



CROSSMARKGLOBAL.COM

CROSSMARK STEWARD FUNDS ACCOUNT APPLICATION



- For additional information please call (800) 695-3208
- Send completed application with check made payable to: Steward Funds, P. O. Box 183004, Columbus, OH 43218-3004.

All applicable information must be completed in its entirety before the account can be opened.

Account Registration (please choose one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Individual Account | <input type="checkbox"/> C-Corporation ¹ | <input type="checkbox"/> Joint Account with Right of Survivorship (JTWRoS) |
| <input type="checkbox"/> Custodian for Minor | <input type="checkbox"/> S-Corporation ¹ | <input type="checkbox"/> Tenants in Common (TIC) |
| <input type="checkbox"/> Other Entity ¹ _____ | <input type="checkbox"/> Trust Account ¹ | Permitted unless state laws regarding community property apply. |
| <input type="checkbox"/> Partnership ¹ | | |

¹ If you are opening a new account on behalf of a legal entity, you must also complete the Legal Entity Beneficial Ownership Certification Form. Please see the form for the definition of a legal entity for this purpose. Please attach a copy of the appropriate by-laws, resolutions or trust documents establishing authority to open this account. Other documentation may be required for certain registration types.

Part 1. Account Information (please print above line)

FOR: Joint Owner Minor Custodian

INDIVIDUAL NAME (First, Middle, Last)

RESIDENTIAL ADDRESS CITY STATE ZIP

SOCIAL SECURITY NUMBER DATE OF BIRTH

MAILING ADDRESS IF DIFFERENT THAN ABOVE

JOINT OWNER NAME (First, Middle, Last)

DAYTIME PHONE EVENING PHONE

SOCIAL SECURITY NUMBER DATE OF BIRTH

Part 3. Citizenship

- U.S. Person Non-Resident Alien. Country of residence _____
 Resident Alien for tax purposes _____
 Please attach IRS Form W-8BEN

CUSTODIAN'S NAME (One Only) (First, Middle, Last)

Part 4. State and Local Government Entities

- Please check this box if you are a State or local government, entity, agency, authority, fund, instrumentality, benefit plan, plan or program.

SOCIAL SECURITY NUMBER DATE OF BIRTH

MINOR'S NAME (One Only) (First, Middle, Last) STATE OF RESIDENCE

Part 5. Securities Industry Employment Information

- I am an employee of Crossmark Global Investments, or a family member of an employee of Crossmark or a Crossmark Affiliate (spouse, domestic partner, or child(ren) under 21)
 I am an associated person of a FINRA member firm.

MINOR'S SOCIAL SECURITY NUMBER DATE OF BIRTH

NAME OF TRUST, CORPORATION, PARTNERSHIP OR OTHER ENTITY

EMPLOYED BY

TRUSTEE OR AUTHORIZED PERSON† TAXPAYER IDENTIFICATION #

EMPLOYER ADDRESS

NAME OF TRUST BENEFICIARY DATE OF TRUST AGREEMENT

LEGAL ADDRESS OF AUTHORIZED PERSON, CORP OR PARTNERSHIP CITY STATE ZIP

*†Individual who is authorized to open or otherwise give instruction on the account.

Part 2. Address and Phone Number

For: Individual Joint Owner
 Minor Custodian

Part 6. Investment Selection

Please refer to prospectus for initial investment minimums. Please make check payable to Steward Funds. No third party, travelers or credit card convenience checks, money orders or cash accepted. I would like to purchase:

RESIDENTIAL ADDRESS CITY STATE ZIP

Fund Name	Share Class	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

MAILING ADDRESS IF DIFFERENT THAN ABOVE

DAYTIME PHONE EVENING PHONE

Class A-Shares will be purchased unless otherwise indicated.

Custodian for Minor
Trust, Corporation, Partnership or Other Entity

Part 7. Option to Receive Only One Copy of Certain Shareholder Documents

As a shareholder, you have the option of receiving only one copy per household of shareholder reports, prospectuses (including supplements), and proxy information statements (separate proxy voting cards will always be provided). This means if you share an address with one or more other individuals who have Steward Fund accounts, only one copy of each document (ordinarily sent separately to each individual) will be sent to the household.

- Your consent, contained in Section 12, will continue until you revoke it and applies to all accounts that you have with the Steward Funds.
- You may revoke your consent by calling 800-695-3208. The Steward Funds will begin to send individual copies of these documents within 30 days after the revocation.

Part 8. Telephone Redemption & Exchange

The options listed below will be added to your account automatically unless you check the boxes below:

No, I do not want telephone: **exchange** **redemption** privileges.

Part 9. Distribution Options

Your dividends and capital gains will be automatically reinvested into additional shares of the same Fund unless you indicate otherwise:

- Pay dividends and capital gains to me
- Reinvest capital gains and pay dividends to me
- Reinvest dividends and pay capital gains to me
For other options, call 800-695-3208.
- By Check (For checks of \$25 or less, the Steward Funds reserve the right to have the amount automatically reinvested in additional shares of the same Fund).
- By ACH (**Attach a voided check to establish**)

Part 10. Automatic Investment Withdrawal Plan

- Yes, I authorize my bank to accept withdrawals/deposits initiated by the Fund's Transfer Agent, to/from my account for the amount I have designated, without responsibility for the correctness of the agreement or for the existence of any further authorization relating to this contract. I agree to indemnify and hold harmless my bank, the Steward Funds and its agents for any loss, liability or expense incurred from action of these instructions.

I would like to invest (minimum \$250 per fund)/withdraw (minimum \$25 per fund):

- Monthly on the day indicated (any day, 1st-28th),
- Quarterly,
- Semi-annually, or
- Annually into/from the following fund(s):

If monthly, please deduct/credit on _____ **Amount**
Day of month

Fund Name _____ \$ _____

Fund Name _____ \$ _____

Total Amount \$ _____

- Please wire redemption proceeds to my bank account upon request.

Duplicate Statements and Confirmations

Please send duplicate statements and confirmations to:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Legal Entity Beneficial Ownership Certification Form

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. In some cases, Federal law also requires us to verify and record information that identifies the natural persons who control and beneficially own a legal entity that opens an account.

What this means to you: When you open an account, we will ask for names, addresses, dates of birth and other information that will allow us to identify you and certain other natural persons associated with the account. This information will be verified to ensure the identity of all such natural persons.

Purpose

This form must be completed by the person opening a new account on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, limited liability company, partnership or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening account on their own behalf.

Important Notes

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. Persons) for the following individuals:

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

Section A - Account Information

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

b. Name and Address of Legal Entity for Which the Account is Being Opened:

Section B - Beneficial Owner(s)

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name/Title	Date of Birth (mm/dd/yyyy)	Address (residential or business street address)	Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number*

* In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Section C - Control Person

The following information for one individual with significant responsibility for managing the legal entity listed above, such as: An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (b) above may also be listed in this section (c)).

Name/Title	Date of Birth (mm/dd/yyyy)	Address (residential or business street address)	Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number*

** In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.*

Section D - Certification

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge that the information provided above is complete and correct.

Signature: _____ Date (mm/dd/yyyy): _____

Privacy Policy

THE CROSSMARK STEWARD FAMILY OF FUNDS IS COMMITTED TO PROTECTING YOUR PRIVACY

The Crossmark Steward Funds (the "Funds") appreciate the privacy concerns and expectations of our customers. We are committed to maintaining a high level of privacy and confidentiality when it comes to your personal information and we use that information only where permitted by law. This privacy policy contains information about how we fulfill this commitment to you. In compliance with government regulations, we provide this notice annually.

OUR COMMITMENT TO YOU

- We value the trust of our customers and will continue to recognize the importance of holding your personal financial information as confidential.
- We will use information responsibly in order to protect you from fraud, offer you improved products and services, and comply with legal obligations.
- We will maintain accurate customer information and respond promptly to customer requests to correct information.
- We will require companies with which we do business to use our customer information appropriately and to safeguard the confidentiality of such information.

THE CROSSMARK STEWARD FUNDS COLLECT INFORMATION THAT MAY INCLUDE:

- Information that we receive from you personally on applications, forms, or other correspondence, such as your name, address, phone number, social security number, and e-mail address.
- Information about your transactions with us, such as your account holdings and transaction history.

DISCLOSURE OF INFORMATION

We do not disclose any Information about our customers or former customers to third parties except to the extent necessary to service your account, as permitted by law.

WE PROTECT NON-PUBLIC PERSONAL INFORMATION ABOUT FORMER CUSTOMERS

If you decide to close your account(s), we will continue to adhere to the privacy policies and practices provided in this notice.

WE HAVE SAFEGUARDS IN PLACE

We have safeguards in place to protect the confidentiality, security and integrity of your non-public personal information. We restrict access to non-public personal information to those who need to know that information in order to service your account. We maintain physical, electronic and procedural safeguards that comply with government requirements to guard non-public personal information.

We appreciate the opportunity to serve your investment needs. We pledge to follow the policies, safeguards and guidelines as described in this notice, and to protect the confidentiality of your information. Your relationship is very important to us, and we will take great care to honor these commitments to you. Thank you for choosing the Crossmark Steward Funds.

For more information about the Crossmark Steward Funds privacy notice, please call 1-800-262-6631

Steward Funds distributed by Crossmark Distributors, Inc., (Member FINRA)