



All applicants must complete sections 1, 2, 3, 5 and 10. For optional services complete 4, 6, 7, 8, 9. If you are a Broker Dealer, please also complete section 11.

New Account Application - International Value Fund

PLEASE DO NOT USE THIS APPLICATION TO OPEN AN IRA ACCOUNT.

For Assistance Call: 1-866-947-7000

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 is subject to verification. If we are unable to verify your identity, we reserve the right to close your account or take such other steps as we deem reasonable.

Sections 1 and 2 must be completed and the information provided will be verified as required by the USA PATRIOT Act. Failure to complete these sections may result in the rejection of your application.

Notice for Non-U.S. persons:

The Fund generally will not accept investments from foreign investors (e.g. foreign financial institutions; non-U.S. persons). The Fund has instructed the transfer agent accordingly. If the Fund accepts such investments, the Fund is expected to conduct enhanced due diligence on such foreign investors as may be required under Section 312 of the enhanced USA PATRIOT Act and applicable Treasury or SEC rules, regulations and guidance (if any).

Notice to all shareholders

In compliance with applicable state laws, your property may be transferred to the appropriate state if no activity occurs in your account within the time period specified by state law.

1 SHAREHOLDER REGISTRATION

Please print or type clearly.

Please choose one type of account below:

Individual or Joint

YOUR NAME: FIRST, MIDDLE, LAST

SOCIAL SECURITY NUMBER

DATE OF BIRTH

JOINT OWNER'S NAME: FIRST, MIDDLE, LAST

JOINT OWNER'S SOCIAL SECURITY NUMBER

JOINT OWNER'S DATE OF BIRTH

OCCUPATION

EMPLOYER

TRANSFER ON DEATH BENEFICIARY (OPTIONAL)

Custodial/Gift to Minors

CUSTODIAN'S NAME: FIRST, MIDDLE, LAST

CUSTODIAN'S SOCIAL SECURITY NUMBER

CUSTODIAN'S DATE OF BIRTH

MINOR'S NAME: FIRST, MIDDLE, LAST

MINOR'S SOCIAL SECURITY NUMBER

MINOR'S STATE OF RESIDENCE

MINOR'S DATE OF BIRTH

Trust*

TRUSTEE'S NAME

TRUSTEE'S SOCIAL SECURITY NUMBER

TRUSTEE'S DATE OF BIRTH

NAME OF TRUST AGREEMENT

TRUST'S TAXPAYER IDENTIFICATION NUMBER

DATE OF TRUST AGREEMENT

* Attach a separate list for additional Trustees and authorized traders including full name, social security number, date of birth and physical address. Please also include the first and last page of trust document.

Corporation*

NAME OF CORPORATION

PROVIDE SYMBOL IF A PUBLICLY TRADED CORPORATION

TYPE OF CORPORATION (please check one): S Corporation C Corporation

TAXPAYER IDENTIFICATION NUMBER

* For all Corporations:

Enclose a corporate resolution (or government-issued business license) which identifies the individuals authorized to conduct transactions on this account.

For Non-Public Corporations:

Your list of authorized traders must include their full names, social security numbers, dates of birth, and physical addresses.

Partnership*

PARTNER: FIRST, MIDDLE, LAST NAME

NAME OF PARTNERSHIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

* Attach a separate list for authorized traders, and each individual partner of a partnership, including full name, social security number, date of birth, and a physical address (P.O. Box is not acceptable.). A copy of partnership agreement must be attached.

Documents provided in connection with your Application will be used solely to establish and verify your identity. Causeway Funds will have no obligation with respect to the terms of any such documents.

2 SHAREHOLDER ADDRESS

U.S. Citizen

Resident Alien (must have U.S. tax identification number and domestic address).

Non-Resident Alien Country of Citizenship _____
(Non-Resident Aliens must provide a copy of an unexpired government issued photo ID with their application.)

Mailing Address:

STREET OR P.O. BOX

IF MAILING ADDRESS IS A POST OFFICE BOX (OTHER THAN AN ARMY POST OFFICE BOX OR A FLEET POST OFFICE BOX), THEN A PHYSICAL ADDRESS IS ALSO REQUIRED BY THE USA PATRIOT ACT.

CITY, STATE, ZIP

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DAYTIME TELEPHONE

EVENING TELEPHONE

E-MAIL ADDRESS

Physical Mailing Address (if different from above):

MUST PROVIDE PHYSICAL ADDRESS FOR INDIVIDUAL TRUSTEE AND AUTHORIZED TRADER; PROVIDE FOR JOINT REGISTRANT OR MINOR ONLY IF DIFFERENT THAN ABOVE.

STREET ADDRESS

CITY, STATE, ZIP

Duplicate Confirmations/Statements Sent To (Optional):

NAME

STREET OR P.O. BOX

CITY, STATE, ZIP

Receiving Investor Documents

Causeway Funds are taking advantage of the "Householding" Rule, which permits the delivery of one copy of an annual/semi-annual report, prospectus and/or proxy statement on behalf of two or more shareholders at a shared address. Unless you indicate otherwise by checking the box below, your signature on this application indicates your consent to Householding and Causeway Funds will deliver one copy of the above referenced documents to your address for as long as you remain invested in the Causeway Funds. You may revoke your consent at any time by calling 1-866-947-7000. Upon receiving such notification, Causeway Funds will begin mailing individual copies of the above referenced documents to your attention within 30 days.

I do not wish to participate in Householding.

3 FUND SELECTION/ INVESTMENT OPTION

• Enclose your check

• Make your check payable to: **Causeway International Value Fund**

• The Funds do not accept cash, travelers checks, cashier's checks, bank drafts, money orders, starter, counter, or third party checks.

International Value Fund – Institutional Class (1271) \$
\$1 million minimum

International Value Fund – Investor Class (1272) \$
\$5,000 minimum

TOTAL \$

Please call (1-866-947-7000) prior to sending a wire.

Wiring Instructions:

UMB Bank, n.a.

ABA #101000695

Causeway International Value Fund

DDA Acct. #9871062694

Reference:

Causeway International Value Fund

Account Number

Account Name

Wire Control Number

Please be sure to complete the other side of this form.

11 DEALER/SERVICE
ORGANIZATION USE ONLY

FIRM NAME

FIRM NUMBER

REP NAME

REP NUMBER

BRANCH ADDRESS

BRANCH PHONE NUMBER BRANCH NUMBER

AUTHORIZED SIGNATURE OF DEALER