

Mutual Funds Account Application

Mail to:
Schroder Mutual Funds
P.O. Box 219360
Kansas City, MO 64121-9360

Overnight/express mail to:
Schroder Mutual Funds
430 W 7th Street, Ste 219360
Kansas City, MO 64105-1407

Important notice - The USA Patriot Act

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 to you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure the identity of all individuals opening a mutual fund account.

Wiring instructions:

State Street Bank and Trust Company
225 Franklin Street, Boston, MA 02110
ABA: 011000028 Attn: Schroder Mutual Funds
FBO: [Account Registration] DDA: 9904-650-0
A/C: Fund Account Number/Fund Name

1. Investor Information | Select one

Individual

First Name M.I Last Name Date of Birth (MM/DD/YYYY)
Social Security Number

Joint

First Name M.I Last Name Date of Birth (MM/DD/YYYY)
Social Security Number

You **must** check one: US Citizen Resident Alien Non-Resident Alien

For foreign accounts, one of the following must be provided: taxpayer identification number, alien identification card number, passport number with country of issuance, or a copy of a government-issued identification card bearing your photograph.

Country of issuance Passport or Alien#

Gift to Minor

Custodian's First Name (only one) M.I Last Name Date of Birth (MM/DD/YYYY)
Custodian's Social Security Number

Minor's First Name M.I Last Name Date of Birth (MM/DD/YYYY)

Minor's Social Security Number Minor's State of Residence

Tax Exempt Organization

C Corporation

Name of Trust/Corporation/Partnership and State of Organization

Partnership

Name(s) of Trustee(s)

Limited Liability Company

Social Security Number/Tax I.D.Number

Date of Agreement (MM/DD/YYYY)

S Corporation

Trust

You must attach relevant documentation (i.e., Articles of Incorporation/Formation/Organization, Trust Agreements including the Powers and limitations section(s), Partnership Agreement, or other official documents).

Please attach a separate sheet detailing the full name, date of birth, Social Security number and permanent street address for all authorized traders.

2. Fund Selection

Minimum initial investment is \$250,000 for Investor shares and \$5,000,000 for R6 shares.

Make checks payable to Schroder Mutual Funds. No third-party checks, starter or counter checks, or money orders.

Name	Share Class	Amount
Schroder Core Bond Fund	Investor (2995)	R6 (2992)
Schroder Long Duration Investment-Grade Bond Fund	Investor (2853)	
Schroder North American Equity Fund	Investor (1369)	

3. Permanent Street Address

Residential address or principal place of business – Foreign addresses and P.O.Boxes are not allowed.

Mailing Address* (if different from permanent address)

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.

Street Apt/Suite

Street Apt/Suite

City State Zip Code

City State Zip Code

Daytime Phone Number Evening Phone Number

*A P.O. Box may be used as the mailing address

E-mail Address

Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statement

Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statement

Company Name

Company Name

Name

Name

Street Apt/Suite

Street Apt/Suite

City State Zip Code

City State Zip Code

4. Cost Basis Method

Under new IRS rules, mutual fund companies must provide cost basis data to most shareholders. The cost basis method you elect will determine the order in which shares are redeemed and how your cost basis is calculated and reported to the Internal Revenue Service (IRS). Consult your tax advisor to determine which cost basis method suits your account. **If you do not elect a cost basis method, your account will default to Average Cost.**

Please choose **ONE** cost basis reporting method from the list below. **If Specific Lot Identification is chosen, a secondary accounting method must be selected in the event the lots you have chosen are not available.**

Primary Method (select only one)

Average Cost – averages the purchase price of acquired shares

First In, First Out – oldest shares are redeemed first

Last In, First Out – newest shares are redeemed first

Low Cost – least expensive shares are redeemed first

High Cost – most expensive shares are redeemed first

Loss/Gain Utilization – depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares

Specific Lot Identification – you must specify the share lots to be sold at the time of a redemption (This method requires you elect a Secondary Method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable.)

Secondary Method – applies only if Specific Lot Identification was elected as the Primary Method (select only one)

First In, First Out

Last In, First Out

Low Cost

High Cost

Loss/Gain Utilization

Note: Average Cost is not a valid secondary method. If a Secondary Method is not elected, First In, First Out will be used.

5. Dividend & Capital Gains Distributions (all distributions will be automatically reinvested if no box is marked)

Capital Gains

Reinvest

Cash*

Dividends

Reinvest

Cash*

*Cash distribution should be paid by (select one):

Check to Address of Record
Valid voided check needed in section 9

ACH to Bank of Record

6. Automatic Investment Plan (AIP)

Your signed Application must be received at least 15 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to Section 9 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP monthly:

\$100 minimum

Amount Per Draw

AIP Start Month

AIP Start Day

If you provided bank instructions in Section 9 below, you may purchase additional shares from that account by calling (800) 464-3108

7. Telephone Exchange Privilege and/or Telephone Redemption Privilege

Unless indicated below, I authorize the applicable Fund(s) and its/their agents to accept instructions from (i) me or (ii) any person purporting to be me or to act as my representative and who can provide the Fund(s) with my account registration, to exchange or redeem shares in my account(s) by telephone, in accordance with the procedures and conditions set forth in the Funds' current statutory prospectus. The telephone exchange privilege may only be exercised to exchange shares worth \$1,000 or more. Telephone redemptions will be sent only to me at an address on record with the Fund(s) for at least 30 days. Unless otherwise agreed to by the Fund(s), the telephone redemption privilege may only be exercised to redeem shares worth no more than \$50,000. I understand and agree that neither the Fund(s) nor any person acting on its/their behalf will have any liability to me or anyone else in respect of telephone instructions meeting the description set forth here but not made or authorized by me.

I DO NOT want the Telephone Exchange Privilege

I DO NOT want the Telephone Redemption Privilege

Redemptions by telephone will be sent by check via U.S. Mail to the address of record, or sent to the bank of record if Section 9 is completed with bank instructions. Redemptions of shares may be subject to redemption fees as set forth in the Funds' current statutory prospectus

8. Systematic Withdrawal Plan (SWP)

Your signed Application must be received at least 15 business days prior to initial transaction.

System Withdrawal Plan (SWP) \$100 minimum. Permits the automatic withdrawal of funds.

Payments will be mailed to address in Section 3

Payments will be deposited directly into your bank account. Please attach a voided check or savings deposit slip to Section 9 of this application. We are unable to credit mutual fund or pass-through ("for further credit") accounts.

Make payments

Monthly

Quarterly

Annually **starting with the month given here:**

9. Bank Information

If you have selected an automatic investment plan, EFT purchases, EFT redemptions, a systematic withdrawal plan, or cash distributions to your bank account, a voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required. We are unable to debit or credit mutual fund or pass-through accounts.

John Doe Jane Doe 123 Main St. Anytown, USA 12345	12345
Pay to the order of _____	\$ _____
_____	_____
⑆ 12345 6789 ⑆	⑆ 123456789 ⑆

10. Investor Signatures

By execution of this application, the investor represents and warrants that (i) he has the full right, power and authority to make the investment applied for and (ii) he is a natural person of legal age in his state of residence and that information on this application is true and correct. The investor certifies that the Taxpayer Identification Number and tax status set forth in this application are correct. The person or persons, if any, signing on behalf of the investor represent and warrant that they are duly authorized to sign this application and purchase or redeem shares of the Fund on behalf of the investor. Each person named in the registration must sign below.

I have read the Summary Prospectus and this application and agree to all their terms. I also agree that any shares purchased now or late are and will be subject to the terms of the Funds' Statutory Prospectus as in effect from time-to-time.

If I am a U.S. Citizen, resident alien, or a representative of a U.S. entity, I certify, under penalty of perjury, that:

- 1. The social security or employer identification number shown on this form is my correct Taxpayer Identification Number.**
- 2. I am not subject to backup withholding because:**
 - I am exempt from backup withholding OR,
 - I have not been notified that I am subject to backup withholding as a failure to report all interest and dividends OR,
 - The Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Strike out this item (2) if you have been notified that you are subject to backup withholding).
- 3. I am a U.S. person (including a U.S. resident alien).**

If I am a nonresident alien, I understand that I am required to complete the appropriate Form W-8 to certify my foreign status. I understand that, if I am a nonresident alien, I am not under penalty of perjury for certifying to the above information.

Signature of Owner*

Date (MM/DD/YYYY)

Signature of Joint Owner*

Date (MM/DD/YYYY)

*If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided for the Joint Owner.

11. Dealer Information

Dealer's Name	Representative's Last Name	First Name	M.I.
Dealer's ID	Branch ID	Representative's ID	
Dealer Head Office Information:	Representative Branch Office Information:		
Address	Address		Branch ID
City/State/Zip	Telephone Number		
City/State/Zip	Telephone Number		

Certification Regarding Owners of Legal Entity Customers

TO BE COMPLETED ALONG WITH THE APPLICATION FOR THE FOLLOWING ENTITIES TYPES:

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.

I. GENERAL INSTRUCTIONS

What is this form?

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 (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity 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.

II. 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 and Address of Legal Entity for Which the Account is Being Opened:

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 Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport No. and Country of Issuance, or other similar

(If no individual meets this definition, please write "Not Applicable.")

* In lieu of a passport number, foreign persons may also provide an 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.

- d. The following information for one individual 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, President, Vice President, Treasurer); or
 - Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name	Date of Birth	Address (Residential Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport No. and Country of Issuance, or other similar

* In lieu of a passport number, foreign persons may also provide an 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.

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: _____