

Application/Registration

Return completed form to:

Greenwich Advisors

PO Box 182616

Columbus, OH 43218-2616

For assistance, call Toll Free 866-667-8733

GREENWICH ADVISORS

1 Account Registration

Do not use this form for a retirement account. Contact 866-667-8733 to obtain the appropriate forms.

A. Type of Registration (check one)

Individual

Joint Tenants with Rights of Survivorship

Community Property

Tenants in Common

Partnership*

Nonprofit*

Corporation*

Trust*

Charitable Organization*

Custodian for Minor

Other (Specify)* _____

*Attach a copy of the appropriate bylaws, corporate resolutions, a list of authorized traders or trust documents establishing authority to open this account. In addition, provide a copy of the IRS Issuance Letter for your Employer Identification or Tax Identification Number. If any such agreements or resolutions are not in existence, please contact Greenwich Advisors at 866-667-8733 for further assistance.

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, you are required to provide your name, residential address, date of birth and identification number. We may require other information that will allow us to identify you.

B. Account Name

Individual (Legal Name: First/Middle/Last)

Joint Owner--if any (Legal Name: First/Middle/Last)

Name of Custodian (only one) as custodian for

Name of Minor (only one)

Minor's State of Residence

Name of Trust/Corporation/Partnership/Other Entity

Name of Trustee(s)

M M D D Y Y Y Y

Date of Birth

Social Security Number

Date of Birth

Social Security Number

Custodian's Date of Birth

Custodian's Social Security Number

Minor's Date of Birth

Minor's Social Security Number

Date of Trust

Tax ID Number

C. Other Account Information

Street Address: Residential/Business, Number and Street

Apt#/Suite

City

State

Zip

Mailing Address (If different from above)

Daytime Telephone Number

Evening Telephone Number

Email Address

For joint accounts, please provide the street address for additional owners if different from the primary address.

Street Address: Residential/Business, Number and Street

Apt#/Suite

City

State

Zip

Mailing Address (If different from above)

Daytime Telephone Number

Evening Telephone Number

Email Address

Account holders agree to receive prospectus, annual and semi-annual reports via electronic delivery unless otherwise indicated by initialing here: _____

Citizenship

U.S. Citizen

Non-resident Alien (Attach IRS Form W-8. Dividends are subject to tax withholding.)

Resident Alien

Note: For non-resident aliens, in addition to submitting an IRS Form W-8, the following is required: a taxpayer identification number, passport number and country of issuance, alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard and a copy of the document. Please indicate form of identification:

Alien ID Card

Passport

Other

Alternate Identification Number: _____ Issuing body: _____ Country of Origin: _____

Are you or an immediate family member affiliated with or working for a member firm of a stock exchange or the National Association of Securities

Dealers, Inc.?

No

Yes

Name of Institution _____

2 Fund Selection Be sure to indicate the amount you wish to invest. Please make check payable to the Greenwich Advisors. Refer to the prospectus for acceptable forms of payment and minimum initial investment amounts. You may invest only in a Fund for which you have a current prospectus.

	<u>A Shares</u>	<u>C Shares</u>	<u>I Shares</u>	<u>Amount</u>
Greenwich Advisors India Select Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

3 Account Options

A. Telephone Redemption and Exchange (If left blank, you will automatically receive telephone privileges.)

I elect the telephone privileges as described in the prospectus. Yes No

B. Banking Services

For your convenience, you may authorize Greenwich Advisors to transfer funds between your bank account and your Greenwich Advisors Funds account. We will establish your banking instructions using the investment check you submitted. However, if you wish to establish banking instructions with another bank account, please provide a preprinted voided check or alternate banking instructions. Note: One or more of the name(s) in the Bank Registration must match the name(s) in the Account Registration in Section 1 of this application. I authorize you to establish banking services. Yes No

C. Distribution Selection (Your dividends and capital gains will automatically be reinvested into your account unless you indicate otherwise.)

(If you choose the Cash Payment Option and do not specify, a check will be sent to your address of record.)

Distribution Options:	<u>Reinvest</u>	<u>Cash</u>	<u>Directed</u>	<u>Cash Payment Method</u>
Dividends:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Account # _____	<input type="checkbox"/> ACH (Bank of record) <input type="checkbox"/> Check (Sent to address of record)
Capital Gains:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Account # _____	

D. Automatic Investment Plan I would like the plan to begin in the month of _____ 20____. Please have the amount(s) indicated below with drawn from my bank account and invested in the Fund(s) listed below. (Minimum \$100.00 per transaction.)

Fund _____	<input type="checkbox"/> Each month on the 1st	Fund _____	<input type="checkbox"/> Each month on the 1st
Amount \$ _____	<input type="checkbox"/> Each month on the 15th	Amount \$ _____	<input type="checkbox"/> Each month on the 15th
	<input type="checkbox"/> Each month on the 1st and 15th		<input type="checkbox"/> Each month on the 1st and 15th

E. Automatic Withdrawal Plan This is available to shareholders with an account value of \$5,000 or more (minimum payment \$100). I would like the plan to begin in the month of _____ 20____. Please have the amount(s) indicated below deposited to my bank account.

Mailed to me by check at the address indicated in Section 1. (Automatic withdrawal will be on the 1st of the month.)

Fund _____	<input type="checkbox"/> Monthly	Fund _____	<input type="checkbox"/> Monthly
Amount \$ _____	<input type="checkbox"/> Quarterly	Amount \$ _____	<input type="checkbox"/> Quarterly
	<input type="checkbox"/> Annually		<input type="checkbox"/> Annually

F. Duplicate Statements & Confirmations (Unless indicated, duplicate statements and confirmations will be sent to the address below.)

Please send duplicate statements and/or confirmations to:

Name _____	Company _____
Address _____	City _____ State _____ Zip _____

4 Your Signature (All registered shareholders must sign.)

I have received and read the current prospectus(es) and privacy notice for the Fund(s) selected, and this Account Registration Form, and agree to be bound by their terms.

I certify under penalties of perjury that:

- 1) The taxpayer identification number shown on this application is correct (or I am waiting for a number to be issued to me); and
- 2) I am NOT subject to backup withholding because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest and dividends. (CROSS OUT the word "NOT" above if you have received IRS notification.); and
- 3) I am a U.S. Person (including a U.S. Resident alien).

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

X Signature _____	X Signature _____
Date _____	Date _____
X Signature _____	X Signature _____
Date _____	Date _____

BANK, BROKER-DEALER USE ONLY

Broker/Dealer Name: _____	Broker/Dealer #: _____
Branch Name: _____	Branch #: _____
Rep. Name: _____	Rep. #: _____