



NEW ACCOUNT APPLICATION

Do not use this form for IRA accounts.

Please print clearly in CAPITAL LETTERS

CRM Small Cap Value Fund, CRM Small/Mid Cap Value Fund, CRM Mid Cap Value Fund and CRM All Cap Value Fund the minimum initial investment in a Fund is \$2,500 for Investor Shares and \$1,000,000 for Institutional Shares. The minimum additional investment in each Fund's Investor Shares is \$50, there is no minimum amount for additional investments in Institutional Shares.

CRM Long/Short Opportunities Fund the minimum initial investment is \$100,000.00. There is no minimum amount for additional investments in the Fund.

If you have any questions or need any help filling out the application, please call **(800) 276-2883**.

www.crmfunds.com

After you have completed and signed this application, Please mail to:

CRM Funds
c/o Ultimus Fund Solutions, LLC
PO Box 541150
Omaha, NE 68154

Distributed by ALPS Distributors, Inc.

1. ACCOUNT OWNERSHIP

Please provide complete information for EITHER A, B, C or D:

A. INDIVIDUAL OR JOINT *(Please check one):*

Individual Joint Account* *Tenants with Rights of Survivorship will be assumed, unless otherwise specified.

Name _____ Social Security Number _____ Date of Birth _____ / /

Joint Owner _____ Social Security Number _____ Date of Birth _____ / /

Email _____
Citizenship U.S. or Resident Alien Other *(please specify)*

B. UNIFORM GIFTS TO MINORS ACCOUNT (UGMA) OR UNIFORM TRANSFERS TO MINORS ACCOUNT (UTMA)

Custodian's Name _____ Custodian's Social Security Number _____ Custodian's Date of Birth _____ / /

Minor's Name _____ Minor's Social Security Number _____ Minor's Date of Birth _____ / /

Minor's State of Residence _____ Email _____

C. TRUST *(Include a copy of the title page, authorized individual page and signature page of the Trust Agreement. Failure to provide this documentation may result in a delay in processing your application.)*

Trust or Plan Name _____ Email _____

Trust Date (mo/day/yr) _____ Employer or Trust Taxpayer Identification Number _____

Trustee's (Authorized Signer's) Name (First, Middle Initial, Last) _____

Trustee's Date of Birth (mo/day/yr) _____ Trustee's Social Security Number _____

Co-Trustee's (Authorized Signer's) Name (First, Middle Initial, Last)

Co-Trustee's Date of Birth (mo/day/yr)

Co-Trustee's Social Security Number

D. CORPORATIONS OR OTHER ENTITIES (Include a copy of one of the following documents: registered articles of incorporation, government-issued business license, partnership papers, plan documents or other official documentation that verifies the entity and lists the authorized individuals. Failure to provide this documentation may result in a delay in processing your application.)

- C Corporation S Corporation Corporation Partnership Government Entity
 Other (please specify) _____

If no classification is provided, per IRS regulations, your account will default to an S Corporation.

Name of Corporation or Other Business Entity

Tax ID Number

Email

Authorized Individual

Social Security Number

Date of Birth

Co-Authorized Individual

Social Security Number

Date of Birth

E. Estate (Include a copy of a probate document indicating the name of the Executor of the Estate, such as Letters Testamentary or Letters of Administration)

Name of Estate

Estate Tax ID Number

Email

Executor

Social Security Number

Date of Birth

Co-Executor

Social Security Number

Date of Birth

2. MAILING AND CONTACT INFORMATION

LEGAL ADDRESS (Must be a street address)

Street Address

Daytime Telephone

City, State, ZIP

Evening Telephone

- Please send mail to the address below. Please provide your primary legal address above, in addition to any mailing address (if different).

Mailing Address

City, State, ZIP

3. INITIAL INVESTMENT (See prospectus for minimum investment information)

		Share Class	
CRM Small Cap Value Fund	\$ _____	<input type="checkbox"/> Investor	<input type="checkbox"/> Institutional
CRM Small/Mid Cap Value Fund	\$ _____	<input type="checkbox"/> Investor	<input type="checkbox"/> Institutional
CRM Mid Cap Value Fund	\$ _____	<input type="checkbox"/> Investor	<input type="checkbox"/> Institutional
CRM All Cap Value Fund	\$ _____	<input type="checkbox"/> Investor	<input type="checkbox"/> Institutional
CRM Long/Short Opportunities Fund	\$ _____		<input type="checkbox"/> Institutional
Total	\$ _____		

Make check payable to **CRM Funds**.

If investing by wire: Call **(800) 276-2883** and indicate the amount of the wire \$ _____

Third Party checks are not accepted.

4. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

All dividends and capital gains will be reinvested in shares of the Fund that pay them unless this box is checked.

Please pay all dividends and capital gains in cash.

5. AUTOMATIC INVESTMENT PLAN (AIP)

AIP allows you to add regularly to the Fund by authorizing us to deduct money directly from your checking account every month. Your bank must be a member of the Automated Clearing House (ACH). If you choose this option, please complete **Section 6 and attach a voided check**.

Please transfer \$ _____ (**\$1,000 minimum**) from my bank account:

Monthly Quarterly on the _____ day of the month Beginning: ____/____/____

Important Note: If the AIP date falls on a holiday or weekend the deduction from your checking or savings account will occur on the next business day.

6. BANK INFORMATION

I authorize the Fund to purchase shares through the Automatic Investment Plan via the Automated Clearing House of which my bank is a member.

Type of Account: Checking Savings

Name on Bank Account

Bank Account Number

Bank Name

Bank Routing/ABA Number

Bank Address

Please attach a voided check from your account.

7. COST BASIS METHOD

Note: The default cost basis calculation method for your new account will be Average Cost. If you wish to elect a different cost basis method, please contact the Fund to obtain a Cost Basis Election Form.

8. DEALER/REGISTERED INVESTMENT ADVISOR INFORMATION

If opening your account through a Broker/Dealer or Registered Investment Advisor, please have them complete this section.

Dealer Name

DEALER HEAD OFFICE

Address

City, State, ZIP

Telephone Number

Email Address

Representative's Last Name, First Name

REPRESENTATIVE'S BRANCH OFFICE

Address

City, State, ZIP

Rep Telephone Number

Rep ID Number

Rep Email Address

Branch ID Number

Branch Telephone Number (if different than Rep Phone Number)

9. STATE ESCHEATMENT LAWS

Escheatment laws adopted by various states require that personal property that is deemed to be abandoned or ownerless, including mutual fund shares and bank deposits, be transferred to the state. Under such laws, ownership of your Fund shares may be transferred to the appropriate state if no activity occurs in your account within the time period specified by applicable state law. The Fund retains a search service to track down missing shareholders and will escheat an account only after several attempts to locate the shareholder have failed. To avoid this from happening to your account, please keep track of your account and promptly inform the Fund of any change in your address.

10. SIGNATURE(S) & CERTIFICATION (REQUIRED)

We must have signatures to process your Application and to certify your Taxpayer Identification number. IRS regulations require your signature to avoid any backup withholding.

W-9 Certification: Under penalty of perjury:

- (a) I certify that the number shown on this form is my/our current Social Security number(s) or Taxpayer Identification number(s).
- (b) I am not subject to backup withholding because; (1) I am exempt from backup withholding, or (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (3) the IRS has notified me that I am no longer subject to backup withholding.
- (c) I am a U.S. person (including a resident alien.)
- (d) I am exempt from FATCA reporting.

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, we will ask for your name, address, date of birth, social security number/Tax ID number and other information that will allow us to identify you. We may also ask to see other identifying documents. Until you provide the information or documents we need, we may not be able to open an account or effect any additional transactions for you.

When opening an account for a foreign business, enterprise or a non-U.S. person that does not have an identification number, we require alternative government-issued documentation certifying the existence of the person, business or enterprise.

The undersigned represents and warrants that:

- I have full authority and am of legal age to purchase shares of the Fund;
- I have received and read a current prospectus for CRM Funds and agree to be bound by the terms contained therein; and
- The information contained on this New Account Application is complete and accurate.

If Fund shares are being purchased on behalf of an Investment Company (as that term is defined under the Investment Company Act of 1940, as amended ("the 1940 Act"), including investment companies that are not required to register under the 1940 Act pursuant to section 3(c)(1) or 3(c)(7) exemptions), I hereby certify that said Investment Company will limit its ownership to 3% or less of the Fund's outstanding shares.

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

Signature of owner (or custodian)

Date

Signature of joint owner (or corporate officer, partner or other)

Date

Trustee (if applicable)

Date

TO CONTACT US:

By Telephone

Toll-free **(800) 276-2883**

Fax **(402) 963-9094**

In Writing

CRM Funds

c/o Ultimus Fund Solutions, LLC

PO Box 541150

Omaha, NE 68154

or

Via Overnight Delivery

4221 N. 203rd Street, Suite 100

Elkhorn, NE 68022

Internet

www.crmfunds.com

CRAMER ROSENTHAL MCGLYNN, LLC
CLIENT PRIVACY STATEMENT

Cramer Rosenthal McGlynn, LLC's ("CRM") primary client goal is to protect your privacy. This privacy notice contains our policies relating to nonpublic information of clients, prospective clients and former clients.

In the conduct of our business, we may collect nonpublic, personal information from you and other sources such as:

- Information reported by you in investment management agreements, subscription documents, purchase applications and any other related documents or forms you filled out and sent to us in connection with your account;
- Information about your transactions with us, our affiliates or others (such as purchases, sales, account balances and average costs);
- Information used to verify your identity;
- Information about any bank account you use for transfers between your bank account and your CRM accounts; and
- Information we receive about you or your accounts as a result of your inquiries by mail, e-mail or telephone.

CRM does not share or disclose any nonpublic, personal information about its current or former customers, except as permitted by law, in order to service your account. We will also release information about you if you direct us to do so, if we are compelled to do so by law, or in connection with a government request or investigation.

In addition, in order to comply with state and federal laws, including anti-money laundering requirements, any information you provide in connection with your account is subject to verification by CRM or a third-party vendor contracted by us for this purpose, or both.

Other Shared Information

So that we can complete transactions you authorize or request and so that we can provide you information about CRM products, services and funds, we may disclose information we collect about you to companies that provide services to us, such as transfer agents or printers and mailers that prepare and distribute materials to you. Those companies are authorized to use that information only to perform services for which CRM hired them and are not permitted to use or disclose that information for any other purpose. All of the information we collect may be shared among CRM and its affiliates or related persons, all of which are engaged in the financial services business.

Information Safeguarding

CRM will internally safeguard your nonpublic, personal information by restricting access to only those employees who provide products or services to you or those who need access to your information to service your account. In addition, we will maintain physical, electronic and procedural safeguards designed to comply with federal and/or state standards to guard your nonpublic, personal information, and we review and adjust these safeguards periodically in response to advances in technology and industry developments.

What You Can Do

For your protection, you should not provide your account information, user name, or password to anyone. If you become aware of any suspicious activity relating to your account, it is your responsibility to contact us immediately. If you have any questions relating to this privacy policy or concerns about the way in which we have handled information about you, please do not hesitate to send us an email at Legal@crmlc.com.

Use of Third-Party Service Providers

From time to time, we may obtain certain information from third-party internet Service Providers who may collect technical information, including but not limited to browser type, internet address, pages visited, IP address, or operating system, in an effort to assist us in evaluating our client's online access to Firm information.

We Will Keep You Informed

As required by federal law, we will notify you of our privacy policy annually. We reserve the right to modify this policy at any time.

This Privacy Notice relates to the following entities:

Cramer Rosenthal McGlynn, LLC
CRM Mutual Fund Trust