

IRA Application

IMPORTANT INFORMATION FOR OPENING YOUR ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, social security number and other information or documents that will allow us to identify you. This information will be subject to verification.

By signing and submitting this application, you give the Sound Shore Fund (the "Fund") and its agents permission to collect information about you from third parties, including information available in public and private databases such as consumer reports from credit reporting agencies, which will be used to help verify your identity.

If you do not provide the information, we may not be able to open your account. If we open your account but are unable to verify your identity, we reserve the right to take such other steps as we deem reasonable, including closing your account and redeeming your investment at the net asset value next calculated after the Fund decides to close your account. Please see the Fund's Statement of Additional Information for further information.

4	TOTAL TANKE	CORP. CTC. VIEW					
1.	YOUR INITIAL INVE	STMENT					
Sele	ect Share Class:						
	Investor Class Shares		\$	(\$2,000 minimum)			
	Institutional Class Share	es	\$	(\$1,000,000 minimum)			
Cho	oose the Source of Funds	:					
	Check: I have enclosed	a check in the amo	unt of \$	(make check payal	ble to "Sound Shore Fund").		
	Wire: My wire will be in	n the amount of \$ _		(call (800) 551-1980 for wi	re instructions).		
	ACH: Please deduct \$ _		from my ba	ank account. You must complete So	ection 5. Maximum amount is \$25,000.		
	Transfer (you are transfer	erring assets direct	y from your IRA at an	other institution). You must also co	omplete the IRA Asset Transfer Form.		
Cho	oose Characterization of	Contribution (ski	p this section if perfo	rming a transfer):			
	Prior Year Contribution	\$	(m	ust be postmarked by the IRS tax file	ing deadline).		
	Current Year Contributi	on \$					
	Qualified Plan Rollover	(you are contribut	ing assets distributed to	you from a qualified retirement pla	an or from another IRA).		
Pay	ment of Annual \$15.00 C	Custodial Fee:					
	I have enclosed \$15.00 to	for the Annual Cus	todial Fee (make check	a payable to "Sound Shore Fund").			
	Please deduct the \$15.00	O Annual Custodia	Fee directly from my	IRA.			
Please deduct the \$15.00 Annual Custodial Fee directly from my IRA. All investments must be made by check, ACH or wire. All checks must be payable in U.S. dollars and drawn on U.S. financial institutions. The Fund does not accept purchases made by credit card check, starter check, cash or cash equivalents (for instance, you may not pay by money order, cashier's check, bank draft or traveler's check).							
2.	YOUR IRA REGIS	STRATION (P	lease Print)				
to e	* *	Fund's Traditiona	al and Roth IRA Plan	Agreement & Disclosure for infor	parate application for each IRA you wish rmation to help determine the		
Тур	oe of IRA (select one):	☐ Traditional	□ SEP	□ Roth	Qualified Plan Rollover		
	Beneficiary IRA (Please p	rovide Decedent's	name, vear of birth, an	d year of death.)			

Your Name		Birth Date		Soci	Social Security Number	
Physical Street Address (required)		City		State)	ZIP Code
Mailing Address (if different from your stre	eet address)	City		State)	ZIP Code
E-Mail		Telephone (Day)		Tele	phone (E	vening)
3. DEALER INFORMATION	(For Broker/Dealer	Use Only)				
Dealer Firm Name		Dealer Firm Number				
Branch Address	Branch Number	City		Stat	e	ZIP Code
Financial Advisor Name	Financial Advisor	Number	Fin	ancial Advisor Auth	orized Si	gnature
4. TELEPHONE AUTHORIZA	TION					
are genuine. I (We) DO NOT authorize telephone BANK ACCOUNT INFORM						
Check type of account (please attach a voice	led check):	Checking Account		Savings Account		
Name of Bank		ABA Routing Number		Account Num	ber	
Bank Address		City		State	;	ZIP Code
Registration on Bank Account						
Bank Account Owner(s) Address (if different	ent from address in section	n 2) City		State	;	ZIP Code
6. SYSTEMATIC INVESTMENT	NT PLAN (Optiona	1)				
☐ Systematic Investment Plan (You mus	st complete Section 5. Ma	aximum amount is \$25,000)				
Systematic Investment amou	nt: \$(Investor Class - \$50 minimu	ım and In	stitutional Class - \$	1,000 mii	nimum)
Systematic Investment Frequ	nency: Monthly, o	n the day of the n	nonth.			
	□ Semi-Mon	thly, on the day	and	day of the mor	nth.	

YOUR IRA REGISTRATION (Continued)

Please note: If the day chosen falls on a weekend or holiday, your investment will occur on the next business day. This privilege will be effective 3 business days after the Fund receives this application.

7. BENEFICIARY DESIGNATION (Attach Additional Sheets If Necessary)

Beneficiary Name		Birth Date	Social Sec	urity Number
Physical Street Address		City	State	ZIP Code
Relationship	Percentage			
Beneficiary Name		Birth Date	Social Sec	urity Number
Physical Street Address		City	State	ZIP Code
Relationship	Percentage			
☐ Contingent Beneficiaries:				
_				
		Birth Date	Social Sec	urity Number
Beneficiary Name		Birth Date City	Social Secondary	urity Number ZIP Code
Beneficiary Name Physical Street Address Relationship	Percentage			
Beneficiary Name Physical Street Address	Percentage		State	
Beneficiary Name Physical Street Address Relationship	Percentage	City	State	ZIP Code
Beneficiary Name Physical Street Address Relationship Beneficiary Name	Percentage	City Birth Date	State Social Seco	ZIP Code
Beneficiary Name Physical Street Address Relationship Beneficiary Name Physical Street Address	Percentage sed to check the requirements of	City Birth Date City	Social Secondary State	ZIP Code urity Number ZIP Code

City

State

ZIP Code

Mailing Address

9. SIGNATURE AND TAX CERTIFICATIONS

The Depositor acknowledges having received, read and agrees to be bound by the terms, as may be amended from time to time, of the Fund's Traditional and Roth IRA Plan Agreement & Disclosure and the relevant Fund Prospectus. Under penalties of perjury, the Depositor certifies that the Social Security Number on this form is true, correct and complete and that I am a U.S. person (including a U.S. resident alien). I understand that the Custodian will deduct from my account or collect separately an Annual Custodial Fee of \$15.00 for each account.

By my signature below, I certify that:

- (1) I am not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and
- (2) The information provided by me in this application is true and correct and any documents provided herewith are genuine.

Signature Date

10. MAILING INSTRUCTIONS AND CONTACT INFORMATION

Please send the completed application to:

Regular Mail Delivery

Sound Shore Fund P.O. Box 588 Portland, ME 04112 Overnight Mail Delivery

Sound Shore Fund c/o Atlantic Fund Services Three Canal Plaza, Ground Floor Portland, ME 04101

If you have any questions, please call (800) 551-1980 (toll-free)