

# Brown Advisory Funds

## New Account Application

(U.S. Citizens living Abroad)

**Please do not use this form for IRA accounts**

Mail to: Brown Advisory Funds  
c/o U.S. Bank Global Fund Services  
P.O. Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail To: Brown Advisory Funds  
c/o U.S. Bank Global Fund Services  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207

>> In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

### 1 Investor Information | Select one

☐ Individual

|  |   |   |                            |
|--|---|---|----------------------------|
| <input type="text"/>                       | <input type="text"/>                      | <input type="text"/>                        | <input type="text"/>       |
| FIRST NAME                                 | M.I.                                      | LAST NAME                                   | DATE OF BIRTH (MM/DD/YYYY) |
| <input type="text"/>                       | <input type="text"/>                      | <input type="text"/>                        | <input type="text"/>       |
| U.S. SOCIAL SECURITY NUMBER                | COUNTRY OF TAX RESIDENCE (IF NOT IN U.S.) | TAX RESIDENT COUNTRY TAX IDENTIFICATION NO. |                            |
| <input type="text"/>                       |   |   |                            |
| BIRTH PLACE: CITY, STATE/PROVINCE, COUNTRY |   |   |                            |

☐ Joint Owner

|   |   |   |                            |
|---|---|---|----------------------------|
| <input type="text"/>                        | <input type="text"/>                      | <input type="text"/>                        | <input type="text"/>       |
| FIRST NAME                                  | M.I.                                      | LAST NAME                                   | DATE OF BIRTH (MM/DD/YYYY) |
| <input type="text"/>                        | <input type="text"/>                      | <input type="text"/>                        | <input type="text"/>       |
| U.S. SOCIAL SECURITY NUMBER                 | COUNTRY OF TAX RESIDENCE (IF NOT IN U.S.) | TAX RESIDENT COUNTRY TAX IDENTIFICATION NO. |                            |
| <input type="text"/>                        |   |   |                            |
| CITY, STATE / PROVINCE AND COUNTRY OF BIRTH |   |   |                            |

Registration will be Joint Tenancy with Rights of Survivorship (JTWROS) unless otherwise specified.

☐ Gift to Minor

|   |   |                      |                            |
|---|---|----------------------|----------------------------|
| <input type="text"/>                                | <input type="text"/>                          | <input type="text"/> | <input type="text"/>       |
| CUSTODIAN'S FIRST NAME (ONLY ONE)                   | M.I.  | LAST NAME            | DATE OF BIRTH (MM/DD/YYYY) |
| <input type="text"/>                                |   |                      |                            |
| CUSTODIAN'S U.S. SOCIAL SECURITY NUMBER             |   |                      |                            |
| <input type="text"/>                                | <input type="text"/>                          | <input type="text"/> | <input type="text"/>       |
| MINOR'S FIRST NAME (ONLY ONE)                       | M.I.  | LAST NAME            | DATE OF BIRTH (MM/DD/YYYY) |
| <input type="text"/>                                | <input type="text"/>                          |                      |                            |
| MINOR'S U.S. SOCIAL SECURITY NUMBER                 | MINOR'S STATE OF RESIDENCE                    |                      |                            |
| <input type="text"/>                                | <input type="text"/>                          |                      |                            |
| MINOR'S TAX RESIDENT COUNTRY TAX IDENTIFICATION NO. | MINOR'S COUNTRY OF RESIDENCE (IF NOT IN U.S.) |                      |                            |
| <input type="text"/>                                |   |                      |                            |
| MINOR'S CITY, STATE / PROVINCE AND COUNTRY OF BIRTH |   |                      |                            |

☐ Tax Exempt

Organization

☐ C Corporation

☐ Partnership

☐ Limited Liability

Company

☐ S Corporation

☐ Trust

☐ Other Entity

NAME OF TRUST / CORPORATION / PARTNERSHIP AND STATE OF ORGANIZATION

NAME(S) OF TRUSTEE(S)

COUNTRY OF RESIDENCE (IF NOT IN THE U.S.)

U.S. SOCIAL SECURITY NUMBER/TAX I.D. NUMBER

DATE OF AGREEMENT (MM/DD/YYYY)

## 2 Permanent Address

Residential Address or Principal Place of Business - P.O. Boxes are not allowed.

|                      |                      |             |
|----------------------|----------------------|-------------|
|                      |                      |             |
| STREET               |                      | APT / SUITE |
|                      |                      |             |
| CITY                 | STATE                | ZIP CODE    |
|                      |                      |             |
| DAYTIME PHONE NUMBER | EVENING PHONE NUMBER |             |
|                      |                      |             |
| E-MAIL ADDRESS       |                      |             |

### ☐ Duplicate Statement #1

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

|              |             |          |
|--------------|-------------|----------|
|              |             |          |
| COMPANY NAME |             |          |
|              |             |          |
| NAME         |             |          |
|              |             |          |
| STREET       | APT / SUITE |          |
|              |             |          |
| CITY         | STATE       | ZIP CODE |

### ☐ 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.

|         |                |             |
|---------|----------------|-------------|
|         |                |             |
| STREET  |                | APT / SUITE |
|         |                |             |
| CITY    | PROVINCE-STATE | ZIP CODE    |
|         |                |             |
| COUNTRY |                |             |

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

### ☐ Duplicate Statement #2

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

|              |             |          |
|--------------|-------------|----------|
|              |             |          |
| COMPANY NAME |             |          |
|              |             |          |
| NAME         |             |          |
|              |             |          |
| STREET       | APT / SUITE |          |
|              |             |          |
| CITY         | STATE       | ZIP CODE |

## 3 Cost Basis Method

The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). **Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation.** If you do not elect a Cost Basis Method, your account will default to **Average Cost**.

### 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: If a Secondary Method is not elected, First In, First Out will be used.

## 4 Investment and Distribution Options

☐ **By check:** Make check payable to the Brown Advisory Funds.

*Note: All checks must be in U.S. Dollars drawn on a U.S. domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.*

☐ **By wire:** Call 1-800-540-6807 (Toll Free) or 414-203-9064.

*Note: A completed application is required in advance of a wire.*

### Investment Amount

*The minimum investment requirements are waived for qualified retirement plans under Section 401(a) of the Internal Revenue Code ("IRC"), and plans operating consistent with 403(a), 403(b), 408, 408(A), 457, 501(c) and 223(d) of the IRC. The minimum investment requirements may be waived from time to time for other investor types at the discretion of the Adviser.*

*\$1,000,000 Minimum - Inst.*

*\$100 Minimum - Investor*

#### Fund Name and Class

| Fund Name and Class |    | Capital Gains            |                          | Dividends                |                          |
|---------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|
|                     |    | Reinvest                 | Cash*                    | Reinvest                 | Cash*                    |
|                     | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                     | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                     | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                     | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                     | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you would like additional funds, please attach a sheet with the information provided in this section.

*If nothing is selected, capital gains and dividends will be reinvested.*

**\*Cash distribution should be paid by (select one):** ☐ Check to Address of Record ☐ ACH to Bank of Record

*Valid Voided Check or Savings Deposit Slip Needed  
(only available on U.S. bank accounts)*

## 5 Telephone and Internet Options

You have the ability to make telephone and/or internet purchases\*, redemptions\* or exchanges per the prospectus, unless you specifically decline below. See the prospectus for minimum and maximum amounts.

*\* You must provide bank instructions and a voided check or savings deposit slip in Section 6.*

*\*Telephone ACH Purchases or Redemptions are only available with U.S. bank accounts.*

Please check the box below if you wish to decline these options. If the options are not declined, you are acknowledging acceptance of these options.

☐ **I decline telephone and/or internet transaction privileges.**

*Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information.*

## 6 Bank Information

*If you selected any options which require banking information, please attach a voided check or preprinted savings deposit slip. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House System (ACH).*

|  |              |
|--|--------------|
| John Doe<br>Jane Doe<br>123 Main St.<br>Anytown, USA 12345 | 53289        |
| Pay to the order of _____ \$ _____                         |              |
| _____ DOLLARS  |              |
| Memo _____   | Signed _____ |
| ⑆ 1 2 3 4 5 6 7 8 ⑆    ⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆         |              |

If a voided check is not available please attach a sheet with full wire instructions.

## 7 E-Delivery Options

### I would like to:

- ☐ Receive statements electronically
- ☐ Receive tax statements electronically

By selecting any of the above options, you agree to waive the physical delivery of the account statements and/or tax forms. If you have opted to receive your statements or tax forms electronically, you will need to establish on-line access to your account, which you may do once your account has been established by visiting [www.brownadvisoryfunds.com](http://www.brownadvisoryfunds.com).

**Please note, you must provide your email address in Section 2 to enroll in eDelivery.**

## 8 Necessary Documentation

### Documentation necessary to open an individual/joint foreign registration:

**If not a U.S. Citizen, please call 1-800-540-6807 (Toll Free) or 414-203-9064 for additional information.**

Proof of identity –

Copy of a utility bill, phone bill, or other documentation with the address that is present on this application form.

## 9 Signature and Certification Required by the Internal Revenue Service

✓ I have received the prospectus for the Brown Advisory Funds (the "Fund"). I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable, if I fail to notify the Fund within such time period. I certify that I am of legal age and have the legal capacity to make this purchase.

✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

✓ Abandoned property laws require us to remit unclaimed property to the state whose address appears on the account if we do not have confirmation of the owner's correct address and/or knowledge of the property after a period of inactivity. If the address on the account is located outside of the United States, the shares are remitted to the state of incorporation of the fund.

✓ Submit a completed United States Internal Revenue Service Form W-9 with this application for each investor and each joint owner who is a U.S. person (as defined in the Internal Revenue Code). (Non-U.S. persons must submit completed form W-8). Forms are available at [www.irs.gov](http://www.irs.gov).

### Internal Revenue Service Certification

Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person; and 4. The FATCA code(s) (if any) entered on my Form W-9 and in the space below indicating that I am exempt from FATCA reporting is correct. Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Exemptions (codes apply only to certain entities, not individuals; see instructions to IRS Form W-9): Exempt payee code (if any) \_\_\_\_\_ (please complete (if applicable)) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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.

## 10 Dealer Information

|  |                      |
|--|----------------------|
| <input type="text"/>                   |                      |
| DEALER NAME                            |                      |
| <input type="text"/>                   | <input type="text"/> |
| DEALER'S ID                            | BRANCH ID            |
| <b>DEALER HEAD OFFICE INFORMATION:</b> |                      |
| <input type="text"/>                   |                      |
| ADDRESS                                |                      |
| <input type="text"/>                   |                      |
| CITY / STATE / ZIP                     |                      |
| <input type="text"/>                   |                      |
| TELEPHONE NUMBER                       |                      |

|  |                      |                      |
|--|----------------------|----------------------|
| <input type="text"/>                             | <input type="text"/> | <input type="text"/> |
| REPRESENTATIVE'S LAST NAME                       | FIRST NAME           | M.I.                 |
| <input type="text"/>                             |                      |                      |
| REPRESENTATIVE'S ID                              |                      |                      |
| <b>REPRESENTATIVE BRANCH OFFICE INFORMATION:</b> |                      |                      |
| <input type="text"/>                             |                      | <input type="text"/> |
| ADDRESS  |                      | CODE                 |
| <input type="text"/>                             |                      |                      |
| CITY / STATE / ZIP                               |                      |                      |
| <input type="text"/>                             |                      |                      |
| TELEPHONE NUMBER                                 |                      |                      |

### ! Before you mail, have you:

- |   |  |
|---|--|
| <input type="checkbox"/> Completed all USA PATRIOT Act required information? <ul style="list-style-type: none"><li>– Social Security or Tax ID Number in Section 1?</li><li>– Birth Date in Section 1?</li><li>– Full Name in Section 1?</li><li>– Permanent street address in Section 2?</li></ul> | <input type="checkbox"/> Enclosed your personal check made payable to the Brown Advisory Funds? <ul style="list-style-type: none"><li><input type="checkbox"/> Included a voided check or savings deposit slip, if applicable?</li><li><input type="checkbox"/> Provided required items for Section 8?</li><li><input type="checkbox"/> Signed your application in Section 9?</li><li><input type="checkbox"/> Enclosed additional documentation, if applicable?</li></ul> |
|---|--|

**For additional information please Call 1-800-540-6807 (Toll Free) or 414-203-9064  
or visit us on the web at [www.brownadvisoryfunds.com](http://www.brownadvisoryfunds.com).**

Brown Advisory Growth Equity Fund  
Institutional Shares 1989 (BAFGX)  
Investor Shares 1271 (BIAGX)

Brown Advisory Flexible Equity Fund  
Institutional Shares 1991 (BAFFX)  
Investor Shares 1275 (BIAFX)

Brown Advisory Equity Income Fund  
Institutional Shares 1988 (BAFDX)  
Investor Shares 1798 (BIADX)

Brown Advisory  
Sustainable Growth Fund  
Institutional Shares 1789 (BAFWX)  
Investor Shares 1793 (BIAWX)

Brown Advisory  
Mid-Cap Growth Fund  
Institutional Shares 4901 (BAFMX)  
Investor Shares 5404 (BMIDX)

Brown Advisory  
Small-Cap Growth Fund  
Institutional Shares 1279 (BAFSX)  
Investor Shares 1277 (BIASX)

Brown Advisory Small-Cap  
Fundamental Value Fund  
Institutional Shares 1992 (BAUUX)  
Investor Shares 1290 (BIAUX)

Brown Advisory Global Leaders Fund  
Institutional Shares 5433 (BAFLX)  
Investor Shares 2958 (BIALX)

Brown Advisory  
Intermediate Income Fund  
Investor Shares 1294 (BIAIX)

Brown Advisory  
Sustainable Bond Fund  
Institutional Shares 4902 (BAISX)  
Investor Shares 4025 (BASBX)

Brown Advisory Total Return Fund  
Institutional Shares 2933 (BAFTX)  
Investor Shares 2392 (BIATX)

Brown Advisory Maryland Bond Fund  
Investor Shares 1293 (BIAMX)

Brown Advisory Tax Exempt Bond Fund  
Institutional Shares 1791 (BTEIX)  
Investor Shares 1794 (BIAEX)

Brown Advisory Mortgage Securities Fund  
Institutional Shares 2326 (BAFZX)  
Investor Shares 2324 (BIAZX)

Brown Advisory-WMC  
Strategic European Equity Fund  
Institutional Shares 2029 (BAFHX)  
Investor Shares 2013 (BIAHX)

Brown Advisory Emerging  
Markets Select Fund  
Institutional Shares 2006 (BAFQX)  
Investor Shares 2007 (BIAQX)

Brown Advisory -  
Beutel Goodman  
Large-Cap Value Fund  
Institutional Shares 5409 (BVALX)  
Investor Shares 5644 (BIAVX)

Brown Advisory Tax-Exempt  
Sustainable Bond Fund  
Investor Shares 5539 (BITEX)

Brown Advisory Sustainable  
Small-Cap Core Fund  
Institutional Shares 5674 (BAFYX)  
Investor Shares 5673 (BIAYX)