WASATCH FUNDS

IRA Application

Overnight Delivery:
Wasatch Funds
235 W. Galena Street
Milwaukee, WI 53212

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.

1. INVESTOR INFORMATION (REQUIRED)

IRA Owner or IRA Beneficiary if established as an inherited IRA | Social Security Number | Birthdate

Permanent Address (no P.O. boxes) | City | State | Zip

Daytime Phone Number | Evening Phone Number | E-mail Address

Complete this section below if the IRA account is for an inherited or minor IRA owner.

Name of Responsible Person or Deceased Individual | Social Security Number | Birthdate

Permanent Address (no P.O. boxes) | City | State | Zip

Daytime Phone Number | Evening Phone Number | E-mail Address

2. MAILING ADDRESS (if different from permanent address above)

Address

City / State / Zip

❑ Send duplicate confirmations to:

Name

Address

City / State / Zip

3. IRA ACCOUNT TYPE (REQUIRED)

Please select IRA account type: ❑ Traditional ❑ Roth ❑ SEP

Did you inherit these assets from a deceased owner or beneficiary IRA?

❑ Yes* ❑ No

* If yes, are you the spouse and sole beneficiary of the assets and opting to treat the IRA as your own?

❑ Yes ❑ No

4. INVESTMENT INSTRUCTIONS (REQUIRED)

For Fund names, numbers and status, please see the "About Wasatch" insert in the Fulfillment Kit, log onto www.wasatchfunds.com or call Shareholder Services at 800.551.1700.

The minimum initial investment is $2,000 per fund.

Fund Name	Symbol or Ticker	Amount	or	If amount is unknown, state percentage (%)
		$		%
		$		%
		$		%
		$		%
	TOTAL	$	or	100%

If you need more space, provide the same information on a separate sheet that is signed and dated.

If a specific fund is not selected, your contribution will be invested in the Wasatch-Federated Money Market Account until we receive further notice. Cash, credit cards, third party checks, credit card checks, money orders, travelers checks and checks drawn on banks outside the U.S. will not be accepted.

Do you have other Wasatch Fund Accounts? ❑ Yes ❑ No

C-100– Traditional IRA-Custodial (Rev. 08/12) Copyright © 2012, Convergent Retirement Plan Solutions, LLC, Brainerd, MN 56401
Copyright © 2012, Compliance Systems, Grand Rapids, MI 49506

5. FUNDING THE ACCOUNT (REQUIRED)

A. ❑ By Purchase: Contribution for tax year 20 __ __. Please select method of purchase.

❑ Check payable to **Wasatch Funds** $_____

❑ ACH (Bank Purchase) $_____

Please provide bank information in section 6. Your initial investment will be withdrawn directly from your checking or savings account named in section 6 on the date your application is received in good order or the first business day thereafter.

❑ Bank Wire: Call **800.551.1700** for instructions. Date of wire: _____ Amount $ _____

Please indicate if you are transferring your IRA or completing a rollover from a qualified plan. If you are age 70½ or older, you must take your minimum annual distribution from your account with the current custodian before transferring your IRA or other retirement assets to Wasatch Funds.

B. ❑ By Transfer – You will not have physical receipt of assets. Assets will be transferred directly from the previous custodian. **You must also complete an IRA Transfer Form.**

C. ❑ By Rollover – You have authorized a direct rollover from a qualified plan or you would like to fund your IRA with assets that have been withdrawn within the last 60 days.

If you are funding your account by Transfer or Rollover, please specify the type of account maintained by the previous custodian:

❑ Traditional IRA ❑ Rollover ❑ Roth IRA
❑ SEP IRA ❑ Roth Employer Sponsored Plan ❑ Simple IRA
❑ Other Employer Sponsored Plan (for example, 401(k), 403(b))

6. BANK INFORMATION

Please complete this section if you would like to be able to move money between your bank and your Wasatch IRA account. For checking accounts, please include a voided check with this form (other than your investment check). For savings accounts, provide your bank's ABA number and savings account number below. To add bank information after your account has been established, an Account Privileges Change Form (with a Medallion signature guarantee) is required.

Bank Name

Bank Address

Routing Number Account Number

Name(s) on Bank Account

Account Type

❑ Checking Account ❑ Savings Account

I authorize the bank listed above for:

❑ Electronic Funds Transfer (takes 2 – 3 business days) ❑ Wire Redemptions ($15.00 fee – takes 1 business day)

7. AUTOMATIC INVESTMENT PLAN

Your signed application must be received at least 14 days prior to initial transaction. Please complete section 6.

The minimum initial investment for an Automatic Investment Plan is $1,000. Minimum additions to any fund are $100 quarterly; $50 monthly. Automatic investments can be made on the 5th and/or 20th of each month.

❑ Monthly ❑ Quarterly (Jan., Apr., July, Oct. / Feb., May, Aug., Nov. / Mar., June, Sept., Dec.)

Begin investment on mm/yy

❑ 5th ❑ 20th $
Fund Amount

❑ 5th ❑ 20th $
Fund Amount

❑ 5th ❑ 20th $
Fund Amount

Your automatic investment will be withdrawn directly from your checking or savings account named in section 6 on the date you have selected or the first business day thereafter. If no date is selected, purchases will be made on the 20th of each month.

C-100– Traditional IRA-Custodial (Rev. 08/12) Copyright © 2012, Convergent Retirement Plan Solutions, LLC, Brainerd, MN 56401
Copyright © 2012, Compliance Systems, Grand Rapids, MI 49506

8. TELEPHONE REDEMPTIONS

Permits the redemption of a minimum of $500 and a maximum of $50,000. A minimum of $500 must remain in your account to keep it open. The proceeds will be mailed to your address of record or deposited electronically in your bank account.

❑ No, I do **not** want telephone redemption privileges.

Telephone redemption privileges will be automatically added to your account unless you check the "No" box. If you decline this option, adding this privilege at a later time will require a Medallion signature guarantee.

Accounts will automatically have the telephone exchange privilege unless it is specifically declined. Contact a shareholder services representative for more information.

Wasatch Funds employs reasonable procedures to confirm that instructions communicated by telephone are genuine and may not be held liable for losses due to unauthorized or fraudulent instructions. Please see the prospectus for more information about telephone redemption privileges.

9. WITHHOLDING NOTICE AND ELECTION FORM (FORM W4P/OMB NO. 1545-0074) DEPARTMENT OF TREASURY, INTERNAL REVENUE SERVICE

Withholding election is not necessary for Roth IRA accounts.

Notice: The distributions you receive from your IRA are subject to Federal income tax withholding unless you waive withholding. You may waive withholding on your IRA distribution by returning a signed and dated IRS Form W-4P, Withholding Certificate for Pension or Annuity Payments, or substitute Form W-4P to the Custodian. Withholding will apply to the total amount of the distribution, whether taxable or not. If you waive withholding on your IRA distribution, or if you do not have enough Federal income tax withheld from your IRA distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You are responsible for determining and paying all Federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding or elect an alternative withholding amount, ten percent will be withheld from your nonperiodic IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. If you are a non-resident alien you may not use Form W-4P to withhold income tax or to waive withholding.

Election: Unless you indicate a different withholding amount below or you waive withholding by indicating your election below, ten percent will be withheld from your IRA distribution.

❑ I do not want federal income tax withheld from distributions from this account.

❑ I want federal income tax of 10% withheld from distributions from this account.

❑ I want federal income tax of _____% (greater than 10%) withheld from distributions from this account.

State Tax Withholding Election

Unless you waive state taxes below, state taxes will also be withheld if, at the time of your distribution, your address is within one of the mandatory withholding states.

❑ I do not want state income tax withheld from distributions from this account.

Please refer to the list of mandatory state withholding rates included on the Tax Withholding Information Addendum. To obtain a copy of the addendum please visit the Fund's website or contact a Shareholder Services representative at the number below. You may change your state withholding election on your IRA distribution by submitting the change in writing to the Custodian. Please contact a tax professional regarding the possible tax implications prior to making a redemption request.

10. BENEFICIARY DESIGNATION/SPOUSAL CONSENT

IRA Owner (or Inherited IRA Owner) designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the IRA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. The most current beneficiary designation on file with the Custodian at the time of death will govern. You may revoke or change the beneficiary designation at any time by completing a new IRA Change of Beneficiary Form and providing it to the Custodian.

Type: ❑ Primary ❑ Contingent
Share Percentage: _____% Relationship to IRA Owner: ❑ Spouse ❑ Non-Spouse

Name | Taxpayer ID Number | Date of Birth

Permanent Address (no P.O. boxes) | City | State | Zip

Type: ❑ Primary ❑ Contingent
Share Percentage: _____% Relationship to IRA Owner: ❑ Spouse ❑ Non-Spouse

Name | Taxpayer ID Number | Date of Birth

Permanent Address (no P.O. boxes) | City | State | Zip

Go paperless! You can receive shareholder reports (prospectus updates, annual and semi-annual reports) and statements (transaction confirmations and account statements) electronically. To enroll for this service, please visit our web site.

C-100– Traditional IRA-Custodial (Rev. 08/12) Copyright © 2012, Convergent Retirement Plan Solutions, LLC, Brainerd, MN 56401
Copyright © 2012, Compliance Systems, Grand Rapids, MI 49506

10. BENEFICIARY DESIGNATION/SPOUSAL CONSENT (continued)

Type: ❑ Primary ❑ Contingent
Share Percentage: _____% Relationship to IRA Owner: ❑ Spouse ❑ Non-Spouse

Name | Taxpayer ID Number | Date of Birth

Permanent Address (no P.O. boxes) | City | State | Zip

Type: ❑ Primary ❑ Contingent
Share Percentage: _____% Relationship to IRA Owner: ❑ Spouse ❑ Non-Spouse

Name | Taxpayer ID Number | Date of Birth

Permanent Address (no P.O. boxes) | City | State | Zip

❑ Addendum attached for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

Spousal Consent
Complete this section only if you, the IRA Owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

Consent of Spouse
By signing below, I acknowledge that I am the spouse of the IRA Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse (if applicable) | Date

11. ACKNOWLEDGEMENT AND SIGNATURE (REQUIRED)

By signing this Application, I certify that the information I have provided is true, correct, and complete, and the Custodian UMB Bank, n.a. may rely on what I have provided. In addition, I have read and received copies of the Application, the applicable IRS Form, Disclosure Statement and Financial Disclosure, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that I am responsible for the IRA transactions I conduct, and I will indemnify and hold the Custodian and its agents harmless from any consequences related to executing my directions. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. I understand that if the deposit establishing the IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If I am an Inherited IRA Owner, I understand the distribution requirements and the contribution limitations applicable to Inherited IRA Owners. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

I further acknowledge that the Wasatch Funds are distributed by ALPS Distributors, Inc. The Wasatch-Federated Money Market Account is distributed by Federated Securities Corp. and offered by a separate prospectus. The Wasatch-Federated Money Market Account and Federated Securities Corp. are not affiliated persons of the Wasatch Funds or their investment adviser, Wasatch Advisors, Inc. Through an agreement with Federated Securities Corp. and/or its affiliates, Wasatch Advisors, Inc. is providing administrative and recordkeeping services for the Wasatch-Federated Money Market Account.

Your Signature | Date

Responsible Person (If the IRA account is for a minor) | Date

C-100– Traditional IRA-Custodial (Rev. 08/12) Copyright © 2012, Convergent Retirement Plan Solutions, LLC, Brainerd, MN 56401
Copyright © 2012, Compliance Systems, Grand Rapids, MI 49506