



THE
COMMUNITY
DEVELOPMENT FUND

Helping Develop America's Communities

NEW
ACCOUNT
APPLICATION

Use this New Account Application to open an account with The Community Development Fund (the "Fund"). If you have any questions about completing this form, please contact Shareholder Services at 844.445.4405.

IMPORTANT:

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 an account is opened, considerable information is required such as the account owner's name, address or principal place of business, and mailing address, if different, as well as Taxpayer Identification Number. Applications without such information will not be considered in good order. The Fund reserves the right to deny an application if it is not in good order.

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

The Community Development Fund
P.O. Box 2175
Milwaukee WI 53201-2175

Overnight/Express Delivery

The Community Development Fund
C/O UMB Fund Services, Inc
235 W Galena Street
Milwaukee WI 53212

1. ACCOUNT INFORMATION

Trust C-Corporation S-Corporation Partnership Government Other Entity: _____

Limited Liability Company (LLC) Classified for tax purposes by one of the following: Partnership S-Corporation C-Corporation

Complete Corporate Name: _____

Tax ID Number: _____

Address (Street / City / State / Zip Code): _____

Principal Office Address (if different from above): _____

Primary Phone: _____ Fax Number: _____

Email Address: _____

2. PAYMENT METHOD

You can open your account using any of these methods. The minimum initial purchase is \$1,000,000. Please check your choice:

By Check Send a check payable to "The Community Development Fund" for the total amount.

By Wire For wire instructions call 844.445.4405.

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3. INVESTMENT SELECTION

Name of Investment	Share Class (if applicable)	Total Amount Invested
The Community Development Fund	A	\$ _____

4. DIVIDEND AND CAPITAL GAINS INSTRUCTIONS

All dividends will be reinvested unless one of the following is checked.

- Send all dividends and capital gains to the address in Item 1.
 Send all dividends and capital gains to the bank listed in Item 7.

5. TELEPHONE TRANSACTIONS

Telephone Transactions This option provides the ability to conduct purchase and redemption transactions by telephone. You will automatically be granted telephone redemption privileges unless you decline them by checking below. If you decline, you will be required to submit a Medallion signature guaranteed letter of instruction signed by all registered account owners to add telephone transaction privileges in the future.

- I decline telephone redemption privileges. All requests to redeem shares from this account must be submitted in writing.

6. FOR BROKER/DEALER USE ONLY

If dealer information is included in this section, your purchase will be made at the public offering price, unless otherwise instructed.

Representative's Full Name: _____

Representative's Signature: _____ Date: _____

Financial Institution Name: _____

Mailing Address: _____ Representative's Branch Office Telephone Number: _____

City: _____ State: _____ Zip: _____

Dealer Number: _____ Branch Number: _____ Representative Number: _____

Is this account subject to SEC Rule 22c-2? Yes or No

If Yes, an information sharing agreement must be signed before the initial purchase is placed.

7. BANK INFORMATION

You must complete this section if you would like the ability to add to your account electronically or have redemption proceeds sent to your bank electronically.

Bank: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Bank Phone Number: _____ Name(s) on Bank Account: _____

Bank Account Number: _____ Bank Routing Number: _____

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8. PRIVACY NOTICE

The Fund collects non-public information about you from the following sources:

- Information we receive about you on the application form or other forms;
- Information you give us orally; and/or
- Information about your transactions with us or others.

We do not disclose any non-public personal information about our shareholders or former shareholders without the shareholder's authorization, except as permitted by law or in response to inquiries from governmental authorities. We may share information with affiliated and unaffiliated third parties with whom we have contracts for servicing the Fund. We will provide unaffiliated third parties with only the information necessary to carry out their assigned responsibilities. We maintain physical, electronic and procedural safeguards to guard your non-public personal information and require third parties to treat your personal information with the same high degree of confidentiality. In the event that you hold shares of the Fund through a financial intermediary, including, but not limited to, a broker-dealer, bank, or trust company, the privacy policy of your financial intermediary would govern how your non-public personal information would be shared by those entities with unaffiliated third parties.

9. ACKNOWLEDGEMENT AND SIGNATURE

Note: This application will not be processed unless signed below by authorized corporate representatives.

By signing below:

- I certify that I have received and read the current Prospectus and Privacy Notice of the Fund in which I am investing and agree to be bound by its terms and conditions. I certify that I have the authority and legal capacity to make this purchase.
- I authorize the Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with the procedures described in the Prospectus for this account. I agree that neither the Fund nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions.
- I certify that I am not a Foreign Financial Institution as defined in the USA Patriot Act.

By completing this Part X and signing below:

I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that the Fund shall be fully protected in honoring any such transaction. I also agree that the Fund may take additional attempts to credit/debit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.

By selecting the box below, I am certifying that I am **NOT** a U.S. Citizen.

I am a Resident Alien

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (Substitute Form W-9)

Under penalty of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this application is correct.
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 a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).
4. I am exempt from FATCA reporting.

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

The undersigned, being the _____ (title) of _____ (entity), a _____ (type of entity) organized under the laws of _____ (jurisdiction) (the "Company"), does hereby certify on behalf of the Company that all actions by shareholders, directors, trustees, partners and other persons necessary to execute this New Account Application and establish an account with The Community Development Fund have been taken.

Signature of certifying officer: _____ Date: _____

Please make a photocopy of this application for your records.

If you have any questions about completing this form, please contact Shareholder Services at 844.445.4405.