



The Community Reinvestment Act
 Qualified Investment Fund
 CRA Shares

CRA Qualified Investment Fund
 P.O. Box 2175
 Milwaukee WI 53201-2175
 Fax: 1-414-299-2178
 Telephone: 866-202-3573

A corporate resolution (and certificate of incumbency if the corporate resolution is more than 60 days old) is required along with a completed application to open an account.

SHAREHOLDER APPLICATION

Date: _____

1. ACCOUNT REGISTRATION — Please Print

Name _____
(Complete Corporate Name) Taxpayer Identification Number _____

Address _____
(Street Address)

City _____ State _____ Zip Code _____

Principal Office (if different from address above) _____
(Street Address)

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

2. INITIAL INVESTMENT — \$500,000 minimum investment — Payable to The CRA Qualified Investment Fund

Enclosed is \$ _____ and/or money wired _____

Fax and Bank Wire Instructions:

- 1) Call CRA Qualified Investment Fund at 1-866-202-3573 to advise us that you will be faxing an application
- 2) Fax the completed application to 414-299-2178
- 3) Upon receipt a representative will establish the account and call you with the account number
- 4) Wire funds (wire instructions below)
- 5) Mail the original completed application to the address below
- 6) Any questions, please call 1-866-202-3573

Wire Instructions: UMB Bank, n.a.
 ABA Routing Number 101000695

For credit to: CRA Qualified Investment Fund
 A/C # 9871418510

For further credit to: CRA Qualified Investment Fund
 Name of investor
 CRA Qualified Investment Fund Account number
 Tax ID Number

Mail the completed application and check to:
 CRA Qualified Investment Fund
 P.O. Box 2175
 Milwaukee, WI 53201-2175

For overnight/express deliveries, send to:
 CRA Qualified Investment Fund
 803 W. Michigan St., Suite A
 Milwaukee, WI 53233-2301

By Check:

Complete the application and make checks payable to "CRA Qualified Investment Fund".

3. DIVIDEND AND CAPITAL GAINS INSTRUCTIONS — All dividends will be reinvested unless one of the following is checked.

- Pay dividends and capital gains in cash. A check will be sent to the address of record.
- Pay dividends and capital gains to the bank listed in Section 5 by wire.

4. BROKER/DEALER USE ONLY — Please Print

Dealer #

Securities Dealer Name _____

Main Office Address _____

Branch # _____ Rep # _____ Representative Name _____

Branch Address _____ Telephone # _____

Authorized Signature, Securities Dealer _____ Title _____

Is this account subject to SEC Rule 22c-2? Yes or No

If yes, an information sharing agreement must be signed before the intital purchase is placed.

5. BANK INFORMATION

You must complete this section if you would like the ability to add to your account electronically or have redemption proceeds sent to your bank electronically.

Bank _____

Bank Address _____

City _____ State _____ Zip _____

Bank Phone Number _____ Name(s) on Bank Account _____

Bank Account Number _____ Bank Routing Number _____

6. SIGNATURE AND TAX CERTIFICATIONS

By signing this Application for the purchase of shares of The CRA Qualified Investment Fund I/we hereby acknowledge receipt and review of the Fund’s Prospectus and this Application form; represent to the Fund and its agents that I/we am/are duly authorized to sign this form and to purchase or redeem shares of the Fund on behalf of the corporation.

I/we acknowledge that shares of the Fund are not insured or guaranteed by any agency or institution and that an investment in fund shares involves risks, including the possible loss of the principal amount invested.

I/we certify that I/we are not a Foreign Financial Institution as defined in the USA PATRIOT Act.

For purpose of IRS Regulations, I/we certify under penalties of perjury that the investor is a corporation validly organized and in good standing in its state of incorporation, and that the taxpayer identification number provided herein is correct.

Notice to all shareholders: In compliance with applicable state laws, your property may be transferred to the appropriate state if no activity occurs in your account within the time period specified by state law.

By completing Section 5 and signing below:

I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that the CRA Qualified Investment Fund shall be fully protected in honoring any such transaction. I also agree that the CRA Qualified Investment Fund may take additional attempts to credit/debit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.

I hereby certify: i) that I am the duly qualified _____ of _____, a _____ duly organized and existing under the laws of _____.

OR

CORPORATE SEAL

ii) that _____ is (are) the currently acting [trustee(s)] [partner(s)] of _____.

That all actions by shareholders, directors, trustees, partners, and other bodies necessary to execute the Purchase Application and establish an account with The CRA Qualified Investment Fund have been taken:

Signature of certifying officer _____ Date _____

Please make photocopy of this application for your records.

Check here if you prefer that Community Capital Management, Inc. **not** use the name of your organization in marketing materials.