

CROSSMARKGLOBAL.COM

CROSSMARK STEWARD FUNDS ACCOUNT APPLICATION





ACCOUNT APPLICATION

• For additional information please call (800) 695-3208

Trust, Corporation, Partnership or Other Entity Custodian for Minor

• Send completed application with check made payable to: Steward Funds, P. 0. 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) Individual Account Custodian for Minor Other Entity 1 Partnership 1	□ C-Corporation ¹ □ S-Corporation ¹ □ Trust Account ¹	☐ Joint Account with Right ☐ Tenants in Common (TIC) Permitted unless state laws regard	• • • • • • • • • • • • • • • • • • • •
If you are opening a new account on behalf of a form for the definition of a legal entity for this period Please attach a copy of the appropriate by-laws required for certain registration types.	ourpose.		
Part 1. Account Information (please print	: above line)	FOR: Joint Owner	Minor
INDIVIDUAL NAME (First, Middle, Last)		RESIDENTIAL ADDRESS	CITY STATE ZIP
SOCIAL SECURITY NUMBER	DATE OF BIRTH	MAILING ADDRESS IF DIFFERENT THAN AB	OVE
JOINT OWNER NAME (First, Middle, Last)		DAYTIME PHONE	EVENING PHONE
SOCIAL SECURITY NUMBER CUSTODIAN'S NAME (One Only) (First, Middle, Last)	DATE OF BIRTH	Part 3. Citizenship □ U.S. Person □ Non-Reside □ Resident Alien for tax purpose:	ent Alien. Country of residence s
			Please attach IRS Form W-8BEN
SOCIAL SECURITY NUMBER	DATE OF BIRTH	Part 4. State and Local Governme	ent Entities
MINOR'S NAME (One Only) (First, Middle, Last)	STATE OF RESIDENCE	Please check this box if you are a Sentity, agency, authority, fund, institution	
MINOR'S SOCIAL SECURITY NUMBER	DATE OF BIRTH	program.	
NAME OF TRUST, CORPORATION, PARTNERSHIP C	OR OTHER ENTITY	Part 5. Securities Industry Employ I am an employee of Crossmark Gl member of an employee of Crossn	obal Investments, or a family
TRUSTEE OR AUTHORIZED PERSON†	TAXPAYER IDENTIFICATION #	(spouse, domestic partner, or child	
NAME OF TRUST BENEFICIARY	DATE OF TRUST AGREEMENT	EMPLOYED BY	
LEGAL ADDRESS OF AUTHORIZED PERSON, CORP O	R PARTNERSHIP CITY STATE ZIP	EMPLOTED BY	
*†Individual who is authorized to open or otherwise giv	e instruction on the account.	EMPLOYER ADDRESS	
Part 2. Address and Phone Number For: Individual Individual Custodian RESIDENTIAL ADDRESS	CITY STATE ZIP	Part 6. Investment Selection Please refer to prospectus for initial inve Please make check payable to Steward credit card convenience checks, money like to purchase:	Funds. No third party, travelers or
RESIDENTIAL ADDRESS	SITT AII	Fund Name	Share Class
MAILING ADDRESS IF DIFFERENT THAN ABOVE			\$
DAYTIME PHONE	EVENING PHONE		\$
			. \$



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)

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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.

	unds and its agents for any loss, lia action of these instructions.	bility or expense
per fund): Monthly on the Quarterly, Semi-annually, o Annually into/fre	day indicated (any day, 1st-28th), or om the following fund(s): leduct/credit on Day of month	raw (minimum \$25
Fund Name		_ \$
Fund Name		\$
	Total Amoun	t \$
☐ Please wire red	emption proceeds to my bank acc	count upon request.
•	nents and Confirmations te statements and confirmations t	o:
NAME		
ADDRESS		
CITY	STATE	ZIP



Part 11. Cost Basis Tax Reporting Election

SPID - Specific Lot Identification

FIFO - First In, First Out

The Steward Funds have elected Average Cost as the default cost basis method. You are not required to use Average Cost as your default method. You may choose an alternate method from the list below that will be applied to all Steward Funds in your account.

Please check only one box for your selection to be valid. If you do not make a selection or make multiple selections, your account will default to Average Cost. We recommend that you review these options with your tax advisor before making a selection.

If you wish to apply a different cost basis method to each of your Steward Funds, please attach the Cost Basis Election Form to this application and do not select an option below. To obtain the form, please call (800)-695-3208.

LIFO - Last In, First Out
HIFA - Highest Cost In, First Out – Uses all lots (Short-Term (ST) and
Long Term (LT))
LOFA - Lowest Cost In, First Out – Uses all lots (ST) and (LT)
HIFL - Highest Cost In, First Out – Uses LT lots first, then ST lots
HIFS - Highest Cost In, First Out – Uses ST lots first, then LT lots
LOFL - Lowest Cost In, First Out – Uses LT lots first, then ST lots
LOFS - Lowest Cost In, First Out – Uses ST lots first, then LT lots

Part 12. Signature

- I certify that I have received and read the current prospectus for the Steward Funds in which I am investing and understand its terms are incorporated in this application by reference. I certify that I have authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- I understand that my account(s) will automatically have exchange privileges with other Steward Funds. I agree to read the prospectus for each Fund into which exchanges are made.
- The terms, representations and conditions in this application will apply to any account established at a later date.
- Neither the Funds nor any of its agents will be liable for any loss or expense for acting upon written or telephone instructions reasonably believed to be genuine and in accordance with the procedures described in the prospectus.
- Any change to the information or authorizations set forth in this application will be made by me to the Steward Funds in writing.
- Any such change will be effective at such time as the Funds or other agents have had a reasonable amount of time to act upon it.
- I understand that neither the Steward Funds nor any of its agents
 has provided any investment, tax or legal advice, and I have relied
 on my independent judgment or the judgment of the advisor I have
 selected with respect to the suitability or potential value of any
 security or order.
- A shareholder's property may be transferred to the appropriate state if no activity / no contact occurs in the account within the time period specified by state law.
- I agree that Steward Funds may send a single copy of certain documents as described in Part 7. [If you do not agree, please cross out the previous sentence.]

ACCOUNT APPLICATION

 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. When you open an account, we will ask for your name, address and tax identification number, and in the case of an individual, your date of birth. For business accounts, we may also obtain this information for individuals associated with the business.

Under penalty of perjury, I certify that:

- 1. The Social Security or taxpayer ID number provided here is correct;
- 2. That unless the box below is checked, I am not subject to backup withholding because I have not been notified by the Internal Revenue Service that I am subject to such withholding because of a failure to report all interest or dividends;
 - ☐ I am subject to backup withholding.
- I am a US person including a US resident alien (cross out if you are not).
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 PRIMARY OWNER, CUSTODIAN	I, TRUSTEE	DATE	
Exemption from FATCA reporting code (if any) _			
SIGNATURE OF PRIMARY OWNER, CUSTODIAN	I TDIICTEE	DATE	
SIGNATORE OF FRIMARY OWNER, COSTODIAN	N, TROSTEE	DAIL	
Exemption from FATCA reporting code (if any) _			
If you are a Texas resident or a senior inves	stor and you	would like	to
designate a representative or designate a t	rusted conta	act call us a	t (800)-
695-3208 or fill out the following section.			, ,
or ozoo or im out the following section.			
NAME			
ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS IF DIFFERENT THAN ABOVE	Ξ		
MAILING ADDRESS IF DIFFERENT THAN ABOVE	<u> </u>		
		G PHONE	
MAILING ADDRESS IF DIFFERENT THAN ABOVE DAYTIME PHONE		G PHONE	
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DATE

PRINCIPAL APPROVAL

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:

 Name and Address of Legal Entity for Which the Account is Being Openec
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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*

Section D - Certification	
I, provided above is complete and correct.	_ (name of natural person opening account), hereby certify, to the best of my knowledge that the information
Signature:	Date (mm/dd/yyyy):

^{*} 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.

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)