



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 – Causeway Global Value 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 accepts such investments, the Fund will 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 the 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 the 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 applications.)

**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  
( ) ( )  
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 Global Value Fund**
- Causeway Funds do not accept cash, travelers checks, cashier's checks, bank drafts, money orders, starter checks, counter checks, or third party checks.

Global Value Fund – Institutional Class (1275) \$  
\$1 million minimum  
 Global Value Fund – Investor Class (1257) \$  
\$5,000 minimum

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

Wiring Instructions: UMB Bank, n.a. ABA #101000695 Causeway Global Value Fund DDA Acct. #9871062694  
Reference: Causeway Global Value Fund Account Number Account Name

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

## New Account Application – Causeway Global Value 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 more 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):**

GLOBAL VALUE 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):**

GLOBAL VALUE 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) if an individual, 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 (ii) 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 of 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 Global Value Fund

**Send to:**

Causeway Global Value Fund  
P.O. Box 219085  
Kansas City, MO 64121-7159

**For overnight packages:**

Causeway Global Value 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