



Thank you for your interest in establishing a new account with Diocesan Investment Trust of the Diocese of Los Angeles (“DIT”). Please complete this application to establish your organization’s new DIT account.

As required by applicable laws and regulations, the DIT must obtain specified information from its investors and all individuals who are authorized to open and make investment decisions on their behalf. All information that is provided in this application will be held in strictest confidence by DIT and its transfer agent, Ultimus Fund Solutions, LLC.

**For Section 7, Signatures and Certification (Required)**, this section requires the signature of an authorized signer, certifying that the tax ID provided on this application is correct and not subject to withholding.

**For Section 8, Certification Regarding Beneficial Owners of Legal Entity Customers**, to help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute these crimes.

This section requires you to provide the name, address, date of birth and Social Security number for the following individuals:

- i. Each individual, **if any** who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation) (Please note, if there are no such beneficial owners of the entity, please leave Section 8c. blank); and
- ii. All individuals with significant responsibility for managing the legal entity investor, which includes the officers who are authorized to act on behalf of the investor.

PLEASE ALSO COMPLETE AND SUBMIT AN **ONLINE ACCOUNT ACCESS FORM** FOR EACH PERSON WHO WILL HAVE READ-ONLY ACCESS TO THE INVESTOR'S MONTHLY STATEMENTS, PERFORMANCE REPORTS, AND OTHER REPORTS AS POSTED ONLINE IN UTRANSACT.

If you have any questions, please do not hesitate to call (800) 700-9929, Monday through Friday, between 5:00 am and 3 pm Pacific Time.



# New Account Application

After you have completed and signed this application,

Please mail to:  
**Diocesan Investment Trust c/o  
Ultimus Fund Solutions  
PO Box 46707  
Cincinnati, OH 45246**

Overnight Delivery:  
**Diocesan Investment Trust c/o  
Ultimus Fund Solutions  
225 Pictoria Dr, Ste 450  
Cincinnati, OH 45246**

**Fax:** 877-513-0756

## 1. ACCOUNT OWNERSHIP

**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.*

*To help the government fight financial crime, Federal regulation requires certain financial institutions, including mutual funds, to obtain, verify, and record information about the beneficial owners of legal entities.*

*Please complete section entitled "Certification Regarding Beneficial Owners of Legal Entity Customers" if the account is established on behalf of a legal entity, which includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf. Failure to provide this documentation may result in a delay in processing your application.)*

Corporation

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Individual	Social Security Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Authorized Individual	Social Security Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Authorized Individual	Social Security Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Authorized Individual	Social Security Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

The number of individual(s) required to transact business without the consent of the board or any director, officer, or other person of the Corporation as indicated below (check one):

Any authorized signer may act independently.  
Three authorized signers are required.

Two authorized signers are required.  
All authorized signers are required.

## 2. LINKING

If this account should be linked to other existing accounts for online access, please provide an existing account number

### 3. 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

Email Address

### 4. INITIAL INVESTMENT

☐ DIT Long Term Fund

Amount

\$

☐ DIT Endowment Fund

\$

Total:

\$

#### Wiring Instructions:

To make your initial purchase via wire, please contact our Shareholder Services team toll-free at (800)-700-9929 for complete wiring instructions.

Make checks Payable To: **Diocesan Investment Trust**

### 5. BANK INFORMATION

You must provide the bank instructions linked to another bank account to receive cash proceeds (redemptions). If you wish to provide additional banking instructions, please provide on separate sheet of paper.

Type of Banking Instructions:    Wire                      ACH (Attach a Voided Check)

Type of Account:    Checking                      Savings

Name on Bank Account

Bank Account Number

Bank Name

Bank Routing/ABA Number

For Further Credit Name

For Further Credit Account Number

**Please attach a voided check from your bank account or other bank verification.  
A bank account will not be added without a voided check or without bank verification.**

## 6. 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.

## 7. SIGNATURE(S) & CERTIFICATION (REQUIRED)

Signatures are required to process your application. By signing below, U.S. investors attest and agree to all aspects of the Signature & Certification section, including the substitute IRS Form W-9 Certification language. Non-U.S. investors attest and agree to all aspects of the Signature & Certification section, other than the W-9 Certification language. In conjunction with this Application, non-U.S. investors are required to provide a signed version of the appropriate IRS Form W-8, providing certification of their non-U.S. tax status.

### 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.

The undersigned represents and warrants that:

- I have full authority and am of legal age to purchase shares of the Fund;
- 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 primary owner, trustee, or authorized signer

Date

Signature of joint owner, co-trustee, or authorized signer (or corporate officer, partner or other)

Date

## 8. CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

**Note:** Complete only if Corporations or Other Entities was selected in Section 1.

In compliance with the Customer Due Diligence requirements issued by the Financial Crimes Enforcement Network (FinCEN), financial institutions must identify and verify the identity of the beneficial owners of all legal entity customers.

This form must be completed by the person opening a new account on behalf of a legal entity customer. For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by filing a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening account on their own behalf.

This form requires you provide the name, address, date of birth and Social Security number (or passport or other similar information, in the case of non-U.S. Persons) for the following individuals (i.e. beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g. each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g. a Chief Executive Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. **Regardless of the number of individuals identified in section (i), you must provide the identifying information of one individual under section (ii).** It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of ACME, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

**CERTIFICATION OF BENEFICIAL OWNER(S) – Persons opening an account on behalf of a legal entity must provide the following information:**

a. Name and Title of Natural Person Opening Account:

b. Name, Type (select below), and Address of Legal Entity for Which the Account is Being Opened:

Corporation      Other entity created by filing with a state office

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For non-U.S. Persons: Social Security Number, Passport, Number & Country of Issuance, or other similar identification number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(If no individual meets this definition, please write, “Not Applicable”)

- d. The following information for all individuals with significant responsibility for managing the legal entity listed above, such as:
- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, Vice President, Treasurer):  
OR
  - Any other individual who regularly performs similar functions.

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number & Country of Issuance, or other similar identification number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I,  (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature:  Date:

TO CONTACT US:

**By Telephone**

Toll-free:  
800-700-9929  
Fax: 877-513-0756

**In Writing**

**Diocesan Investment Trust  
C/O Ultimus Fund Solutions**

PO Box 46707  
Cincinnati, OH 45246

or

Via Overnight Delivery  
225 Pictoria Dr. Ste 450  
Cincinnati, OH 45246

**Internet**

<https://diocesela.org/diocesan-investment-trust/>