

Use this SIMPLE IRA Application to open a SIMPLE IRA.

IMPORTANT: In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) 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, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-888-912-4562.

Please note that a \$15.00 annual maintenance/custodian fee will be charged.

PART I: INVESTOR INFORMATION (*DENOTES REQUIRED INFORMATION)

DEPOSITOR'S INFORMATION

Depositor's Name* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Street Address (Physical Address)*	Apt #	City*	State*	Zip Code*
Mailing Address (if different than above)	Apt #	City	State	Zip Code
Daytime Phone*	Evening Phone			

EMPLOYER'S INFORMATION

Employer's Name*	Name of Contact*	Employer Identification Number*		
Mailing Address*	Suite #	City*	State*	Zip Code*
Daytime Phone*				

PART II: CONTRIBUTION INFORMATION

Source of Funds (Select One):

<input type="checkbox"/> Elective Deferral	Amount: _____	Tax Year: _____
<input type="checkbox"/> Employer Match Contribution	Amount: _____	Tax Year: _____
<input type="checkbox"/> Employer Non-Elective Contribution	Amount: _____	Tax Year: _____
<input type="checkbox"/> Direct Transfer	(Note: Select this option only if you are transferring assets from another SIMPLE IRA)	
<input type="checkbox"/> Rollover	(Note: Select this option only if you are rolling over assets from another SIMPLE IRA)	
<input type="checkbox"/> Recharacterization	Amount: _____	Tax Year: _____

Important: Contributions made to your Simple IRA will be for the current tax year unless you specify prior year.

The minimum initial investment in the Fund is \$1,000 for Class A, Class C, and Investor Shares, \$100,000 for Institutional, and \$1,000,000 for R6 Shares.

PART III: INVESTMENT SELECTION

Name of Investment	Share Class	Total Investment Amount
Fuller & Thaler Behavioral Small-Cap Equity Fund	A	\$
Fuller & Thaler Behavioral Small-Cap Equity Fund	C	\$
Fuller & Thaler Behavioral Small-Cap Equity Fund	Investor	\$
Fuller & Thaler Behavioral Small-Cap Equity Fund	Institutional	\$
Fuller & Thaler Behavioral Small-Cap Equity Fund	R6	\$
Fuller & Thaler Behavioral Small-Cap Growth Fund	A	\$
Fuller & Thaler Behavioral Small-Cap Growth Fund	C	\$
Fuller & Thaler Behavioral Small-Cap Growth Fund	Investor	\$
Fuller & Thaler Behavioral Small-Cap Growth Fund	Institutional	\$
Fuller & Thaler Behavioral Small-Cap Growth Fund	R6	\$
Fuller & Thaler Behavioral Mid-Cap Value Fund	A	\$
Fuller & Thaler Behavioral Mid-Cap Value Fund	C	\$
Fuller & Thaler Behavioral Mid-Cap Value Fund	Investor	\$
Fuller & Thaler Behavioral Mid-Cap Value Fund	Institutional	\$
Fuller & Thaler Behavioral Mid-Cap Value Fund	R6	\$
Fuller & Thaler Behavioral Unconstrained Equity Fund	A	\$
Fuller & Thaler Behavioral Unconstrained Equity Fund	C	\$
Fuller & Thaler Behavioral Unconstrained Equity Fund	Institutional	\$
Fuller & Thaler Behavioral Unconstrained Equity Fund	R6	\$
Fuller & Thaler Behavioral Small-Mid Core Equity Fund	A	\$
Fuller & Thaler Behavioral Small-Mid Core Equity Fund	Institutional	\$
Fuller & Thaler Behavioral Micro-Cap Equity Fund	Institutional	\$
		TOTAL: \$ _____

PART IV: BENEFICIARY DESIGNATION

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, your SIMPLE 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, your SIMPLE IRA assets will be distributed in equal shares (unless otherwise indicated) to the Contingent beneficiaries who survive you. 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 Trustee/Custodian.

Type: Primary Contingent Share Percentage: _____% Relationship to IRA Owner: spouse non-spouse

Name: _____ Taxpayer ID Number: _____ Date of Birth: _____

Residence Address: _____

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Name: _____ Taxpayer ID Number: _____ Date of Birth: _____
Residence Address: _____

Addendum attached and signed for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above. Sign and date the sheet.

To name a trust as your beneficiary, attach a copy of the trust agreement or a certification, in writing, acceptable to the IRA Trustee/Custodian.

PART V: DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate statement to:
Name: _____
Physical Address: _____ City: _____ State: _____ Zip: _____

PART VI: PAYMENT METHOD

You can open your account by either of these methods. Please check your choice:

- By Check** Enclose a check payable to Fuller & Thaler Funds for the total amount.
- By Wire** For wire instructions call Shareholder Services at 1-888-912-4562.
- From Employer** Contributions will be forthcoming from my employer.
- Other** _____

(Third party checks, counter checks, starter checks, money orders, traveler's checks, checks drawn on non-U.S. financial institutions, credit card checks, and cash are not acceptable.) Note: Cashier's checks and bank official checks may be accepted in amounts greater than \$10,000.

PART VII: SPOUSAL CONSENT

Complete this section only if you, the SIMPLE 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.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the SIMPLE 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:

X _____ Date: _____

Witness:

X _____ Date: _____

PART VIII: ACKNOWLEDGEMENT (Note: This Application will not be processed unless signed below by the IRA Owner.)

By signing this *SIMPLE IRA Application*, I certify that the information I have provided is true, correct, and complete, and First National Bank of Omaha (the "Custodian") 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.

Signature of SIMPLE IRA Owner:

X _____ Date: _____

PART IX: FOR DEALER USE ONLY

Financial Institution Name

Representative's Full Name

Address

Representative's Branch Office Telephone Number

City

State

Zip Code

Dealer Number

Branch Number

Representative Number

X _____
Representative's Signature

X _____
Supervisor's Signature

PART X: MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
Fuller & Thaler Funds
P.O. Box 46707
Cincinnati, OH 45246-0707

Overnight Delivery
Fuller & Thaler Funds
225 Pictoria Drive, Suite 450
Cincinnati, OH 45246

FACTS**WHAT DO THE FULLER & THALER FUNDS DO WITH YOUR PERSONAL INFORMATION?****Why?**

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number
- account balances and account transactions
- account transactions, transaction or loss history and purchase history
- checking account information and wire transfer instructions

When you are *no longer* our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons the Fuller & Thaler Funds choose to share; and whether you can limit this sharing.

Reasons we can share your personal information	Do the Funds share?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes
For our marketing purposes— to offer our products and services to you	No
For joint marketing with other financial companies	No
For our affiliates' everyday business purposes— information about your transactions and experiences	No
For our affiliates' everyday business purposes— information about your creditworthiness	No
For nonaffiliates to market to you	No

Questions?

Call (888) 912-4562

Who we are	
Who is providing this notice?	Fuller & Thaler Funds Ultimus Fund Distributors, LLC (Distributor) Ultimus Fund Solutions, LLC (Administrator)
What we do	
How does Capitol Series Trust protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. Our service providers are held accountable for adhering to strict policies and procedures to prevent any misuse of your nonpublic information.
How does Capitol Series Trust collect my personal information?	We collect your personal information, for example, when you <ul style="list-style-type: none"> ▪ open an account or deposit money ▪ buy securities from us or sell securities to us ▪ make deposits or withdrawals from your account ▪ give us your account information ▪ make a wire transfer ▪ tell us who receives the money ▪ tell us where to send the money ▪ show your government-issued ID ▪ show your driver's license
Why can't I limit all sharing?	Federal law gives you the right to limit only <ul style="list-style-type: none"> ▪ sharing for affiliates' everyday business purposes—information about your creditworthiness ▪ affiliates from using your information to market to you ▪ sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> ▪ Fuller & Thaler Asset Management, Inc., the investment adviser to the Funds, could be deemed to be an affiliate.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> ▪ The Fuller & Thaler Funds do not share your personal information with nonaffiliates so they can market to you.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> ▪ The Fuller & Thaler Funds do not jointly market financial products or services to you.