCTIONS

All distributions will be reinvested automatically unless one of the following is checked:

- Send all dividends and capital gains by direct deposit to the bank account indicated on the enclosed voided check.
- Send all dividends and capital gains by check to the address in section 2.

5 COST BASIS CALCULATION METHOD

Please elect the cost basis method to be used in calculating the gain or loss associated with redemption requests. The elected method will be used for all accounts established by this application and any future accounts established. Please choose from the following: (Choose only one)

- Average Cost First-In First-Out Specific Lot

Note: When selecting Specific Lot, please choose a secondary method to be used as an alternate in the event specific lot information is not provided.

- First-In First-Out Last-In First-Out High Cost Low Cost
 Loss/Gain Utilization

If no election is made Average Cost will be used.

6 TELEPHONE AUTHORIZATION

I (we) hereby authorize and direct the agent to accept and act upon telephone instructions for purchases, exchanges and / or redemptions involving the account with corresponding registration unless one or both of the following is (are) checked:

- I (we) do not authorize telephone exchanges.
- I (we) do not authorize telephone redemptions.
- I (we) do not authorize telephone purchases.

7 SYSTEMATIC INVESTMENT PLAN (SIP)

I (we) hereby authorize and direct the agent to draw on my (our) bank account on a periodic basis, as indicated in section 9, for investment in my (our) account. Attached is a voided check of the bank account I (we) wish to use. (Initial investments may not be made through the Systematic Investment Plan.) Please note this service will be effective 15 days after Causeway Funds receive this application. **If no date is chosen below, your bank account will be debited on the 15th of the month.**

Preferred Investment Schedule:

- Monthly Quarterly Semi Annually Annually
 5th 10th 15th 20th 30th

DAY OF MONTH

Debit My (Our) Bank Account and Invest as Follows (\$100 Minimum per Fund):

EMERGING MARKETS FUND

AMOUNT
\$

8 SYSTEMATIC WITHDRAWAL PLAN (SWP)

An account balance of at least \$5,000 is required.

Preferred Withdrawal Schedule:

- Monthly Quarterly Semi Annually Annually

If no date is chosen below, your mutual fund account will be debited on the 15th of the month.

- 5th 10th 15th 20th 30th

DAY OF MONTH

Preferred Payment Method:

- By Check Direct Deposit to your Bank (ACH) (Complete Section 9)

I (We) Elect to Receive a Periodic Payment of (\$100 Minimum per account):

EMERGING MARKETS FUND

AMOUNT
\$

9 BANK INFORMATION

For SIP/SWP, Wire and/or ACH Purchases or Redemptions:

Your bank account information must be on file in order to exercise telephone investment privileges. The account holder's name(s) corresponding to the account number below must match exactly at least one name in Section 1.

A blank voided check must be enclosed.

NAME OF BANK

REGISTRATION ON ACCOUNT

ABA ROUTING NUMBER

Checking Savings

ACCOUNT NUMBER

ACCOUNT TYPE

10 APPLICANT'S SIGNATURE

- (a) I have read the current prospectus and this application and agree to all terms. In addition, I authorize the instructions in this application. I also agree that any shares purchased now or later are and will be subject to the terms of the prospectus as in effect from time to time.
- (b) By execution of this application, the investor represents and warrants that (i) the investor has the full right, power, and authority to make the investment applied for and (ii) the investor is a natural person of legal age in investor's state of residence. The person or persons, if any, signing on behalf of the investor represent and warrant that each is 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.
- (c) If I am a U.S. citizen, resident alien, or a representative of a U.S. entity, I certify, under penalty of perjury, that:
 - i. The social security number or employer identification number shown on this form is my correct Taxpayer Identification Number,
 - ii. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding OR
 - b. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividend OR,
 - c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Strike out this item (b) if you have been notified that you are subject to backup withholding.)
 - iii. I am a U.S. person, resident alien, or a representative of a U.S. entity.
- (d) 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 or perjury for certifying to the above information.
- (e) **By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:**
 - i. **the investor is not involved in any money laundering or terrorist financing schemes and the source of this investment is not derived from any unlawful activity; and**
 - ii. **the information provided by the investor in this application is true and correct and any documents provided herewith are genuine.**

SIGNATURE: INDIVIDUAL, CUSTODIAN, TRUSTEE, PARTNER, OR AUTHORIZED OFFICER, EXACTLY AS IT APPEARS IN SECTION 1

DATE

SIGNATURE: JOINT OWNER, EXACTLY AS IT APPEARS IN SECTION 1

DATE

Return the following to the address below:

1. This completed application.
2. Voided bank check or deposit slip if applicable.
3. One check made payable to: Causeway Emerging Markets Fund

Send to:

Causeway Emerging Markets Fund
P.O. Box 219085
Kansas City, MO 64121-7159

For overnight packages:

Causeway Emerging Markets Fund
c/o DST Systems
430 West 7th Street
Kansas City, MO 64105

11 DEALER/SERVICE
ORGANIZATION USE ONLY

FIRM NAME

FIRM NUMBER

REP NAME

REP NUMBER

BRANCH ADDRESS

BRANCH PHONE NUMBER BRANCH NUMBER

AUTHORIZED SIGNATURE OF DEALER