Simple 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. EMPLOYEE INFORMATION (REQUIRED)

Name of Employee | 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. 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 (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	Fund Symbol	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

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 Your initial investment will be withdrawn directly from your checking or savings account named in section 6 on the date your application is received in good order or the first business day thereafter.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

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

C. ❑ **By Rollover –** You would like to fund your SIMPLE IRA with assets that have been withdrawn within the last 60 days.

6. CONTRIBUTION INFORMATION (REQUIRED)

Source of Funds (Select One):

❑ Elective Deferral Amount: _____ Tax Year: _____

❑ Employer Match Contribution Amount: _____ Tax Year: _____

❑ Employer Nonelective Contribution Amount: _____ Tax Year: _____

❑ Direct Transfer (Note: Select this option only if you are transferring assets from another SIMPLE IRA)

❑ Rollover (Note: Select this option only if you are transferring assets from another SIMPLE IRA)

❑ Recharacterization Amount: _____ Tax Year: _____

❑ Other Explain: _____

7. BANK INFORMATION

Please complete this section if you would like to be able to move money between your bank and your Wasatch SIMPLE 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 ($15.00 Fee – takes 1 business day)

8. 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.

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.

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9. 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.

10. 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.

11. 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.

12. 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

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12. 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

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.

To name a Trust as your beneficiary, attach to this form either a coy of the Trust Agreement, or a certification, in writing, acceptable to the ESA Custodian.

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

13. ACKNOWLEDGMENT AND SIGNATURE (REQUIRED)

By signing this SIMPLE IRA 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 SIMPLE IRA Application, IRS Form 5305-SA, Disclosure Statement and Financial Disclosure, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that if the deposit establishing the SIMPLE IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. I understand that I am responsible for the SIMPLE IRA transactions I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. 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.

I have read, accept and incorporate the Custodial Account Agreement herein, by reference. I appoint UMB Bank, n.a. or its successors, as Custodian of the account(s).

Employee Signature | Date

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