



CM Advisors Family of Funds

Individual Retirement Account Application Class I Shares

PO Box 46707
Cincinnati, OH 45246
(888) 859-5856

IRA HOLDER'S INFORMATION			IRA ACCOUNT TYPE	
Name			<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SEP IRA
Street Address (No PO Boxes please)			<input type="checkbox"/> Rollover IRA	<input type="checkbox"/> SIMPLE IRA
			<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Roth Conversion IRA
City	State	Zip	IRA CONTRIBUTION TYPE	
			<input type="checkbox"/> Annual Contribution	<input type="checkbox"/> SEP IRA(ER)
Social Security Number	Home Phone	Business Phone	<input type="checkbox"/> Transfer	<input type="checkbox"/> Roth Conversion
			<input type="checkbox"/> Rollover from IRA	<input type="checkbox"/> Rollover from QP
Date of Birth	E-mail Address		INVESTMENT SELECTION	
			<input type="checkbox"/> CM Advisors Fund-Class I Shares(CMAFX)	_____ %
CONTRIBUTION INFORMATION			<input type="checkbox"/> CM Advisors Fixed Income Fund (CMFIX)	_____ %
			<input type="checkbox"/> CM Advisors Small Cap Value Fund-Class I Shares (CMOVX)	_____ %

BROKER INFORMATION			
Dealer Name			Dealer Number
Branch Name			Branch Number
Representative Name			Representative Number
Mailing Address			Phone

DESIGNATION OF BENEFICIARY(ies)						
<p>The following individual(s) or entity (ies) shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.</p> <p>If any primary or contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA.</p>						
No.	Beneficiary's Name and Address	Date of Birth	Social Security Number	Relationship	Primary or Contingent	Share %
1.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
2.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%

SPOUSAL CONSENT	SIGNATURES
<p><i>This section should be reviewed if either the trust or the residence of the IRA holder is located in a community or marital property state and the IRA holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.</i></p> <p style="text-align: center;">CURRENT MARITAL STATUS</p> <p><input type="checkbox"/> I Am Not Married – I understand that if I become married in the future, I must complete a new IRA Designation Of Beneficiary form.</p> <p><input type="checkbox"/> I Am Married – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.</p> <p style="text-align: center;">CONSENT OF SPOUSE</p> <p>I am the spouse of the above-named IRA holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional.</p> <p>I hereby give the IRA holder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by US Bank, N.A. (the "Custodian").</p> <p>_____ (Date)</p> <p style="text-align: center;">(Signature of Spouse) (Date)</p>	<p><i>Important: Please read before signing.</i></p> <p>I understand the eligibility requirements for the type of IRA deposit I am making and I state that I do qualify to make the deposit. I have received a copy of the Application, the 5305-A Plan Agreement, the Financial Disclosure and the Disclosure Statement. I understand that the terms and conditions which apply to this IRA are contained in this Application and the Plan Agreement. I agree to be bound by those terms and conditions. Within seven (7) days from the date I open this IRA I may revoke it without penalty by mailing or delivering a written notice to U.S. Bank, N.A. (the "Custodian") c/o Ultimus Fund Solutions 225 Pictoria Dr, Ste 450 Cincinnati OH 45246.</p> <p>I assume complete responsibility for:</p> <ol style="list-style-type: none"> Determining that I am eligible for an IRA each year I make a contribution. Ensuring that all contributions I make are within the limits set forth by the tax laws. The tax consequences of any contribution (including rollover contributions) and distributions. <p>_____ (Date)</p> <p style="text-align: center;">(IRA Holder) (Date)</p> <p>_____ (Date)</p> <p style="text-align: center;">(Authorized Signature of Custodian) (Date)</p>

