

Brown Advisory Funds

New Account Application (Non-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 In	formation Select one	е		
■ Individual				
	FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
	TAX ID NUMBER		COUNTRY OF CITIZENSHIP	COUNTRY OF TAX RESIDENCE
	CITY, STATE / PROVINCE AND COUNTR	Y OF BIRTH	1	
☐ Joint Owner				
	FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
	TAX ID NUMBER		COUNTRY OF CITIZENSHIP	COUNTRY OF TAX RESIDENCE
	CITY, STATE / PROVINCE AND COUNTR Registration will be Joint Tenancy with Ri		ł vivorship (JTWROS) unless otherwise specified	d.
☐ Gift to Minor				
	CUSTODIAN'S FIRST NAME (ONLY ONE)) M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
	CUSTODIAN'S TAX ID NUMBER		_	
	MINOR'S FIRST NAME (ONLY ONE)	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
	MINOR'S TAX ID NUMBER		MINOR'S STATE OF RESIDENCE	
	I I I I I I I I I I I I I I I I I I I		The state of Residence	
	MINOR'S COUNTRY OF CITIZENSHIP		MINOR'S COUNTRY OF TAX RESIDENCE	
☐ Tax Exempt				
Organization ☐ C Corporation	NAME OF TRUST / CORPORATION / PAI	RTNERSHI	P AND STATE OF ORGANIZATION	
□ Partnership				
☐ Limited Liability Company	NAME(S) OF TRUSTEE(S)		7	
□ S Corporation				
☐ Trust☐ Other Entity	TAX I.D. NUMBER		DATE OF AGREEMENT (MM/DD/YYYY)	_

COLINTRY WHERE ESTABLISHED / ORGANIZED	COLINITRY OF TAY DECIDENCE

You must supply documentation to substantiate existence of your organization. (i.e., Articles of Incorporation/Formation/Organization, Trust Agreements (including the powers and limitations section(s)), Partnership Agreement, or other official documents.) Remember to include a separate sheet detailing the full name, date of birth, Social Security number or Taxpayer Identification number, and permanent street address for all authorized individuals.

☐ Check here if you are a government entity or affitiated with a government entity.

Provide your U.S. Taxpayer Identification number (TIN), such as a Social Security number, Employer Identification number or Individual Taxpayer Identification number. If you have not obtained a TIN, then supply a copy of a resident alien ID card, current passport, current government-issued ID card or other document indicating residence or nationality with a photograph and government number.

2 Permanent Address

Residential Address or Principal Place of Business - 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.
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	☐ Duplicate Statement #2
Complete only if you wish someone other than the account owner(s) to receive duplicate statements.	
COMPANY NAME	COMPANY NAME
GONII ANT NAIVIL	COMPANTIVAL
NAME	NAME
STREET APT / SUITE	STREET APT / SUITE
CITY STATE ZIP CODE	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.

account will actual to Average cost.						
Primary Method (Select only one) Average Cost – averages the purchase price First In, First Out – oldest shares are redeen Last In, First Out – newest shares are redeen Low Cost – least expensive shares are redeen High Cost – most expensive shares are redeen Loss/Gain Utilization – depletes shares with term shares Specific Lot Identification – you must spect requires you elect a Secondary Method below lots you designate for a redemption are unaveous Secondary Method – applies only if Specific Low First In, First Out Last In, First Out Low Cost High Cost Loss/Gain Utilization Note: If a Secondary Method is not elected, F	med f med med emed i loss ify th w, wh ailab ot lo	irst first first d first ses prior to shares with se share lots to be sold nich will be used for sys le.) lentification was elected	at the tim stematic r d as the P	ne of a reden redemptions	nption (This and in the e	method vent the
■ By check: Make check payable to the Brown Note: All checks must be in U.S. Dollars drawn on a U.S. orders. The Fund does not accept post dated checks on accept third party checks, Treasury checks, credit ■ By wire: Call 1-800-540-6807 (Toll Free) or 41 Note: A completed application is required in advance of The minimum investment requirements are Code ("IRC"), and plans operating consisten	S. don or any card 4-20 of a w li waive	mestic bank. The Fund will conditional order or payn checks, traveler's checks 03-9064. rire. westment Amoun d for qualified retirement pla	nent. To pr or starter o i t ans under S	event check frachecks for the particular to the	aud, the Fund purchase of s of the Internal F	will hares. Revenue
mum investment requirements may be waive	ed fro		estor types :. Capita			er. ends
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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.

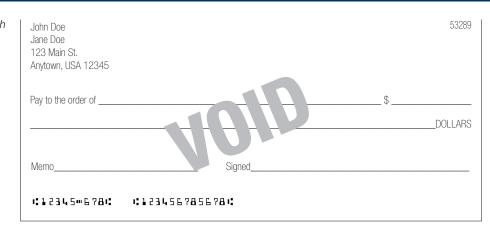
Please check the box below if you wish to decline these options. If the options are not declined, you are acknowledging acceptance of these options.

☐ 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).



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 been established by visiting www.brownadvisoryfunds.com.

Please note, you must provide your email address in Section 2 to enroll in eDelivery. Please note, you must have a U.S. TIN to have eDelivery options.

^{*}To have Internet access you will need a US PIN

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-8 with this application for each investor and each joint owner who is not a U.S. person. (U.S. persons must submit completed Form W-9). Forms are available at www.irs.gov.

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

DEALER NAME			REPRESENTATIVE'S LAST NAME	FIRST NAME	M.I.
DEALER'S ID BF	RANCH ID	F	REPRESENTATIVE'S ID		
DEALER HEAD OFFICE INFORMATION:		F	REPRESENTATIVE BRA	NCH OFFICE II	NFORMATION
ADDRESS			ADDRESS		CODE
OUTY (OTATE (710)			0/17/ (07475 (7/0		
CITY / STATE / ZIP			CITY / STATE / ZIP		
TELEPHONE NUMBER			TELEPHONE NUMBER		

! Before you mail, have you:

☐ Completed all USA PATRIOT Act required information?	☐ Enclosed your personal check made payable to the Brown
– Social Security or Tax ID Number in Section 1?	Advisory Funds?
- Birth Date in Section 1?	☐ Included a voided check or savings deposit slip,
- Full Name in Section 1?	if applicable?
 Permanent street address in Section 2? 	☐ Provided required items for Section 8?
	☐ Signed your application in Section 9?
	☐ Enclosed additional documentation, if applicable?

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.

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)