



All applicants must complete sections 1, 2, 3, 5, and 10. For optional services complete sections 4, 6, 7, 8 and 9. If you are a Broker-Dealer, please also complete section 11. Please print or type all items except signature.

New Account Application – Causeway International Small Cap Fund For Assistance Call: 1-866-947-7000

PLEASE DO NOT USE THIS APPLICATION TO OPEN AN IRA ACCOUNT.

The USA PATRIOT Act

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.

What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. This information is subject to verification. If we are unable to verify your identity, we reserve the right to close your account or take such other steps as we deem reasonable.

Sections 1 and 2 must be completed and the information provided will be verified as required by the USA PATRIOT Act. Failure to complete these sections may result in the rejection of your application.

Notice for Non-U.S. persons

The Fund generally will not accept investments from foreign investors (e.g. foreign financial institutions; non-U.S. persons). The Fund has instructed the transfer agent accordingly. If the Fund accepts such investments, the Fund will conduct enhanced due diligence on such foreign investors as may be required under Section 312 of the USA PATRIOT Act and applicable Treasury or SEC rules, regulations and guidance (if any).

Notice to all shareholders

In compliance with applicable state laws, your property may be transferred to the appropriate state if no activity occurs in your account within the time period specified by state law.

1 SHAREHOLDER REGISTRATION

Please print or type clearly. Please choose one type of account below:

Individual or Joint

YOUR NAME: FIRST, MIDDLE, LAST

SOCIAL SECURITY NUMBER DATE OF BIRTH

JOINT OWNER'S NAME: FIRST, MIDDLE, LAST

JOINT OWNER'S SOCIAL SECURITY NUMBER JOINT OWNER'S DATE OF BIRTH

OCCUPATION EMPLOYER

TRANSFER ON DEATH BENEFICIARY (OPTIONAL)

SOCIAL SECURITY NUMBER DATE OF BIRTH

Custodial/Gift to Minors

CUSTODIAN'S NAME: FIRST, MIDDLE, LAST

CUSTODIAN'S SOCIAL SECURITY NUMBER CUSTODIAN'S DATE OF BIRTH

MINOR'S NAME: FIRST, MIDDLE, LAST

MINOR'S SOCIAL SECURITY NUMBER MINOR'S STATE OF RESIDENCE

MINOR'S DATE OF BIRTH

Trust*

TRUSTEE'S NAME

TRUSTEE'S SOCIAL SECURITY NUMBER TRUSTEE'S DATE OF BIRTH

NAME OF TRUST AGREEMENT

TRUST'S TAXPAYER IDENTIFICATION NUMBER DATE OF TRUST AGREEMENT

* Attach a separate list for additional Trustees and authorized traders including full name, social security number, date of birth and physical address. Please also include the first and last page of trust document.

Corporation*

NAME OF CORPORATION

PROVIDE SYMBOL IF A PUBLICLY TRADED CORPORATION

TYPE OF CORPORATION (please check one): S Corporation C Corporation

TAXPAYER IDENTIFICATION NUMBER

* For all Corporations:

Please enclose the Articles of Incorporation and a corporate resolution (or government issued business license) which identifies the individuals authorized to conduct transactions on this account.

For Non-Public Corporations:

Your list of authorized traders must include their full names, social security numbers, dates of birth, and physical addresses.

Partnership*

PARTNER: FIRST, MIDDLE, LAST NAME

NAME OF PARTNERSHIP

DATE OF BIRTH SOCIAL SECURITY NUMBER

* Attach a separate list for authorized traders, and each individual partner of a partnership, including full name, social security number, date of birth, and a physical address (P.O. Box is not acceptable). A copy of partnership agreement must be attached.

Documents provided in connection with your Application will be used solely to establish and verify your identity. Causeway Funds will have no obligation with respect to the terms of any such documents.

2 SHAREHOLDER ADDRESS

- U.S. Citizen
Resident Alien (must have U.S. tax identification number and domestic address).
Non-Resident Alien Country of Citizenship (Non-Resident Aliens must provide a copy of an unexpired government issued photo ID with their application.)

Mailing Address:

STREET OR P.O. BOX
IF MAILING ADDRESS IS A POST OFFICE BOX (OTHER THAN AN ARMY POST OFFICE BOX OR A FLEET POST OFFICE BOX), THEN A PHYSICAL ADDRESS IS ALSO REQUIRED BY THE USA PATRIOT ACT.

CITY, STATE, ZIP
DAYTIME TELEPHONE EVENING TELEPHONE

E-MAIL ADDRESS

Physical Mailing Address (if different from above):

MUST PROVIDE PHYSICAL ADDRESS FOR INDIVIDUAL TRUSTEE AND AUTHORIZED TRADER; PROVIDE FOR JOINT REGISTRANT OR MINOR ONLY IF DIFFERENT THAN ABOVE.

STREET ADDRESS

CITY, STATE, ZIP

Duplicate Confirmations/Statements Sent To (Optional):

NAME

STREET OR P.O. BOX

CITY, STATE, ZIP

Receiving Investor Documents

Causeway Funds are taking advantage of the "Householding" Rule, which permits the delivery of one copy of an annual/semi-annual report, prospectus and/or proxy statement on behalf of two or more shareholders at a shared address. Unless you indicate otherwise by checking the box below, your signature on this application indicates your consent to Householding and Causeway Funds will deliver one copy of the above referenced documents to your address for as long as you remain invested in the Causeway Funds. You may revoke your consent at any time by calling 1-866-947-7000. Upon receiving such notification, the Funds will begin mailing individual copies of the above referenced documents to your attention within 30 days.

I do not wish to participate in Householding.

New Account Application – Causeway International Small Cap Fund (continued)

3 FUND SELECTION/ INVESTMENT OPTION

- Enclose your check
- **Make your check payable to: Causeway International Small Cap Fund**
- Causeway Funds do not accept cash, travelers checks, cashier's checks, bank drafts, money orders, starter checks, counter checks, or third party checks.

- | | |
|--|----|
| <input type="checkbox"/> International Small Cap Fund – Institutional Class (2979) | \$ |
| \$1 million minimum | |
| <hr/> | |
| <input type="checkbox"/> International Small Cap Fund – Investor Class (2980) | \$ |
| \$5,000 minimum | |

Please call 1-866-947-7000 prior to sending a wire.

Wiring Instructions:

UMB Bank, N.A.
ABA #101000695
Causeway International Small Cap Fund
DDA Acct. #9871062694

Reference:

Causeway International Small Cap Fund
Account Number
Account Name

4 DIVIDEND & CAPITAL GAINS INSTRUCTIONS

All distributions will be reinvested automatically unless one of the following is checked:

Dividends:

- Send all dividends by direct deposit to the bank account indicated on the enclosed voided check.
- Send all dividends by check to the address in section 2.
- Reinvest all dividends.

Capital Gains:

- Send all capital gains by direct deposit to the bank account indicated on the enclosed voided check.
- Send all capital gains by check to the address in section 2.
- Reinvest all capital gains.

5 COST BASIS CALCULATION METHOD

Please elect the cost basis method to be used in calculating the gain or loss associated with redemption requests. The elected method will be used for all accounts established by this application and any future accounts established. Please choose from the following: **(Choose only one)**

- Average Cost First-In First-Out Specific Lot

Note: When selecting Specific Lot, please choose a secondary method to be used as an alternate in the event specific lot information is not provided.

- First-In First-Out Last-In First-Out High Cost
 Low Cost Loss/Gain Utilization

If no election is made Average Cost will be used.

6 TELEPHONE AUTHORIZATION

I (we) hereby authorize and direct the agent to accept and act upon telephone instructions for exchanges and/or redemptions involving the account with corresponding registration unless one or both of the following is (are) checked:

- I (we) **do not** authorize telephone exchanges.
- I (we) **do not** authorize telephone redemptions.

7 SYSTEMATIC INVESTMENT PLAN (SIP)

I (We) hereby authorize and direct the agent to draw on my (our) bank account on a periodic basis, as indicated in section 9, for investment in my (our) account. Attached is a voided check of the bank account I (we) wish to use. (Initial investments may not be made through the Systematic Investment Plan.) Please note this service will be effective 15 days after Causeway Funds receive this application.

If no date is chosen, your bank account will be debited on the 15th of the month.

Preferred Investment Schedule:

- Monthly Quarterly Semi-Annually Annually
 5th 10th 15th 20th 30th

DAY OF MONTH

Debit My (Our) Bank Account and Invest as Follows (\$100 Minimum per Fund):

Causeway International Small Cap Fund: \$ _____
AMOUNT

8 SYSTEMATIC WITHDRAWAL PLAN (SWP)

An account balance of at least \$5,000 is required.

Preferred Withdrawal Schedule:

- Monthly Quarterly Semi-Annually Annually

If no date is chosen below, your mutual fund account will be debited on the 15th of the month.

- 5th 10th 15th 20th 30th

DAY OF MONTH

Preferred Payment Method:

- By Check Direct Deposit to your Bank (ACH) (Complete Section 9)

I (We) Elect to Receive a Periodic Payment of (\$100 Minimum per account):

Causeway International Small Cap Fund: \$ _____
AMOUNT

9 BANK INFORMATION

For SIP/SWP, Wire and/or ACH Purchases or Redemptions:

Your bank account information must be on file in order to exercise telephone investment privileges. The account holder's name(s) corresponding to the account number below must match exactly at least one name in Section 1.

A blank voided check must be enclosed.

NAME OF BANK

REGISTRATION ON ACCOUNT

ABA ROUTING NUMBER

- Checking Savings

ACCOUNT NUMBER

ACCOUNT TYPE

Certification Regarding Beneficial Owners of Legal Entity Customers

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, 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 accounts on their own behalf.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

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:

c. 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	Date of Birth	Address (Residential Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar*

(If no individual meets this definition, please write "Not Applicable.")

* In lieu of a passport number, foreign persons may also provide 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.

d. 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 (c) above may also be listed in this section (d)).

Name	Date of Birth	Address (Residential Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar*

* In lieu of a passport number, foreign persons may also provide 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.

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: _____