

New Account Application

(Non-U.S. Citizens living Abroad)

Regular Mail:

Investor Information | Select one

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

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

For additional information please call toll-free 1-800-540-6807 (Toll Free) or 414-203-9064 or visit us on the web at www.brownadvisoryfunds.com.

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**. **Trust 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. **Please do not use this application for IRA or Entity accounts**.

☐ Individual			
	FULL LEGAL FIRST NAME ¹	M.I. LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
	U.S. SOCIAL SECURITY NUMBER	COUNTRY OF TAX RESIDENCE (IF NOT IN U.S.)	TAX RESIDENT COUNTRY TAX IDENTIFICATION NO
	BIRTH PLACE: CITY, STATE/PROVINCE, CO	UNTRY	
☐ Joint Owner			
	FULL LEGAL FIRST NAME ¹	M.I. LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
	U.S. SOCIAL SECURITY NUMBER	COUNTRY OF TAX RESIDENCE (IF NOT IN U.S.)	TAX RESIDENT COUNTRY TAX IDENTIFICATION NO

CITY, STATE / PROVINCE AND COUNTRY OF BIRTH

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

ransfer to			
Minor	CUSTODIAN'S FULL LEGAL FIRST NAME ¹ M.I. LAST NAME (ONLY ONE)		DATE OF BIRTH (MM/DD/YYYY)
	CUSTODIAN'S U.S. SOCIAL SECURITY NUMBER		
	MINOR'S FULL LEGAL FIRST NAME ¹ M.I. LAST NAME (ONLY ONE)		DATE OF BIRTH (MM/DD/YYYY)
	MINOR'S U.S. SOCIAL SECURITY NUMBER UTMA STATE (list state's law that	at governed the initial transfer)*	AGE OF TERMINATION**2
	MINOR'S TAX RESIDENT COUNTRY TAX IDENTIFICATION NO. MINOR'	'S COUNTRY OF RESIDENCE (IF	NOT IN U.S.)
	"Minor" means an UTMA account owner (customer) who has not reached the age of transfer and governed by state law). This means that depending on the applicated Upon reaching the age of termination, the custodian must remove themself as customplete a new application solely in their name and under their control. The custof termination. Please note, transfers to a minor are irrevocable. Additionally, at the	able state, a minor could be older the stodian (and their authority over the odian will no longer be able to act on the age of termination, U.S. Bank Gle	an 18 or 21. account) so that the UTMA account on the account after the minor reaches
	Advisory Funds reserves the right to restrict purchases and redemptions and rein minor completes a New Account Application. *In the event that the custodian does not complete the "UTMA State" field above, state from the Permanent Street Address provided in the Address section as the Uthis account.	the custodian hereby directs U.S. E	ains set to pay out in cash until the for Bank to establish the UTMA state using
	minor completes a New Account Application. *In the event that the custodian does not complete the "UTMA State" field above, state from the Permanent Street Address provided in the Address section as the I	the custodian hereby directs U.S. E UTMA state. This designation shall d above, the custodian hereby direc	ains set to pay out in cash until the fon Bank to establish the UTMA state using permanently remain as the designated
Frust	minor completes a New Account Application. *In the event that the custodian does not complete the "UTMA State" field above, state from the Permanent Street Address provided in the Address section as the I this account. **In the event that the custodian does not complete the "Age of Termination" field	the custodian hereby directs U.S. E UTMA state. This designation shall d above, the custodian hereby direc	ains set to pay out in cash until the fon Bank to establish the UTMA state using permanently remain as the designated
Trust	minor completes a New Account Application. *In the event that the custodian does not complete the "UTMA State" field above, state from the Permanent Street Address provided in the Address section as the I this account. **In the event that the custodian does not complete the "Age of Termination" field	the custodian hereby directs U.S. E UTMA state. This designation shall d above, the custodian hereby direc	ains set to pay out in cash until the fon Bank to establish the UTMA state using permanently remain as the designated
Frust	minor completes a New Account Application. *In the event that the custodian does not complete the "UTMA State" field above, state from the Permanent Street Address provided in the Address section as the It this account. **In the event that the custodian does not complete the "Age of Termination" field default age of termination for custodial property transferred by gift under the "UTM	the custodian hereby directs U.S. E UTMA state. This designation shall d above, the custodian hereby direc	ains set to pay out in cash until the fon Bank to establish the UTMA state using permanently remain as the designated
Trust	minor completes a New Account Application. *In the event that the custodian does not complete the "UTMA State" field above, state from the Permanent Street Address provided in the Address section as the I this account. **In the event that the custodian does not complete the "Age of Termination" field default age of termination for custodial property transferred by gift under the "UTM NAME OF TRUST	the custodian hereby directs U.S. E UTMA state. This designation shall d above, the custodian hereby direc	ains set to pay out in cash until the fon Bank to establish the UTMA state using permanently remain as the designated

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.

If a full legal first name is not provided, a copy of a government issued document is required to accompany this application.

²Note that electing an age of termination beyond the default age, such as 25 if permissible for a particular state, may result in the loss of any annual exclusion for federal gift tax purposes. By entering an age of termination that is different than the state laws governing the gift or transfer, you represent and warrant that you have consulted with your tax and legal advisors on (i) the permissibility of the age selected under the governing state's law, and (ii) the state and federal tax consequences of the designated age of termination.

2 Address

CITY

Permanent Street Address Foreign addresses and PO Boxes are not allowed.		Mailing Address* (if different from pleted, this address will be and required mailings. Foreign and	used as the Address of Reco	et Address) rd for all statements, check
STREET	APT / SUITE	STREET		APT / SUITE
CITY STATE	ZIP CODE	CITY	STATE	ZIP CODE
		* A PO Box may be used as the r	mailing address.	
DAYTIME PHONE NUMBER EVENING PH	ONE NUMBER	ı		
EMAIL ADDRESS				
Minor's Address Check box if minor's address is the same as the custodian's	s address. If not, please pro	ovide the minor's address below.		
STREET	APT / SUITE			
]		
CITY STATE	ZIP CODE	J		
Duplicate Statement #1 Complete only if you wish someone other than the account duplicate statements.	owner(s) to receive	Duplicate Statement # Complete only if you wish someoduplicate statements.	\$2 one other than the account own	ner(s) to receive
COMPANY NAME		COMPANY NAME		
NAME		I LNAME		
STREET	APT / SUITE	STREET		APT / SUITE
CITY STATE	ZIP CODE	I CITY	STATE	ZIP CODE

3 Investment Options						
■ By check: Make check payable to the Brown Adv Note: All checks must be in U.S. Dollars drawn on a domes not accept post-dated checks or any conditional order or pa checks, credit card checks, traveler's checks, or starter che	tic ba	nk. The Fund will not accept t. To prevent check fraud, th				
■ By wire: Call 1-800-540-6807 (Toll Free) or 414-2 Note: A completed application is required in advance of a wi						
The minimum investment requirements are waived for q ing consistent with 403(a), 403(b), 408, 408(A), 457, 501 other investor types at the discretion of the Adviser.						
Fund Name and Class		\$1,000,000 Minimum - Inst. \$100 Minimum - Investor	Reinvest	I Gains Cash*	Divid Reinvest and dividends will b	Cash*
] \$	"			l 🔲	
] \$		 			
] \$]			
] \$] -	_	_	
] \$] \$] _		_	_
If you would like additional funds, please attach a sheet w	┛ .	e information				Ц
*If cash distribution should be paid, please select one ☐ Check to Address of Record ☐ ACH to Bank of Record - Valid Voided Check or Saving bank accounts)		eposit Slip Needed in the	Bank Inform	ation section	(only available	e on U.S.
4 Cost Basis Method						
The Cost Basis Method you elect applies to all covered sexisting and future accounts you may establish, unless on which shares are redeemed and how your cost basis in Revenue Service (IRS). Please consult your tax advisituation. If you do not elect a Cost Basis Method, your accounts to the control of the cost Basis Method, your accounts to the cost Basis Method accounts	otherv nform visor	vise noted. The Cost Bar ation is calculated and su to determine which Co	sis Method : bsequently st Basis N	you select wil reported to yo	I determine thou and to the	e order nternal
Primary Method (Select only one)						

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

5 Telephone and Internet Options

You automatically 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 the Bank Information section.

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 <u>decline</u> 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 Automatic Investment Plan (AIP)

Your signed application must be received up to 7 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 the Bank Information section of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP (check or		will default to monthly	
\$100 minimum	If no option is selected, the frequency v	will delault to monthly.	
Fund Name and Class	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY

Please keep in mind that:

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

^{*}Telephone ACH Purchases or Redemptions are only available with U.S. bank accounts.

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

7 Systematic Withdrawal Plan (SWP)

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

Systematic Withdrawal Plan (SWP) \$50 minimum and \$2,500 account value minimum – permits the automatic withdrawal of funds.

Payments will be mailed to address in Address section.
Payments will be deposited directly into your bank account. Please attach a voided check or preprinted savings deposit slip to the Bank Information section 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:

Fund Name and Class

AMOUNT PER WITHDRAWAL SWP START MONTH SWP START DAY

MOUNT PER WITHDRAWAL SWP START MONTH SWP START DAY

8 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).

Note: There is a \$15 fee for next day wire and no fee for ACH (transfer takes 2-3 days).

John Doe Jane Doe 123 Main St. Anytown, USA 12345			53289
Pay to the order of		\$\$	DOLLARS
Memo	Signed_		
1:12345m6781:	::123456785678:		

9 E-Delivery Options

I would like to:

□ Receive prospectuses, annual reports, and semi annual reports electronically
 □ Receive statements electronically
 □ Receive tax statements electronically

By selecting any of the above options, you agree to waive the physical delivery of the prospectus, fund reports, account statements, and/or tax forms. If you have opted to receive your statements or tax forms electronically, you will need to establish online access to your account, which you may do once your account has been established by visiting www.brownadvisoryfunds.com.

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

10 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.

11 Signature and Certification Required by the Internal Revenue Service

- ✓ I have received and understand the prospectus for the Brown Advisory Funds (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each 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.
- ✓ I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.
- 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.
- ✓ Under penalty of perjury, I certify that:
 - 1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number
 - 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 not 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) entered on this form (if any) 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisitions or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X	
SIGNATURE OF OWNER*	DATE (MM/DD/YYYY)
X	
SIGNATURE OF JOINT OWNER*	DATE (MM/DD/YYYY)

If the custodian listed in the Investor Information section is NOT a parent or legal guardian of the minor, a parent or legal guardian is REQUIRED to complete the following section.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Under penalty of perjury, I certify that:

- 1) the Social Security or taxpayer identification number shown on this form is the 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 not 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) entered on this form (if any) 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisitions or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

I am signing on behalf of the minor as a parent or legal guardian:

PRINT MINOR'S NAME	
x	
SIGNATURE OF PARENT/LEGAL GUARDIAN	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.

12 Dealer Information DEALER NAME REPRESENTATIVE'S LAST NAME FIRST NAME DEALER'S ID REPRESENTATIVE'S ID BRANCH ID **DEALER HEAD OFFICE INFORMATION:** REPRESENTATIVE BRANCH OFFICE INFORMATION: ADDRESS ADDRESS CODE CITY / STATE / ZIP CITY / STATE / ZIP TELEPHONE NUMBER TELEPHONE NUMBER Before you mail, please: ☐ Complete all USA PATRIOT Act required information ☐ Enclose your personal check made payable to the Brown Advisory ☐ Social Security or Tax ID Number ☐ Include a voided check or savings deposit slip, if applicable ☐ Date of Birth ☐ Sign your application in the Signature and Certification Required by ☐ Full Name the Internal Revenue Service section ☐ Permanent Street Address ☐ Enclose additional documentation, if applicable

☐ Complete UTMA information, if applicable

Brown Advisory Fund List

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
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 Sustainable Value Fund Institutional Shares 5832 (BASVX) Investor Shares 5833 (BISVX) 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)

Brown Advisory Sustainable International Leaders Fund Institutional Shares 5740 (BAILX) Investor Shares 5741 (BISLX)