



# THE CUTLER TRUST

## GENERAL ACCOUNT APPLICATION

**U.S. Mail:**  
The Cutler Trust  
c/o Shareholder Services  
P.O. Box 46707  
Cincinnati, Ohio 45246-0707  
Toll Free 1-888-288-5374

**Overnight:**  
The Cutler Trust  
c/o Ultimus Fund Solutions, LLC  
225 Pictoria Drive, Suite 450  
Cincinnati, Ohio 45246  
Toll Free 1-888-288-5374

This form must be completed and signed in order to establish an account with The Cutler Trust. Please do not use this application for IRA, SEP-IRA, Roth IRA, or Educational IRA accounts. Separate applications are available for these account types. If you have any questions regarding this application and how to invest, or need another form, please call Shareholder Services toll free at 1-888-288-5374.

**1 INVESTMENT INFORMATION Please fill in amount(s) and make check(s) payable to the applicable Fund(s).**

Cutler Equity Fund: \$ \_\_\_\_\_ Ultimus Money Market Account: \$ \_\_\_\_\_

**2 YOUR ACCOUNT REGISTRATION Please check a box.**

**INDIVIDUAL** or  **JOINT APPLICATION** (Joint accounts are registered as "joint tenants with right of survivorship" unless you specify otherwise)

Owner's Name (First, Initial, Last) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Joint Owner's Name (First, Initial, Last) \_\_\_\_\_ Joint Owner's Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**CORPORATION, PARTNERSHIP OR OTHER ENTITY** (Please attach a corporate/non-corporate resolution establishing authority to act with respect to this account.)

Name of Entity \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Authorized Signer's Date of Birth and Social Security Number \_\_\_\_\_

Check Appropriate Box:  Corporation  Partnership  Foundation  Endowment  
 Non-Profit  Other \_\_\_\_\_

**TRUST** (Please attach a trust resolution)

Trustee's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name of Trust Agreement \_\_\_\_\_ Date of Trust Agreement \_\_\_\_\_  
Beneficiary's Name \_\_\_\_\_ Trust's Taxpayer Identification Number \_\_\_\_\_

**GIFT or TRANSFER TO MINOR**

Minor's Name (First, Initial, Last) \_\_\_\_\_ Minor's Date of Birth \_\_\_\_\_ Minor's Social Security Number \_\_\_\_\_  
Custodian's Name (First, Initial, Last) \_\_\_\_\_ Under the \_\_\_\_\_ Uniform Gifts/Transfer to Minors Act  
Custodian's Date of Birth and Social Security Number \_\_\_\_\_ (Specify State of Domicile of Custodian)

**3 MAILING ADDRESS OF REGISTERED OWNER(S)**

Street Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_  
Employer Name and Address \_\_\_\_\_  
Occupation \_\_\_\_\_

You must be a U.S. citizen or resident alien to invest in the Fund.

(\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone Number E-Mail address

Are you an associated person of an NASD member?  Yes  No

\_\_\_\_\_  
Mother's Maiden Name (for identification purposes)

**4 AUTOMATIC INVESTMENT/WITHDRAWAL OPTION**

The Cutler Trust also offers an Automatic Investment/Withdrawal Plan for regular interval purchases or withdrawals. Please call toll free 1-888-288-5374 for more information.

**5 INCOME AND CAPITAL GAIN PAYMENTS (Both will be reinvested unless indicated otherwise)**

- Reinvest all income dividends and capital gains  Pay all income dividends and capital gains in cash by check
- Pay all income dividends in cash by check and reinvest capital gains

(If you wish to have your distributions paid in cash by ACH Transfer to your bank, please complete the bank information section below, and **attach a voided check** from the bank account you wish to use.)

**6 TELEPHONE REDEMPTIONS (Shares may be redeemed by calling toll free 1-888-288-5374; see instructions in Prospectus.)**

Please check one: (If no box is checked, the telephone redemption option will be declined.)

- Yes, I would like to allow telephone redemptions.  No, I decline the telephone redemption option.

Please select a redemption method:

- All redemption checks mailed to the address of record.  Redemption proceeds wired by Federal Reserve wire to the bank listed below.
- Redemption proceeds sent via Automated Clearing House (ACH).

(For ACH transfers or Federal Reserve Wires, please provide the information below and **attach a voided check** from the bank account you wish to use.)

Name in which bank account is registered  
Bank Name  
Bank Address

Bank Account Number  
ABA Routing Number  
( )  
Bank Telephone Number

**7 DUPLICATE ACCOUNT STATEMENTS**

Please send a duplicate account statement to the party below: (If more than one duplicate desired, please attach additional names and addresses)

Name  
Street Address

( )  
Telephone Number  
City, State and Zip

**8 CERTIFICATION AND SIGNATURE(S)**

(YOUR SIGNATURE MUST APPEAR BELOW IN ORDER TO ESTABLISH AN ACCOUNT)

By signing this form, I represent and warrant that: (a) I am of legal age in the state of my residence and I wish to purchase shares of the Fund(s) as described in the current Prospectus, and (b) I have the full right, power and authority to invest in the Fund(s); and (c) I have received a current Prospectus of the Fund(s) and agrees to be bound by its terms; and (d) I understand that no certificates will be issued and that my confirmation will be evidence of my ownership of Fund shares. Unless otherwise noted, each joint owner shall have full authority to act on behalf of the account.

Under penalties of perjury, the I certify that: (1) I am a U.S. person (including a U.S. resident alien), (2) the number shown on this form is my correct social security number or taxpayer identification number, and (3) I am not subject to backup withholding because: (i) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or ii) the IRS has notified me that I am no longer subject to backup withholding. (Note: If part (3) of this sentence is not true in your case, please strike out that part before signing) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Retirement plans, corporations, common trust funds, charitable organizations and financial institutions generally are exempt from backup withholding. (See IRS Form W-9, which is available from the Fund, for more information).

I hereby appoint Ultimus Fund Solutions, LLC as my agent to enter orders for shares, to receive dividends and distributions for automatic reinvestment in additional shares of the Fund for credit to my account and to surrender for redemption shares held in my account in accordance with any of the procedures elected above or for payment of service charges incurred by me. I further agree that Ultimus Fund Solutions, LLC can cease to act as such an agent upon ten days notice in writing to me at the address listed in this application. I hereby ratify any instructions given pursuant to this Application and for myself and my successors and assigns do hereby release the Fund(s), Cutler Investment Counsel, LLC, Ultimus Fund Solutions, LLC, Ultimus Fund Distributors, LLC, and their respective officers, employees, and agents and affiliates from any and all liability in the performance of the acts instructed herein.

Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are required to furnish corporate resolutions or similar documents providing evidence that they are authorized to effect securities transactions on behalf of the Investor (alternatively, the secretary or designated officer of the organization may certify the authority of the persons signing on the space provided below). In addition, signatures of representatives or fiduciaries of corporations and other entities must be accompanied by a signature guarantee by a participant in the STAMP Medallion signature guarantee program.

Signature (Owner, Trustee, Etc.)

Please Print Name

Date

Signature (Joint Owner, Co-Trustee, Etc.)

Please Print Name

Date

Signature (Joint Owner, Co-Trustee, Etc.)

Please Print Name

Date

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Please remember that any documents of information we gather in the verification process will be maintained in a confidential manner. We appreciate your investment in The Cutler Trust.