



The Community Reinvestment Act
 Qualified Investment Fund
 Retail Shares

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

CRA QUALIFIED INVESTMENT FUND RETAIL SHARES INVESTMENT ACCOUNT APPLICATION

Use this form to open an individual, joint, UGMA/UTMA, trust, or corporate account. If you have any questions about completing this form, please contact our Shareholder Services Department toll-free at (866) 202-3573. Once completed please mail the form to **CRA Qualified Investment Fund, P.O. Box 2175, Milwaukee, WI 53201-2175.**

In compliance with the USA Patriot Act, all mutual funds are required to obtain 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 from this application we will be unable to establish an account and your investment will be returned.

PLEASE PRINT ALL ITEMS AND BE SURE TO SIGN THE LAST PAGE OF THIS FORM.

1. ACCOUNT REGISTRATION — Please complete only one type below

Individual Joint *(both registrants may not be a minor)

REGISTRANT:

First Name _____ MI _____ Last Name _____

Social Security Number _____ Date of Birth _____

JOINT REGISTRANT:

First Name _____ MI _____ Last Name _____

Social Security Number _____ Date of Birth _____

*Joint tenants with rights of survivorship, unless otherwise noted.

Uniform Gift/Transfers to Minor's Account (UGMA, UTMA)

MINOR:

First Name _____ MI _____ Last Name _____

Social Security Number _____ Date of Birth _____

ADULT CUSTODIAN:

First Name _____ MI _____ Last Name _____

Social Security Number _____ Date of Birth _____

Trust, Corporation or Other Entity*

Name of Trust _____ Date of Trust _____

Trust's Tax Identification Number _____

Trustee First Name _____ MI _____ Last Name _____

Social Security Number _____ Date of Birth _____

Co-Trustee First Name _____ MI _____ Last Name _____

Social Security Number _____ Date of Birth _____

*Trust instrument or other organizational documentation required

2. MAILING ADDRESS — Applications will only be accepted if they contain a U.S. street address

Address _____ City _____ State _____ Zip _____
E-mail _____ Daytime Phone _____ Evening Phone _____

3. DUPLICATE STATEMENTS — This section should only be completed if you would like another individual or financial advisor to receive copies of your quarterly account statements.

First Name _____ MI _____ Last Name _____
Address _____ City _____ State _____ Zip _____

4. INVESTMENT INSTRUCTIONS

The minimum initial investment is \$2500

- Purchase by check for \$ _____ payable to CRA Qualified Investment Fund.
- Purchase by wire. Please call toll-free (866) 202-3573 for instructions.

5. 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.

6. 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 9.

7. TELEPHONE TRANSACTIONS

As a CRA Qualified Investment Fund shareholder, you have the ability to conduct purchase, exchange and redemption transactions by telephone. You will automatically be granted telephone exchange and redemption privileges unless you decline them by checking below. If you decline, you will be required to submit a Medallion signature guaranteed letter of instruction signed by all registered account owners to add telephone transaction privileges in the future.

- I decline telephone exchange and redemption privileges. All requests to exchange or redeem shares from this account must be submitted in writing.

8. AUTOMATIC INVESTMENT OR WITHDRAWAL PLAN

This option allows you to execute automatic monthly or quarterly transactions with your CRA Qualified Investment Fund. To establish a new account with this program you must initially invest at least \$2,500. Subsequent investments must be at least \$100. Withdrawals must be a minimum of \$100 per transaction.

Amount to be Invested \$ _____ Month to Begin _____ Year to Begin _____

***CHOOSE ONE:**

- Investment _____ Withdrawal _____
- Monthly _____ Quarterly _____
- 1st _____ 15th _____

*If no time frame or date is specified investments will be made monthly on the 15th. Your first automatic investment will occur no sooner than 15 days after receipt of this application.

9. 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. Please attach a voided, unsigned check or deposit slip for this bank account. If information on voided check differs from information on this application, the information from the voided check will be used.

- CHECKING SAVINGS

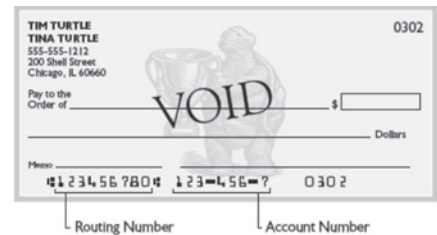
Bank _____

Bank Address _____

City _____ State _____ Zip _____

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

Bank Account Number _____ Bank Routing Number _____



10. HOW DID YOU HEAR ABOUT THE CRA QUALIFIED INVESTMENT FUND?

11. ACKNOWLEDGEMENT AND SIGNATURE – All account owners/trustees must sign

By signing below:

I certify that I have received and read the current Prospectus of the Fund in which I am investing and understand its terms are incorporated in this application by reference. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.

I authorize the CRA Qualified Investment Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with the procedures described in the Prospectus for this account. I agree that neither the CRA Qualified Investment Fund nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions.

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

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 9 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.

Under penalty of perjury, I certify that:

- (1) The Social Security Number or Taxpayer Identification Number shown on this application is correct.
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding.
- (3) I am a U.S. person (including a U.S. resident alien).

Note: Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

All owners/trustees must sign. For UGMA/UTMAs, custodian should sign.

Signature of Owner, Trustee, or Custodian _____ Date _____

Signature of Joint Owner, Trustee, or Custodian (if applicable) _____ Date _____

Additional Owner's Signature (if applicable) _____ Date _____

Additional Owner's Signature (if applicable) _____ Date _____