

## 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. | DEPOSITOR INFOR   | RMATION (REQUIRED)   |   |   |   |  |
|----|---|--|---|---|---|--|
|    | The person opening  | the ESA.   |   |   |   |  |
|    |   |  |   |   |   |  |
|    | Name  |  |   | Taxpayer ID Number  |   | Birthdate                                |
|    | Residence Address (no P.  | O. boxes)  | City  |   | State   | Zip                                      |
|    | Mailing Address (no P.O. I  | boxes)   | City  |   | State   | Zip                                      |
|    | Daytime Phone Number  |  | Evening Phone Number                                      |   | E-mail Address                                  |  |
| 2. | DESIGNATED BEN  | EFICIARY INFORMATION   | ON (REQUIRED)   |   |   |  |
|    | The student.  |  |   |   |   |  |
|    | Name  |  |   | Social Security Number                                    |   | Birthdate                                |
|    | Permanent Address (no P.  | O. boxes)  | City  |   | State   | Zip                                      |
| 3. | RESPONSIBLE IN  | DIVIDUAL (REQUIRED)  |   |   |   |  |
|    | Generally a parent o  | r guardian.  |   |   |   |  |
|    |   |  |   |   |   |  |
|    | Name  |  |   | Social Security Number                                    |   | Birthdate                                |
|    | Permanent Address (no P.  | O. boxes)  | City  |   | State   | Zip                                      |
|    | Daytime Phone Number  |  | Evening Phone Number                                      |   | E-mail Address                                  |  |
|    | Option 1: (If no box is   | checked below, the answe   | r will default to be "No.                                 | ")  |   |  |
|    |   | Responsible Individual may char<br>ficiary's family described in sec   |   |   |   | of the Designated                        |
|    |   | checked below, the answe   |   |   |   |  |
|    | Bene<br>Acco  | Responsible Individual shall con<br>ficiary attains the age of majori<br>unt and the Custodial Account<br>ficiary reaches the age of major | ty under state law and unti<br>terminates. If the Respons | such time as all assets ha<br>ible Individual becomes ind | ave been distributed f<br>capacitated or dies a | rom the Custodial<br>fter the Designated |
| 4. | SUCCESSOR RES   | PONSIBLE INDIVIDUAL  | L   |   |   |  |
|    | If the Responsible Individual dies or becomes legally incapacitated while the Designated Beneficiary is a minor under state law, the person designated below will become the successor Responsible Individual. If no successor is designated, the Designated Beneficiary's parent or guardian will become the successor Responsible Individual. |  |   |   |   |  |
|    | Name  |  |   | Taxpayer ID Number  |   | Birthdate                                |
|    | Residence Address (no P.  | O. boxes)  | City  |   | State   | Zip                                      |
|    | Mailing Address (no P.O. I  | boxes)   | City  |   | State   | Zip                                      |
|    | Daytime Phone Number  |  | Evening Phone Number                                      |   | E-mail Address                                  |  |
|    | Relationship to the Design  | nated Beneficiary: 🔲 Mother  | ☐ Father ☐ Guardian                                       | Other   |   |  |

| 5. | MAILING ADDRESS (if different from permanent a  | ddress above                            | .)   |                                    |                             |
|----|---|---|--|------------------------------------|-----------------------------|
|    |   |   | Send duplicate                                       | confirmations to                   | :                           |
|    | Address   | N                                       | ame  |                                    |                             |
|    | City / State / Zip  | A                                       | ddress   |                                    |                             |
|    |   | C                                       | ity / State / Zip                                    |                                    |                             |
| 6. | INVESTMENT INSTRUCTIONS (REQUIRED)  |   |  |                                    |                             |
|    |   |   |  |                                    |                             |
|    | For Fund names, numbers and status, please see the "About<br>call Shareholder   | wasatch" insert in<br>r Services at 800 |  | onto www.wasatc                    | htunds.com or               |
|    | The minimum initial investment is \$2,000 per fund  |   |  |                                    | If amount is unknown, state |
|    | Fund Name   | Fund Symbol                             | Amount   | or                                 | percentage (%)              |
|    |   |   | \$   |                                    | %                           |
|    |   | _                                       | \$   |                                    | %                           |
|    |   |   | \$   |                                    | %                           |
|    |   |   | \$   |                                    | %                           |
|    |   | TOTAL                                   | \$   | or                                 | 100%                        |
| 7. | Do you have other Wasatch Fund Accounts?  Yes  FUNDING THE ACCOUNT (REQUIRED)   | <b>↓</b> No                             |  |                                    |                             |
| 7. |   |   |  |                                    |                             |
|    | The maximum investment is \$2,000 per year.   | D                                       |  |                                    |                             |
|    | A. By Purchase: Contribution for tax year  Check payable to Wasatch Funds \$  |   |  |                                    |                             |
|    | ACH (Bank Purchase) \$  |   |  |                                    |                             |
|    | Please provide bank information in section 6. Your in account named in section 6 on the date your applica   | ation is received                       | in good order or the first                           | t business day th                  |                             |
|    | Bank wire: Call <b>800.551.1700</b> for instructions.   |   |  | ount \$                            |                             |
|    | B.  By Transfer – You will not have physical receipt of as You must also complete a Transfer Form.  | ssets. Assets wi                        | ll be transferred directly                           | from the previou                   | is custodian.               |
|    | C.  By Rollover - You would like to fund your Coverdell E within the last 60 days.  | Education Saving                        | gs Account with assets                               | that have been w                   | vithdrawn                   |
| 8. | BANK INFORMATION  |   |  |                                    |                             |
|    | Please complete this section if you would like to be able to Savings Account. For checking accounts, please include a vocaccounts, provide your bank's ABA number and savings accestablished, an Account Privileges Change Form (with a Medical Control of the Account Privileges Change Form (with a Medical Control | oided check with<br>ount number be      | n this form (other than y<br>low. To add bank inforn | our investment on ation after your | check). For savings         |
|    | Bank Name   |   |  |                                    |                             |
|    | Bank Address  |   |  |                                    |                             |
|    | Routing Number  |   | Account Number                                       |                                    |                             |
|    | Name(s) on Bank Account  Account Type:  Checking Account Savings Account  | ount                                    |  |                                    |                             |
|    |   | Transfer (takes                         | 2 - 3 business days) iness day)                      |                                    |                             |

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|    | <b>AUTOMATIC INVESTMENT PI</b>   | _AN  |  |  |  |
|----|--|--|--|--|--|
|    | Your signed application must b   | e received at least 14 days prior  | to initial transaction   | ı. Please comple   | ete section 8.   |
|    |  | an Automatic Investment Plan is \$1,0<br>ts can be made on the 5th and/or 20   |  | s to any fund are \$   | \$100 quarterly;   |
|    | Monthly Quarterly (Jan.,   | , Apr., July, Oct. / Feb., May, Aug., N  | ov. / Mar., June, Sept., I   | Dec.)  |  |
|    | <del></del>  |  |  |  |  |
|    | Begin investment on mm/yy  5th 20th  |  | \$   |  |  |
|    | 5th 20th   | Fund   | \$   | Amount   |  |
|    | 2011   | Fund   |  | Amount   |  |
|    | ☐ 5th ☐ 20th   | Fund   | \$   | Amount   |  |
|    |  | vithdrawn directly from your checking hereafter. If no date is selected, pur   |  | amed in section 6  |  |
| 0. | TELEPHONE REDEMPTIONS  |  |  |  |  |
|    | •  | n of \$500 and a maximum of \$50,000 p your address of record or deposited   |  | •  | account to keep it   |
|    | No, I do <b>not</b> want telephone red   | demption privileges.   |  |  |  |
|    |  | be automatically added to your accordill require a Medallion signature guara   | •  | e "No" box. If you d   | ecline this option,  |
|    | Accounts will automatically have th representative for more information  | e telephone exchange privilege unle  | ss it is specifically decl   | ined. Contact a sh   | nareholder services  |
|    |  | e procedures to confirm that instructions. P   |  |  |  |
| 11 | .HOUSEHOLD RELATIONSHI   | Р  |  |  |  |
|    | The household service combines al  | Il account statements within your ho   | usehold into a single er   | nvelope.   |  |
|    |  | d Relationship* with Wasatch Funds<br>number that is currently part of your  |  |  |  |
|    | I do not wish to household   | this new account.  |  |  |  |
|    | I do not have another accord   | unt with Wasatch Funds.  |  |  |  |
|    |  | in the householding service and wou<br>hip Form. Accounts receiving statem   |  |  |  |
| 12 | . DEATH BENEFICIARY DESI   | GNATION  |  |  |  |
|    | indicated, the individual or entity will be of<br>divided in equal shares (unless indicated<br>the Designated Beneficiary, the Coverde | entitled to receive any benefits upon the considered a primary beneficiary. Upon the otherwise) to the primary beneficiaries will ESA will be divided in equal shares (unlidesignation may be changed or revoked a dian. | e Designated Beneficiary's<br>ho survive the Designated<br>ess indicated otherwise) to | death, the Coverdell<br>Beneficiary. If no prin<br>the contingent bene | ESA assets will be<br>mary beneficiaries survive<br>eficiaries who survive the |
|    | Type: ☐ Primary ☐ Contingent Share Percentage:%  | Relationship to IRA Owner:   Spous   | e 🔲 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.

| Type: Primary Contingent   |   |  |  |
|--|---|--|--|
| Share Percentage:%   | Relationship to IRA Owner:  Spouse  Non-Spous   | se   |  |
| 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-Spou  | se   |  |
| 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  | se   |  |
| Name   | Taxpayer ID Number  | Date of Birth  |  |
| Permanent Address (no P.O. boxes)  | City  | State  | Zip  |
| Addendum attached for additional the information requested above. S  | beneficiaries. If you need additional space to name benefic   | ciaries, attach a separate sh  | neet that includes all of  |
| Spousal Consent Complete this section only if you, the IF  | RA Owner, have your legal residence in a community or marit   | tal managerity at at a mand on a con-  |  |
| other than or in addition to your spouse consult with a competent advisor prior of designation that includes the spousal competent of Spouse  By signing below, I acknowledge that I is  | as primary beneficiary. This section may have important tax to completing. If you are not currently married and you marry onsent provisions. If this is an Inherited IRA, seek competent am the spouse of the IRA Owner and agree with and consebeen advised to consult a competent advisor and I assume a  | consequences to you and y in the future, you must com t legal/tax advice to see if s  nt to my spouse's designati  | your spouse so please plete a new beneficiary pousal consent is required.  on of a primary beneficiary   |
| other than or in addition to your spouse consult with a competent advisor prior in designation that includes the spousal coconsent of Spouse  By signing below, I acknowledge that I other than, or in addition to, me. I have I has not provided me any legal or tax ad   | as primary beneficiary. This section may have important tax to completing. If you are not currently married and you marry onsent provisions. If this is an Inherited IRA, seek competent am the spouse of the IRA Owner and agree with and consebeen advised to consult a competent advisor and I assume a  | consequences to you and y in the future, you must com t legal/tax advice to see if s  nt to my spouse's designati  | your spouse so please aplete a new beneficiary pousal consent is required.  on of a primary beneficiary his consent. The Custodian   |
| other than or in addition to your spouse consult with a competent advisor prior to designation that includes the spousal competent of Spouse  By signing below, I acknowledge that I other than, or in addition to, me. I have than not provided me any legal or tax ad  Signature of Spouse (if applicable)   | e as primary beneficiary. This section may have important tax to completing. If you are not currently married and you marry consent provisions. If this is an Inherited IRA, seek competent am the spouse of the IRA Owner and agree with and consebeen advised to consult a competent advisor and I assume a lyice.  | consequences to you and y in the future, you must com t legal/tax advice to see if s  nt to my spouse's designati all responsibility regarding the   | your spouse so please aplete a new beneficiary pousal consent is required.  on of a primary beneficiary his consent. The Custodian   |
| other than or in addition to your spouse consult with a competent advisor prior of designation that includes the spousal competent of Spouse  By signing below, I acknowledge that I so ther than, or in addition to, me. I have I has not provided me any legal or tax advisional signature of Spouse (if applicable)  ACKNOWLEDGEMENT AND  By signing this Coverdell ESA Application may rely on what I have provided. In addition to, me. I have I have provided. In additional signature of Spouse (if applicable)  ACKNOWLEDGEMENT AND  By signing this Coverdell ESA Application may rely on what I have provided. In additional signature and applicable fee schedule transactions, and I will indemnify and hamounts as "carryback" contributions, I Coverdell ESA contains rollover dollars   | e as primary beneficiary. This section may have important tax to completing. If you are not currently married and you marry consent provisions. If this is an Inherited IRA, seek competent am the spouse of the IRA Owner and agree with and consebeen advised to consult a competent advisor and I assume a lyice.  | consequences to you and you in the future, you must come to legal/tax advice to see if synt to my spouse's designating all responsibility regarding the complete, and the sa Application, IRS Form 50 serstand that I am responsible to executing my directions tax year. I understand that if   | your spouse so please plete a new beneficiary pousal consent is required.  on of a primary beneficiary nis consent. The Custodian tte  e Custodian UMB Bank, n.a. 305-EA, Disclosure e for the Coverdell ESA s. If I have indicated any f the deposit establishing th  |
| other than or in addition to your spouse consult with a competent advisor prior of designation that includes the spousal competent of Spouse.  Consent of Spouse By signing below, I acknowledge that I other than, or in addition to, me. I have has not provided me any legal or tax advisor and significant of Spouse (if applicable)  ACKNOWLEDGEMENT AND  By signing this Coverdell ESA Application may rely on what I have provided. In act Statement and applicable fee schedule transactions, and I will indemnify and hamounts as "carryback" contributions, Coverdell ESA contains rollover dollars legal and tax advice and have not been I further acknowledge that the Wasatch Federated Securities Corp. and offered not affiliated persons of the Wasatch F   | as primary beneficiary. This section may have important tax to completing. If you are not currently married and you marry consent provisions. If this is an Inherited IRA, seek competent am the spouse of the IRA Owner and agree with and conseive been advised to consult a competent advisor and I assume a livice.  SIGNATURE (REQUIRED)  tion, I certify that the information I have provided is true, condition, I have read and received copies of the Coverdell ES as. I agree to be bound to their terms and conditions. I understand the contributions will be credited for the prior of the conditions. I understand the contributions will be credited for the prior of the conditions. I elect to irrevocably designate this deposit as a rollover of the conditions.   | consequences to you and you in the future, you must come to legal/tax advice to see if synt to my spouse's designational responsibility regarding the context of the contex | your spouse so please plete a new beneficiary pousal consent is required.  on of a primary beneficiary nis consent. The Custodian use the Custodian UMB Bank, n.a. 305-EA, Disclosure e for the Coverdell ESA s. If I have indicated any f the deposit establishing the vised to seek competent exet Account is distributed by rated Securities Corp. are ederated Securities Corp.  |
| other than or in addition to your spouse consult with a competent advisor prior in designation that includes the spousal competent of Spouse.  Consent of Spouse By signing below, I acknowledge that I so ther than, or in addition to, me. I have has not provided me any legal or tax advisor and the spousal of the spousal o | as primary beneficiary. This section may have important tax to completing. If you are not currently married and you marry consent provisions. If this is an Inherited IRA, seek competent am the spouse of the IRA Owner and agree with and consebeen advised to consult a competent advisor and I assume a livice.  SIGNATURE (REQUIRED)  tion, I certify that the information I have provided is true, condition, I have read and received copies of the Coverdell ES es. I agree to be bound to their terms and conditions. I undefined the Custodian harmless from any consequences related I understand the contributions will be credited for the prior of the provided any such advice from the Custodian.  The Funds are distributed by ALPS Distributors, Inc. The Wasa did by a separate prospectus. The Wasatch-Federated Money funds or their investment adviser, Wasatch Advisors, Inc. The  | consequences to you and you in the future, you must come to legal/tax advice to see if synt to my spouse's designational responsibility regarding the contract and complete, and the contract and that I am responsible to executing my directions tax year. I understand that it contribution. I have been adverted to the contract and feder rough an agreement with For the Wasatch-Federated   | your spouse so please plete a new beneficiary pousal consent is required.  on of a primary beneficiary nis consent. The Custodian use the Custodian UMB Bank, n.a. 305-EA, Disclosure e for the Coverdell ESA s. If I have indicated any f the deposit establishing the vised to seek competent exet Account is distributed by rated Securities Corp. are ederated Securities Corp.  |
| other than or in addition to your spouse consult with a competent advisor prior in designation that includes the spousal competent of Spouse.  Consent of Spouse By signing below, I acknowledge that I so ther than, or in addition to, me. I have that has not provided me any legal or tax advisor and the spouse (if applicable).  ACKNOWLEDGEMENT AND By signing this Coverdell ESA Application may rely on what I have provided. In addition to, me and applicable fee schedule transactions, and I will indemnify and hamounts as "carryback" contributions, I Coverdell ESA contains rollover dollars legal and tax advice and have not been I further acknowledge that the Wasatch Federated Securities Corp. and offered not affiliated persons of the Wasatch Fand/or its affiliates, Wasatch Advisors,   | as primary beneficiary. This section may have important tax to completing. If you are not currently married and you marry consent provisions. If this is an Inherited IRA, seek competent am the spouse of the IRA Owner and agree with and conserved the spouse of the IRA Owner and agree with and conserved to consult a competent advisor and I assume a livice.  SIGNATURE (REQUIRED)  Ition, I certify that the information I have provided is true, conserved to be bound to their terms and conditions. I under seal to be bound to their terms and conditions. I under sold the Custodian harmless from any consequences related to lunderstand the contributions will be credited for the prior of the provided any such advice from the Custodian.  In Funds are distributed by ALPS Distributors, Inc. The Wasa de by a separate prospectus. The Wasatch-Federated Money funds or their investment adviser, Wasatch Advisors, Inc. The Inc. is providing administrative and recordkeeping services. | consequences to you and you in the future, you must come to legal/tax advice to see if synt to my spouse's designational responsibility regarding the contract and complete, and the contract and that I am responsible to executing my directions tax year. I understand that it contribution. I have been adverted to the contract and feder rough an agreement with For the Wasatch-Federated   | rour spouse so please plete a new beneficiary pousal consent is required.  on of a primary beneficiary nis consent. The Custodian under the custod |
| other than or in addition to your spouse consult with a competent advisor prior to designation that includes the spousal of the competent of the spousal of  | as primary beneficiary. This section may have important tax to completing. If you are not currently married and you marry consent provisions. If this is an Inherited IRA, seek competent am the spouse of the IRA Owner and agree with and conserved the spouse of the IRA Owner and agree with and conserved to consult a competent advisor and I assume a livice.  SIGNATURE (REQUIRED)  Ition, I certify that the information I have provided is true, conserved to be bound to their terms and conditions. I under seal to be bound to their terms and conditions. I under sold the Custodian harmless from any consequences related to lunderstand the contributions will be credited for the prior of the provided any such advice from the Custodian.  In Funds are distributed by ALPS Distributors, Inc. The Wasa de by a separate prospectus. The Wasatch-Federated Money funds or their investment adviser, Wasatch Advisors, Inc. The Inc. is providing administrative and recordkeeping services. | consequences to you and you in the future, you must come to legal/tax advice to see if synt to my spouse's designational responsibility regarding the content of the conten | rour spouse so please plete a new beneficiary pousal consent is required.  on of a primary beneficiary nis consent. The Custodian under the custod |