

In compliance with the USA Patriot Act, all mutual funds are required to obtain and verify the following information for all registered owners and all authorized individuals: *full name, date of birth, social security number and permanent street address (no P.O. boxes)*. If any of this information is missing, we will be unable to establish an account and your application and check will be returned.

Overnight Delivery:
 Wasatch Funds
 235 W. Galena Street
 Milwaukee, WI 53212

Regular Mail:
 Wasatch Funds
 P.O. Box 2172
 Milwaukee, WI 53201-2172

1. EMPLOYEE INFORMATION (REQUIRED)

Name of Employee	Social Security Number	Birthdate	
Permanent Address (no P.O. boxes)	City	State	Zip
Phone Number	Email Address		

2. MAILING ADDRESS (if different from permanent address in section 1)

Address	City	State	Zip
<input type="checkbox"/> Send duplicate confirmations to:			
Address	City	State	Zip

3. EMPLOYER INFORMATION (REQUIRED)

Name of Employer	Tax ID (can be obtained from employer)		
Address	City	State	Zip
Name of Primary Contact	Phone Number		

4. INVESTMENT INSTRUCTIONS (REQUIRED)

For Fund names, numbers and status, please see the "About Wasatch" insert in the Fulfillment Kit, log on to www.wasatchglobal.com, or call Shareholder Services at 800.551.1700.

The minimum initial investment is \$2,000 per fund.

Fund Name	Symbol or Ticker	Amount	or	If amount is unknown, state percentage (%)
		\$ _____		_____ %
		\$ _____		_____ %
		\$ _____		_____ %
		\$ _____		_____ %
TOTAL:		\$ _____	or	100%

If you need more space, provide the same information on a separate sheet. **If a specific fund is not selected, your contribution will be invested in the Wasatch-Federated Money Market Account until we received further notice. Cash, credit cards, third party checks, money orders, traveler's checks, and checks drawn on banks outside the U.S. will not be accepted.**

5. FUNDING THE ACCOUNT (REQUIRED)

Please complete section A, B, or C.

- A. By Purchase:** Please select method of purchase:
- Check payable to **Wasatch Funds** \$_____
 - ACH (Bank Purchase) \$_____ Please provide bank information in section 6. Your initial investment will be withdrawn directly from your checking or savings account named in section 6 on the date your application is received in good order or the first business day thereafter.
 - Bank wire: Call 800.551.1700 for instructions. Date of wire: _____ Amount \$_____
- B. By Transfer/Exchange:** You are transferring/exchanging assets from another preferred provider under the same 403(b) plan. You may need to provide employer authorization. **You must also complete a 403(b) Transfer Form.**
- C. By Transfer/Direct Rollover:** You are transferring/rolling over assets from another preferred provider under the same 403(b) plan. You may need to provide employer authorization. **You must also complete a 403(b) Transfer Form.**
 If you are funding your account by Transfer/Direct Rollover, please specify the type of account maintained by the previous custodian:
- Traditional IRA
 - 403(b)
 - SEP IRA
 - Rollover
 - SIMPLE IRA*
 - Other Employer Sponsored Plan

*You may not roll over SIMPLE IRA assets to a 403(b) until at least two years have elapsed from the time of your initial participation in your employer-sponsored SIMPLE IRA plan.

6. BANK INFORMATION

Please complete this section if you would like to be able to move money between your bank and your Wasatch account. For checking accounts, please include a voided check with this form (other than your investment check). For savings accounts, provide your bank's ABA number and savings account number below. To add bank information after your account has been established, an Account Privileges Change Form (with a Medallion signature guarantee) is required.

Bank Name	Name(s) on Bank Account		
Bank Address	City	State	Zip
Routing Number	Account Number		

Account Type:

- Checking Account
- Savings Account

I authorize the bank listed above for:

- Electronic Funds Transfer (takes 2-3 business days)
- Wire Redemptions (\$15.00 fee – takes 1 business days)

7. AUTOMATIC INVESTMENT PLAN

Your signed application must be received at least 14 days prior to initial transaction. Please complete section 6.

The minimum initial investment for an Automatic Investment Plan is \$1,000. Minimum additions to any fund are \$100 quarterly; \$50 monthly. Automatic investments can be made on the 5th and/or 20th of each month.

- Monthly Quarterly (Jan., Apr., July, Oct / Feb., May, Aug., Nov. / Mar., June, Sep., Dec.)

Begin investment on (mm/yy): _____ / _____

5th 20th _____ Fund _____ \$ _____ Amount

5th 20th _____ Fund _____ \$ _____ Amount

5th 20th _____ Fund _____ \$ _____ Amount

Your automatic investment will be withdrawn directly from your checking or savings account named in section 6 on the date you have selected or the first business day thereafter. If no date is selected, purchases will be made on the 20th of each month.

8. HOUSEHOLD RELATIONSHIP

The household service combines all account statements within your household into a single envelope.

I currently have a Household Relationship* with Wasatch Funds and I wish to add this account.

- Please provide an account number that is currently part of your Household Relationship: _____
- I do not wish to household this new account.
- I do not have another account with Wasatch Funds.

*If you do not currently participate in the householding service and would like to consolidate your account statements, please complete the Household Relationship Form. Accounts receiving statements electronically are not eligible for householding.

9. BENEFICIARY DESIGNATION / SPOUSAL CONSENT

IRA Owner (or Inherited IRA Owner) designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the IRA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. The most current beneficiary designation on file with the Custodian at the time of death will govern. You may revoke or change the beneficiary designation at any time by completing a new IRA Change of Beneficiary Form and providing it to the Custodian.

Type: Primary Contingent **Relationship to IRA Owner:** Spouse Non-Spouse
Share Percentage: _____%

Name _____ Social Security Number _____ Birthdate _____

Permanent Address (no P.O. boxes) _____ City _____ State _____ Zip _____

Type: Primary Contingent **Relationship to IRA Owner:** Spouse Non-Spouse
Share Percentage: _____%

Name _____ Social Security Number _____ Birthdate _____

Permanent Address (no P.O. boxes) _____ City _____ State _____ Zip _____

Type: Primary Contingent **Relationship to IRA Owner:** Spouse Non-Spouse
Share Percentage: _____%

Name _____ Social Security Number _____ Birthdate _____

Permanent Address (no P.O. boxes) _____ City _____ State _____ Zip _____

Type: Primary Contingent **Relationship to IRA Owner:** Spouse Non-Spouse
Share Percentage: _____%

Name _____ Social Security Number _____ Birthdate _____

Permanent Address (no P.O. boxes) _____ City _____ State _____ Zip _____

Addendum attached for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all of the information requested above. Please sign and date the sheet.

Spousal Consent

Complete this section only if you, the IRA Owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

Consent of Spouse

By signing below, I acknowledge that I am the spouse of the IRA Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse (if applicable)

Date

10. ACKNOWLEDGEMENT AND SIGNATURE (REQUIRED)

By signing this 403(b)(7) Custodial Account Application, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I have received and read copies of this 403(b)(7) Custodial Application and the 403(b)(7) Custodial Account Agreement. I agree to be bound to their terms and conditions. I understand that I am responsible for the 403(b) transactions I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

I further acknowledge that the Wasatch Funds are distributed by ALPS Distributors, Inc. The Wasatch-Federated Money Market Account is distributed by Federated Securities Corp. and offered by a separate prospectus. The Wasatch-Federated Money Market Account and Federated Securities Corp. are not affiliated persons of the Wasatch Funds or their investment adviser, Wasatch Advisors, Inc. Through an agreement with Federated Securities Corp. and/or its affiliates, Wasatch Advisors, Inc. is providing administrative and recordkeeping services for the Wasatch-Federated Money Market Account.

I have read, accept and incorporate the Custodial Account Agreement herein, by reference. I appoint UMB Bank, n.a. or its successors, as Custodian of the account(s).

Employee Signature

Date

Go paperless! You can receive shareholder reports (Prospectus updates, annual and semi-annual reports) and statements (transaction confirmations and account statements) electronically. To enroll for this service, please visit our web site.