



Account Application

IMPORTANT INFORMATION FOR OPENING YOUR ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires 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 and other information or documents that will allow us to identify you. This information will be subject to verification.

By signing and submitting this application, you give the Semper U.S. Treasury Money Market Fund (the "Fund") and its agents permission to collect information about you from third parties, including information available in public and private databases such as consumer reports from credit reporting agencies, which will be used to help verify your identity.

If you do not provide the information, we may not be able to open your account. If we open your account but are unable to verify your identity, we reserve the right to take such other steps as we deem reasonable, including closing your account and redeeming your investment at the net asset value next calculated after the Fund decides to close your account. Please see the Fund's Statement of Additional Information for further information.

1. YOUR INITIAL INVESTMENT

U.S. Treasury Money Market Fund \$ _____ (\$10,000,000 minimum)

Choose the payment method:

- Check: I have enclosed a check in the amount of \$ _____ (make check payable to "Semper U.S. Treasury Money Market Fund").
- Wire: My wire will be in the amount of \$ _____ (call (844) 798-4874 for wire instructions).

All investments must be made by check or wire. All checks must be payable in U.S. dollars and drawn on U.S. financial institutions. The Fund does not accept purchases made by credit card check, starter check, cash or cash equivalents (for instance, you may not pay by money order, cashier's check, bank draft or traveler's check).

2. YOUR ACCOUNT TYPE

Please input the Social Security Number or Tax Identification Number under which the account will be reported to the IRS:

Social Security Number _____ or Taxpayer Identification Number _____
 _____ - _____ - _____

(use Minor's SSN if UTMA/UGMA selected below)

Please select only one account type below:

- Individual
- Uniform Transfer/Gift to Minor (UTMA/UGMA)
State of residence of Minor _____
- Joint Account (select one below):
 - Rights of Survivorship (default option)
 - Tenants in Common
 - Tenants by Entirety
 - Community Property
- Government Entity
- Trust (first and signature pages of the Trust Instrument required)
- Corporation, LLC, or Partnership (select one below):
 - S Corporation (certified articles of incorporation required)
 - C Corporation (certified articles of incorporation required)
 - Partnership (partnership agreement required)
- Other (please include additional documentation to verify entity)
Describe entity _____

3. YOUR ACCOUNT INFORMATION

Full Name of Shareholder, Custodian, Primary Joint Owner, Trust, Partnership, Corporation or Other Entity

Date of Birth or Date of Trust

Social Security Number of Custodian (if UTMA/UGMA selected above)

Full Name of Joint Owner, Minor, Trustee, Partner or Officer of Corporation, if applicable

Date of Birth of Joint Owner, Minor, Partner or Trustee, if applicable

Social Security Number of Joint Owner, Partner or Trustee, if applicable

Full Name of Joint Owner, Trustee, Partner or Officer of Corporation, if applicable

Date of Birth of Joint Owner, Trustee, or Partner, if applicable

Social Security Number of Joint Owner or Trustee, if applicable

** If needed, please attach a separate list for additional investors, trustees, authorized traders, and general partners of a partnership, including full name, social security number, home street address, and date of birth.*

4. YOUR MAILING/RESIDENCY ADDRESS

Please provide your physical street address:

Street Address and Apartment Number

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-Mail Address

Please provide your mailing address (if different from your physical street address):

Mailing Address

City

State

Zip Code

5. TELEPHONE AUTHORIZATION

Unless telephone redemptions are declined below, I (we) hereby authorize and direct the Transfer Agent to accept and act upon telephone instructions for redemptions involving an account with a 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 (We) **DO NOT** authorize telephone redemptions.

6. INCOME AND CAPITAL GAIN DISTRIBUTION PAYMENT OPTIONS

- Full Reinvestment: Reinvest all income and capital gain distributions when paid.
- Capital Gain Reinvestment: Reinvest capital gain distributions when paid; pay income in cash.
- Income Reinvestment: Reinvest income when paid; pay capital gain distributions in cash.
- Cash: Pay all income and capital gain distributions in cash.
 - Send cash payments by check mailed to the address of record.
 - Send cash payments by Electronic Funds Transfer according to the banking instructions listed in Section 8.

Please note that if none of the boxes are checked, shareholders are assigned the Full Reinvestment option.

7. SYSTEMATIC WITHDRAWAL PLAN (Optional)

- Systematic Withdrawal Plan
 - Redeem \$ _____ per month on the _____ day of each month.
 - Check mailed to the address of record.
 - Electronic Funds Transfer to the banking instructions listed in Section 8.

Please note that if the day chosen falls on a weekend or holiday, your withdrawal will occur on the next business day.

8. BANK ACCOUNT INFORMATION (Optional)

Check type of account (please attach a voided check): Checking Account Savings Account

Name of Bank ABA Routing Number Account Number

Bank Address City State ZIP Code

Registration on Bank Account

Bank Account Owner(s) Address (if different from address in section 4) City State ZIP Code

9. DUPLICATE MAILING ADDRESS (Optional)

Only complete below if you would like duplicate copies of your statements and transaction confirmations mailed to another party.

Name

Street Address and Apartment Number

City State Zip Code

10. DEALER INFORMATION (For Broker/Dealer use only)

Dealer Firm Name Dealer Firm Number

Financial Advisor Name Financial Advisor Number

Financial Advisor's Telephone Number Branch Number

11. AUTHORIZED INDIVIDUALS

Please list the individuals who are authorized to act on behalf of the account. For additional persons, please attach an additional sheet of paper.

Trader Inquiry Only Both

Name

Trader Inquiry Only Both

Name

Trader Inquiry Only Both

Name

Trader Inquiry Only Both

Name

Trader Inquiry Only Both

Name

12. SIGNATURE AND TAX CERTIFICATIONS

I am of legal age in the state of my residence and wish to purchase shares of the Fund(s) as described in the current Fund's Prospectus. By executing this Account Application, the undersigned represents and warrants that I have full right, power, and authority to make this investment and the undersigned is duly authorized to sign this Account Application and to purchase or redeem shares of the Fund(s) on behalf of the Investor.

Please note that your property may be transferred to the state of your last known address if no activity occurs in your account within the time period specified by that state's law.

Under the penalties of perjury, I certify that (1) the number shown on this form is my correct social security/taxpayer identification number (or I am waiting for a number to be issued to me), (2) that I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding, because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding for failure to report all dividend and interest income; or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (either a U.S. citizen or resident alien).

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

By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:

- (1) The investor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and
- (2) I have received and read the Fund's prospectus and agree to the terms and conditions therein; and
- (3) The information provided by the investor within this application is true and correct and any documents provided herewith are genuine.

Signature

Title or Capacity (if applicable)

Date (mm/dd/yyyy)

Joint Tenant/Trustee/Partner Signature

Title or Capacity (if applicable)

Date (mm/dd/yyyy)

13. MAILING INSTRUCTIONS AND CONTACT INFORMATION

Regular Mail To:

Semper U.S. Treasury Money Market Fund
P.O. Box 588
Portland, ME 04112

Overnight Express Mail To:

Semper U.S. Treasury Money Market Fund
c/o Atlantic Fund Services
Three Canal Plaza, Ground Floor
Portland, ME 04101

If you have any questions, please call (844) 798-4874 (toll-free)