

## 403(b) 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.

1.	EMPLOYEE INFORMATION (REQUIRED)				
	Name of Employee		Social Sec	curity Number	Birthdate
	Permanent Address (no P.O. boxes)	City		State	Zip
	Daytime Phone Number	Evening Phone Number		E-mail Ad	dress
2.	MAILING ADDRESS (if different from perm	nanent address abo	ve)		
			☐ Send	Duplicate Confirm	nations to:
	Address		Name		
	City/State/Zip		Address		
			City/State/Zip		
3.	EMPLOYER INFORMATION (REQUIRED)				
	Name of Employer		Tax ID (Can be obtained from Employer)		
	Address	City		State	Zip
	Name of Primary Contact			Phone Number	
4	INVESTMENT INSTRUCTIONS (REQUIRE	(ח)			
7.			d in the Fulfillms	nt l/it lan anta unu	
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 fur				If amount is unknown, state
Г	und Name	Fund Symbol	Amo	unt	orpercentage (%) %
-			Φ		
-			\$	<del></del>	
-			<del>Ψ</del> \$		
-			\$		
-		TOTAL	\$	or	100%
If	you need more space, provide the same information				
li r	f a specific fund is not selected, your contribution eceive further notice. Cash, credit cards, third pa frawn on banks outside the U.S. will not be acce	on will be invested in tarty checks, credit car	he Wasatch-Fe	derated Money N	

5. FUNDING THE ACCOUNT (REQUIRED)						
A.						
Check payable to Wasatch Funds \$						
ACH (Bank Purchase) \$						
account named in section 6 on the date your application	investment will be withdrawn directly from your checking or savings is received in good order or the first business day thereafter.  The of wire Amount \$					
<ul> <li>By Transfer/Exchange – You are transferring/exchanging</li> <li>You may need to provide employer authorization. You must</li> </ul>	ng assets from another preferred provider under the same 403(b) plan. ust also complete a 403(b) Transfer Form.					
<del></del>	rect Rollover – You are transferring/rolling over assets from another eligible retirement plan. o provide employer authorization. You must also complete a 403(b) Transfer Form.					
If you are funding your account by Transfer/Direct Rollover, please specify the type of account maintained by the previous custodian:						
☐ Traditional IRA	Rollover					
☐ SIMPLE IRA*	☐ SEPIRA					
403(b)	Other Employer Sponsored Plan					
* You may not roll over SIMPLE IRA assets to a 403(b) until participation in your employer-sponsored SIMPLE IRA pla	l at least two years have elapsed from the time of your initial					
6. BANK INFORMATION						
6. BANK INFORMATION  Please complete this section if you would like to be able account. For checking accounts, please include a voided savings accounts, provide your bank's ABA number and						
6. BANK INFORMATION  Please complete this section if you would like to be able account. For checking accounts, please include a voided savings accounts, provide your bank's ABA number and your account has been established, an Account Privilege	e to move money between your bank and your Wasatch check with this form (other than your investment check). For savings account number below. To add bank information after					
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6. BANK INFORMATION  Please complete this section if you would like to be able account. For checking accounts, please include a voided savings accounts, provide your bank's ABA number and your account has been established, an Account Privilege required.  Bank Name  Bank Address  Routing Number  Name(s) on Bank Account  Account Type	e to move money between your bank and your Wasatch check with this form (other than your investment check). For savings account number below. To add bank information after es Change Form (with a Medallion signature guarantee) is					

## **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. Quarterly (Jan., Apr., July, Oct. / Feb., May, Aug., Nov. / Mar., June, Sept., Dec.) Begin investment on mm/yy ☐ 5th ☐ 20th \$ Fund **Amount** \$ 📘 5th 🔲 20th 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. 8. HOUSEHOLD RELATIONSHIP The household service combines all account statements within your household into a single envelope. I currently have a Household Relationship\* with Wasatch Funds and I wish to add this account. Please provide an account number that is currently part of your Household Relationship: I do not wish to household this new account. I do not have another account with Wasatch Funds. \*If you do not currently participate in the householding service and would like to consolidate your account statements, please complete the Household Relationship Form. Accounts receiving statements electronically are not eligible for householding. 9. 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

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.

City

Permanent Address (no P.O. boxes)

State

Zip

BENEFICIARY DESIGNATION	ON/SPOUSAL CONSENT (continued)				
Type: Primary Contingent Share Percentage:%	Relationship to IRA Owner:   Spouse   Non-S	pouse			
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-S	pouse			
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			
. ACKNOWLEDGMENT AND	SIGNATURE (REQUIRED)				
and the Custodian may rely on w Application and the 403(b)(7) C am responsible for the 403(b) tr	dial Account Application, I certify that the informat what I have provided. In addition, I have received a ustodial Account Agreement. I agree to be bound ansactions I conduct, and I will indemnify and hold is. I have been advised to seek competent legal are	nd read copies of this 403(b)(7) Custodial to their terms and conditions. I understand that I the Custodian harmless from any consequence			
Account is distributed by Federa Account and Federated Securitie Advisors, Inc. Through an agreer	/asatch Funds are distributed by ALPS Distributor ted Securities Corp. and offered by a separate pr es Corp. are not affiliated persons of the Wasatch ment with Federated Securities Corp. and/or its af es for the Wasatch-Federated Money Market Acco	ospectus. The Wasatch-Federated Money Marke Funds or their investment adviser, Wasatch filiates, Wasatch Advisors, Inc. is providing admir			
I have read, accept and incorpor sors, as Custodian of the account	ate the Custodial Account Agreement herein, by rnt(s).	eference. I appoint UMB Bank, n.a. or its succes			
Employee Signature		Date			