

New Account Application

Overnight Delivery: Wasatch Funds 803 W. Michigan St., Suite A Milwaukee, WI 53233-2301 Regular Mail: Wasatch Funds P.O. Box 2172 Milwaukee, WI 53201-2172

In compliance with the USA Patriot Act, all mutual funds are required to obtain and verify the following information for all registered owners and all authorized individuals: *full name, date of birth, social security number and permanent street address (no P.O. boxes)*. If any of this information is missing we will be unable to establish an account and your application and check will be returned.

INVESTOR INFORMATION (REO	UIRED)		
Please complete the section below that a	pplies (A, B or C).		
A. Individual/Joint Owner			
Name	S	Social Security Number	Birthdate
Permanent Address (no P.O. boxes)	City	State	Zip
Daytime Phone Number	Evening Phone Number	E-mail Addres	ss
Joint Owner (Joint Tenant with Right of Sur	vivorship unless otherwise specified.) S	Social Security Number	Birthdate
Permanent Address (no P.O. boxes)	City	State	Zip
Daytime Phone Number	Evening Phone Number	E-mail Addres	ss
3. Custodial/Gift to Minor			
Custodian	Custodian's Social Security	Number Custodian's E	Birthdate
Permanent Address (no P.O. boxes)	City	State	Zip
Daytime Phone Number	Evening Phone Number	E-mail Addres	ss
Minor	Minor's Social Security Nun	nber Minor's Birthd	late
Permanent Address (no P.O. boxes)	City	State	Zip
C. Trust, Corporation, Partnership of full name, date of birth, social security end of this application.)	number and permanent street addre	ss; no P.O. boxes. Additional space	e has been provided at
☐ Trust ☐ C-Corporation	☐ S-Corporation ☐ Gove		Other Entity
LLC classified for tax purposes by	one of the following:	ration 🔲 S-Corporation 🔲 P	artnership
Trustee Name	Partner, Officer, Other	Social Security Number	Birthdate
Permanent Address (no P.O. boxes)	City	State	Zip
Daytime Phone Number	Evening Phone Number	E-mail Addres	SS S
Name of Entity	Тахрау	rer I.D. Number	Date of Trust

Required documentation for Corporate, Trust, Partnership or Other Entity:

Corporate: A copy of the Articles of Incorporation. Complete the Redemption and Exchange Privileges Form to add telephone exchange and redemption privileges.

Trust: A copy of the title and signature pages of the trust document.

Partnership: A copy of the partnership papers. Complete the Redemption and Exchange Privileges Form to add telephone exchange and redemption privileges.

Other Entity: Documentation supporting the entity's establishment. Complete the Redemption and Exchange Privileges Form to add telephone exchange and redemption privileges.

2. MAILING ADDRESS (if different fi	rom permanent	addre	ss above)					
				Send dup	licate cor	firmations	to:	
Address			Name					
City / State / Zip			Addres	SS				
			City /	State / Zip				
3. INVESTMENT INSTRUCTIONS &	COST BASIS E	LECTI	ON (REQUI	RED)				
For Fund names, numl	bers and status, ple	ease see	the "About Wa	satch" insert ir	the Fulfi	Ilment Kit.		
log on to ww	w.wasatchfunds.co	m or call	Shareholder S	ervices at 800	.551.1700			
The minimum initial investment is \$2,000 For Cost Basis Method Election, please choowill be applied.		-		-				
					Cost B	asis Meth		on
Fund Name	Symbol or Ticker		Amount	Average Cost	FIFO	LIFO	Specific ID	Other*
		\$						
		\$						
		\$						
		\$						
		\$						
	TOTAL:	\$						
Do you have other Wasatch Funds accounts' *For a description of available cost basis		No elow o	r contact Sha	areholder Se	ervices a	t 800.551	.1700	
for additional information.								
 Average cost: Average cost of shares is shares held prior to the trade date. Share FIFO (First-In, First-Out): Share lots p 	es are removed in	FIFO o	rder.	amount inves	ted in a p	articular f	und by the	e number of
3. LIFO (Last-In, First-Out): Share lots p	urchased last will	be sold	first.					
 Specific Identification: You direct Was HIFA (Highest Cost In, First-Out All) 					d all share	es are con	sidered re	egardless of
long-term or short-term.							0.00.00	.ga. a. 555 51
 HIFL (Highest Cost In, First-Out Lon HIFS (Highest Cost In, First-Out Sho 	_		-	_				
B. LOFA (Lowest Cost In, First-Out All): or short-term.			-				regardles	s of long-ter
9. LOFL (Lowest Cost In, First-Out Long	-			-				
 LOFS (Lowest Cost In, First-Out Sho In order to discourage market timing and 							ct a fee	of 2 00%
from redemption proceeds on Fund share				cis, wasatci	runus	wiii dedd	ct a lee t	JI 2.0070
4. FUNDING THE ACCOUNT (REQU	JIRED)							
Please select method of purchase:								
Check payable to Wasatch Funds \$	\$							
ACH (Bank Purchase) \$		-						
Please provide bank information in section named in section 5 on the date your app							savings a	account
☐ Bank wire: Call 800 551 1700 for in	etructions Date	of wire			Amour	rt \$		

Bank Address				
Routing Number		Account Number		
Name(s) on Bank Account				
Account Type				
Checking Account	Savings Account			
I authorize the bank listed ab	ove for:			
Electronic Funds Trans	nsfer (takes 2 - 3 business days)	☐ Wire Redemptions (\$	315.00 fee - takes 1 k	ousiness day)
AUTOMATIC INVESTME	NT PLAN			
Your signed application m	ust be received at least 14 days	prior to initial transaction	. Please complete s	section 5.
	nt for an Automatic Investment Plan is stments can be made on the 5th and		s to any fund are \$100	O quarterly;
☐ Monthly ☐ Quarterly	/ (Jan., Apr., July, Oct. / Feb., May, Au	g., Nov. / Mar., June, Sept., [Dec.)	
Begin investment on mm/yy				
☐ 5th ☐ 20th		\$		
	Fund		Amount	_
☐ 5th ☐ 20th		\$		
	Fund		Amount	_
☐ 5th ☐ 20th		\$		
	Fund		Amount	_
	Il be withdrawn directly from your cheday thereafter. If no date is selected			
DISTRIBUTIONS				
Dividends and capital gai	ins reinvested*			
Dividends and capital gain	ins in cash			
If dividends and capital gains	are paid in cash:			
By check paya	ble to address of record			
	ole to bank account named in section	ı 5.		
By ACH payar	ins directed to an existing Wasatch	Fund. Account number:	/	
		will be reinvested.		
Dividends and capital gain	hecked, dividends and capital gains			
Dividends and capital gains and the straight in the straight i				
Dividends and capital gains If no distribution option is concentration option is concentration.		y Market Account.		
Dividends and capital gains If no distribution option is concentration option is concentration. CHECKWRITING AUTHOR Checkwriting is available. To establish checkwriting page 1.	RIZATION on the Wasatch-Federated Mone rivileges and have a checkbook se		the Signature Verific	cation Form. This
Dividends and capital gains If no distribution option is concentration option is concentration. CHECKWRITING AUTHOR Checkwriting is available.	RIZATION on the Wasatch-Federated Mone rivileges and have a checkbook se		the Signature Verific	cation Form. This

Please complete this section if you would like to be able to move money between your bank and your Wasatch account.

5. BANK INFORMATION

9. TELEPHONE REDEMPTIONS

Permits the redemption of a minimum of \$500 keep it open. The proceeds will be mailed to yo	·	I or deposited electronically in your ban	k account.
No, I do not want telephone redemption pr	rivileges.		
Telephone redemption privileges will be automa adding this privilege at a later time will require a	atically added to your		If you decline this option,
Accounts will automatically have the telephone of representative for more information.	exchange privilege un	less it is specifically declined. Contact a	shareholder services
Wasatch Funds employs reasonable procedures to for losses due to unauthorized or fraudulent instru			
SIGNATURES AND CERTIFICATION (R	EQUIRED)		
I am (we are) of legal age, have received and r	ead the prospectus a	and privacy policy and agree to the term	s therein.
Under penalties of perjury, I certify that: (1) am waiting for a number to be issued to me backup withholding, or (b) I have not been rewithholding as a result of a failure to report to backup withholding, and (3) I am a U.S. p	e), and (2) I am not a notified by the Inter all interest or divide	subject to backup withholding becaus nal Revenue Service (IRS) that I am s ends, or (c) the IRS has notified me th	se: (a) I am exempt from ubject to backup
I further acknowledge that the Wasatch Fund Account is distributed by Federated Securiti Market Account and Federated Securities C Wasatch Advisors, Inc. Through an agreeme providing administrative and recordkeeping	ds are distributed b ies Corp. and offere orp. are not affiliate ent with Federated S	y ALPS Distributors, Inc. The Wasatch d by a separate prospectus. The Wasa d persons of the Wasatch Funds or the ecurities Corp. and/or its affiliates, W	atch-Federated Money neir investment adviser, asatch Advisors, Inc. is
The late well Berner of Control of Control	uire your consent to	any provision of this document other	than certifications
required to avoid backup withholding. I acknowledge and consent to the delivery other shareholders who share my address. services representative at 800.551.1700 or be	I understand that I by writing to Wasato	may revoke my consent at anytime by h Funds.	
required to avoid backup withholding. I acknowledge and consent to the delivery of other shareholders who share my address, services representative at 800.551.1700 or build certify that I am not a Foreign Financial Inst	I understand that I by writing to Wasato stitution as defined	may revoke my consent at anytime by h Funds. n the USA PATRIOT Act. an must sign.	r calling a shareholder
required to avoid backup withholding. I acknowledge and consent to the delivery of other shareholders who share my address, services representative at 800.551.1700 or build certify that I am not a Foreign Financial Inst	I understand that I by writing to Wasato stitution as defined trustees or custodia	may revoke my consent at anytime by h Funds. n the USA PATRIOT Act. an must sign.	
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