



1. Initial Investment

- Check enclosed for \$ \_\_\_\_\_ (\$2,500 minimum)
I have telephoned the Transfer Agent at (800) CRM-2883 to initiate a wire purchase for \$ \_\_\_\_\_ (\$2,500 minimum)
CRM All Cap Value Fund
CRM Small Cap Value Fund
CRM Small/Mid Cap Value Fund
CRM Mid Cap Value Fund
CRM Large Cap Opportunity Fund
CRM Global Opportunity Fund
CRM International Opportunity Fund

2. Registration (please print)

INDIVIDUALS

Investor's Name Social Security Number Date of Birth
Joint Investor's Name Social Security Number Date of Birth
(right of survivorship presumed unless tenancy in common is indicated)

GIFTS TO MINORS

Custodian's Name (only one permitted) as custodian for \_\_\_\_\_ under the
\_\_\_\_\_ Uniform Gifts to Minors Act.
State Minor's Birth Date Minor's Social Security Number

CORPORATIONS, PARTNERSHIPS & OTHERS (additional documentation required for investors in any representative capacity)

Name of Entity (indicate type of business, e.g. partnership) Taxpayer Identification Number Customer Date of Birth

TRUSTS (including corporate pension plans)

Trustee(s) Name(s) as trustee(s) for \_\_\_\_\_ Name of Trust
Full Date of Trust Instrument Taxpayer Identification Number

3. Address

CITIZENSHIP: U.S. Resident Alien Non-Resident Alien (Country)
Number & Street (must be a street address - if a post office box is preferred, please provide a mailing address on an additional sheet of paper)
City State Zip Code
Contact Person Telephone (day) Telephone (evening)

4. Shareholder Privileges (subject to the terms set forth in the Prospectus)

Telephone Authorization
Unless one or both of the following are (is) checked, I (we) hereby authorize and direct the agent to accept and act upon telephone instructions for redemptions or exchanges involving the account with corresponding registration. I (we) also agree that neither the Fund nor the transfer agent will be liable for any loss, cost or expense for acting upon any telephone instructions if it follows reasonable procedures in order to verify that telephone requests are genuine.

- I do not authorize telephone exchanges
I do not authorize telephone redemptions

For ACH & Wire Redemptions

Your bank account information must be on file in order to exercise ACH or Wire Redemption privileges. Please complete section 6. The account name(s) in section 6 must match exactly at least one name in section 2. A blank, voided check or deposit slip is necessary to provide account and bank routing information and must accompany this application. There is a \$1,000 minimum on wire redemptions.

5. 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 a new account.

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

### 6. Banking Account Information

Name of Bank \_\_\_\_\_ ABA Number \_\_\_\_\_

Registration on Account \_\_\_\_\_

Account Number \_\_\_\_\_ Account Type:  Checking  Savings

Bank Address: City, State Zip Code \_\_\_\_\_

### 7. Dividend and Capital Gain Distribution Options

- Full Reinvestment: Reinvest all income dividends and capital gain distributions when paid (automatic if no option chosen)
- Capital Gain Reinvestment: Reinvest capital gain distributions when paid; pay income dividends in cash
- Cash: Pay all income dividends and capital gain distributions in cash
- Cash: Electronically credit bank of record Account Type:  Checking  Savings (a voided check or deposit slip must be attached)

### 8. Duplicate Statement Address (Optional)

Company Name \_\_\_\_\_

Number & Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone (day) \_\_\_\_\_ Telephone (evening) \_\_\_\_\_

### 9. Signature and Tax Certifications

I am (We are) of legal age in the state of my (our) residence and wish to purchase shares of the CRM Funds indicated as described in the current Prospectus (a copy of which I (we) have received). By the execution of this Account Application, the undersigned represent(s) and warrant(s) that I (we) have full right, power and authority to make this investment and the undersigned is (are) duly authorized to sign this Account Application and to purchase or redeem shares of the CRM Funds on behalf of the investor.

Under the penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- (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, and
- (3) I am a U.S. person (including a U.S. resident alien).

**Note: You must cross out the second item above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature of Investor/Custodian/Trustee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Investor/Co-Trustee \_\_\_\_\_ Date \_\_\_\_\_

Corporate Officer (name) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Corporate Officer \_\_\_\_\_ Date \_\_\_\_\_

### 10. Initial Investment and Mailing Instructions

- (1) If purchasing shares by check, complete the Subscription Order Form and mail it with your check, payable to "The CRM Funds" to:
- (2) If purchasing shares by bank wire, call Shareholder Services at (800) CRM-2883 to obtain an account number. Then instruct your bank to wire Federal Funds to:

CRM Funds  
P.O. Box 9812  
Providence, RI 02940

PNC Bank	For Credit to the CRM Funds
Philadelphia, PA	Name of Fund
ABA# 031-0000-53	Shareholder Name
DDA# 86-1282-2896	Shareholder Account Number

### 11. Automatic Investment Plan (optional)

Amount invested each time (\$100 minimum): to begin on the 20th of \_\_\_\_\_ (this amount can be changed at any time by writing the Fund)

Investment Frequency:  Monthly  Quarterly  Semi-annually  Annually

\$ _____ CRM All Cap Value Fund	\$ _____ CRM Mid Cap Value Fund	\$ _____ CRM Global Opportunity Fund
\$ _____ CRM Small Cap Value Fund	\$ _____ CRM Large Cap Opportunity Fund	\$ _____ CRM International Opportunity Fund
\$ _____ CRM Small/Mid Cap Value Fund		

Please complete section 6. If the date(s) you choose falls on a weekend or holiday, your automatic investment will occur on the prior business day. If no date is chosen, your bank account will be debited on the 20th day of the month. Please note: this privilege will be effective 10 business days after the Fund receives this application. This service is governed by the terms set forth in the prospectus, which may be amended from time to time, and the rules of the Automated Clearing House. The Plan has been established solely for the owner's convenience and may be terminated or modified by the Fund at any time without notice. You must contact the Fund to stop the Plan.