



STEWARD FUNDS INDIVIDUAL RETIREMENT ACCOUNT APPLICATION

For assistance in completing this form, please contact us at 800-695-3208. Please mail your completed and signed form to Steward Funds, PO Box 4766, Chicago, IL 60680-4766 or fax to 312-557-3320. Overnight: Crossmark Steward Funds, C/O Northern Trust, Attn: Funds Center, Floor 38, 333 S. Wabash Avenue, Chicago, IL 60604.

Please print all information.

1 PROVIDE YOUR INVESTOR INFORMATION

OWNER'S FIRST NAME

MIDDLE INITIAL

LAST NAME

OWNER'S SOCIAL SECURITY NUMBER (WILL BE USED FOR TAX REPORTING)

OWNER'S DATE OF BIRTH

MOTHER'S MAIDEN NAME

RESIDENTIAL/STREET ADDRESS

RESIDENTIAL/STREET ADDRESS

CITY/STATE/ZIP

TELEPHONE NUMBER (DAYTIME)

TELEPHONE NUMBER (EVENING)

EMAIL ADDRESS

☐ Check here if business address

ACCOUNT MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL/STREET ADDRESS

ADDRESS

ADDRESS

CITY/STATE/ZIP

*The USA PATRIOT Act requires that all investors provide a street address for our records. If this information is not provided, there may be a delay in establishing the account.

2 SELECT YOUR ACCOUNT TYPE

Check only one

- ☐ Traditional IRA
- ☐ SEP IRA (attach form 5305-SEP or 5305A-SEP)
- ☐ Roth IRA
- ☐ SIMPLE IRA (attach form 5305-SA)
- ☐ Inherited IRA

3 SELECT YOUR FUND AND INITIAL INVESTMENT AMOUNT

The minimum investment for Class A is \$1,000 per fund. Minimum is waived if you are establishing an Automatic Investment Plan (see Section 4). The minimum investment for Class Inst is \$100,000 per fund. Please note that money orders, traveler's checks, and third-party checks are not accepted.

Class A shares are subject to sales charges, as described in the Steward Funds' current prospectus.

FUND NAME	CLASS AND FUND NUMBER		AMOUNT
Steward Covered Call Income Fund	<input type="checkbox"/> Class A, 361	<input type="checkbox"/> Institutional Class, 364	<input type="text"/>
Steward Equity Market Neutral Fund	<input type="checkbox"/> Class A, 402	<input type="checkbox"/> Institutional Class, 401	<input type="text"/>
Steward Global Equity Income Fund	<input type="checkbox"/> Class A, 314	<input type="checkbox"/> Institutional Class, 315	<input type="text"/>
Steward Large Cap Core Fund	<input type="checkbox"/> Class A, 412	<input type="checkbox"/> Institutional Class, 411	<input type="text"/>
Steward Large Cap Growth Fund	<input type="checkbox"/> Class A, 422	<input type="checkbox"/> Institutional Class, 421	<input type="text"/>
Steward Large Cap Value Fund	<input type="checkbox"/> Class A, 432	<input type="checkbox"/> Institutional Class, 431	<input type="text"/>
Steward Select Bond Fund	<input type="checkbox"/> Class A, 306	<input type="checkbox"/> Institutional Class 307	<input type="text"/>
Steward Values Enhanced International Fund	<input type="checkbox"/> Class A, 310	<input type="checkbox"/> Institutional Class, 311	<input type="text"/>
Steward Values Enhanced Large Cap Fund	<input type="checkbox"/> Class A, 304	<input type="checkbox"/> Institutional Class, 305	<input type="text"/>
Steward Values Enhanced Small-Mid Cap Fund	<input type="checkbox"/> Class A, 352	<input type="checkbox"/> Institutional Class, 353	<input type="text"/>

CHOOSE YOUR INVESTMENT METHOD

Investment will be made by:

- ☐ Check Payable to Steward Funds
- ☐ Wire (please call 800-695-3208 for instructions)
- ☐ Transfer of assets from another institution (Please include a completed IRA Transfer Form)

CHOOSE YOUR CONTRIBUTION TYPE

- ☐ Contribution for Tax Year _____

Note: If no Tax Year is indicated, the default value will be the current year in which your contribution is received by the Custodian.

- ☐ SEP Contribution (note that all SEP contributions are coded by the custodian for current year)
- ☐ Transfer of Assets
- ☐ Rollover from a previous retirement plan custodian in which you took receipt of assets
- ☐ Conversion from a Traditional IRA (Roth Only)
- ☐ SIMPLE Contribution (note that all SIMPLE contributions are coded by the custodian for current year)

4 ESTABLISH AUTOMATIC INVESTMENT PLANS (OPTIONAL)

An automatic investment plan can be established on your account to invest directly from your bank account on file. In order to establish an automatic investment plan, please complete this section and provide your bank information and preprinted voided check in section 7. Note that automatic investments will be made as current year contributions.

Investment Amount (minimum \$100.00)

Frequency (check one) ☐ Once a month on the 1st ☐ Once a month on the 15th

Start Date _____

If no date is selected, the 1st of the next calendar month will be used.

5 DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

Dividend and Capital Gains distributions will be automatically reinvested.
In order to request distributions from your IRA account, the IRA Distribution Request Form must be completed.

6 TELEPHONE PRIVILEGES

Privileges to exchange between identically registered accounts via telephone will automatically be established on your account unless you indicate otherwise below:

☐ I do not want telephone privileges

7 BANK INFORMATION

Complete this section if you would like to maintain bank instructions on file for payment of redemptions or distributions, or if you are establishing an automatic investment plan. **Please attach a preprinted voided check.**

NAME ON BANK ACCOUNT

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

ROUTING NUMBER

☐ Checking Account ☐ Savings Account

John Doe
5302 11st
Anywhere, USA 1234

VOID

\$

Please tape your voided check here.

STARTER CHECKS AND COUNTER CHECKS WILL BE REJECTED

Important: For checking accounts, a voided check is required, preprinted with bank account registration/owner names. For savings accounts a deposit slip with information necessary to complete electronic funds transfer including routing number, account number and bank account registration/owner name is required. An official bank letter from your financial institution may be accepted in lieu of a voided check/deposit slip, provided that it is on a bank letter head with: the routing number, account number and bank account registration/owner name(s) appear on the document that is signed by a bank official, providing their name & title. You must be an owner of the bank account in order for the bank account to be added.

If the owner of the bank account listed above is not an owner of the fund account in section 1, a signature is required to authorize the use of the requested bank instructions.

BANK ACCOUNT OWNER

SIGNATURE

PRINTED NAME

DATE

SIGNATURE

PRINTED NAME

DATE

HOUSEHOLDING/CONSOLIDATED MAILING

The Funds are authorized to send only one copy of shareholder reports, prospectuses, or proxy materials to all accounts at this address unless you indicate otherwise below. You can change this authorization at any time by calling 800-695-3208 and speaking to a representative.

☐ I do not want mailings consolidated.

ADDITIONAL STATEMENTS

Complete this section if you would like duplicate statements of your account information to go to an interested party.

NAME

ADDRESS

CITY/STATE/ZIP

NAME

ADDRESS

CITY/STATE/ZIP

BENEFICIARY DESIGNATION

Upon my death, the beneficiary(ies) of my IRA shall be:

1

BENEFICIARY NAME/ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

RELATIONSHIP

☐ PRIMARY☐ CONTINGENT

SHARE %

2

BENEFICIARY NAME/ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

RELATIONSHIP

☐ PRIMARY☐ CONTINGENT

SHARE %

3

BENEFICIARY NAME/ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

RELATIONSHIP

☐ PRIMARY☐ CONTINGENT

SHARE %

4

BENEFICIARY NAME/ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

RELATIONSHIP

☐ PRIMARY☐ CONTINGENT

SHARE %

5

BENEFICIARY NAME/ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

RELATIONSHIP

☐ PRIMARY☐ CONTINGENT

SHARE %

If neither primary nor contingent is indicated, the designated beneficiary will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary or contingent beneficiary predeceases me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA.

10 SIGN YOUR NAME

By signing this form, I certify that I have received, read, and agree to the terms of the Funds' in which I am investing and agree to the terms therein. I have the legal capacity and complete authority to invest in the fund(s), am of legal age in my state to purchase such shares, and believe each investment is appropriate.

I authorize the Fund and its agents to act upon my written and/or verbal instructions that are believed to be genuine for this account. I agree that neither the Fund, nor its agents and affiliates, will be liable for any loss or expense for acting on such instructions, provided that the Fund employs reasonable procedures to confirm the legitimacy and accuracy of the given instructions.

1. I confirm I have received and read the current prospectus and privacy notice for the fund(s) I am investing in.
2. I understand that shares of the Fund are not insured or guaranteed by the FDIC or any other governmental agency.
3. I understand that Federal Law requires the Funds to obtain, verify, and record identifying information, which may include the name, residential or business street address, taxpayer identification number, or other identifying information, for each investor who opens an account and that applications without the required information, or without an indication and supporting documentation showing that a taxpayer identification number has been applied for, may not be accepted.

I further understand that after acceptance, the Fund reserves the right to

(1) place limits on transactions in any account until my identity is verified; or

(2) refuse my investment in the Funds; or

(3) redeem shares and close my account in the event that my identity is not verified.

4. I agree that the Funds and their agents will not be responsible for any loss resulting from my delay in providing all required information or from restricting transactions or closing an account when my identity is not verified.
5. For Foreign Investors: I understand that if the Fund allows the exception for foreign investors, I must complete any additional information to meet all USA Patriot Act requirements before my application can be approved and that I may be subject to withholding. Please consult a tax advisor.
6. For Corporations, Trusts, or Other Entities: I acknowledge that the Funds and their agents may, without inquiry, act only upon the instructions (whether oral, written, or provided by wire, telecommunications, or any other process) of persons purporting to be an authorized persons as named in the Trust, Corporate Resolution or other acceptable document evidencing authority to act on behalf of the entity which was last received by the Funds or their agent. I agree that the funds and their agents will not be liable for any claims, expenses, or losses resulting from having acted upon instruction reasonably believed genuine.
7. I understand that if I am unable to be located by the fund or the Transfer Agent, my account may be deemed legally abandoned and then escheated to the appropriate state's unclaimed property administration in accordance with statutory requirements.

I adopt this IRA, appointing The Northern Trust Company to act as Custodian, and to perform administrative services. I have received and read and understand the IRA Custodial Agreement and Disclosure Statement. I understand that the Custodian may charge fees to which reference is made in the Disclosure Statement and they may be separately billed or collected by redeeming sufficient shares from each portfolio account balance. I will supply the IRS with information as to any taxable year required unless filed by the Custodian.

I have read, and I accept the Custodial Agreement herein, by reference. I appoint The Northern Trust Company, or its successors, as Custodian of the accounts. I may revoke this IRA at any time.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; 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 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 (as defined in the IRS Form W-9 Instructions); 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.

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

PRINTED NAME

DATE

SIGNATURE

PRINTED NAME

DATE

SIGNATURE

PRINTED NAME

DATE

FOR BROKER/DEALER USE ONLY

7.25

BROKER/DEALER FIRM NAME

ADDRESS

CITY STATE ZIP

BRANCH/AGENCY NUMBER

INVESTMENT PROFESSIONAL NAME

INVESTMENT PROFESSIONAL NUMBER

PHONE NUMBER

INVESTMENT PROFESSIONAL SIGNATURE

DATE