



# IRA Application

For Traditional, ROTH, SEP and SIMPLE IRAs

Mail to: Jackson Square Partners Funds  
c/o U.S. Bank Global Fund Services  
PO Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail to: Jackson Square Partners Funds  
c/o U.S. Bank Global Fund Services  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207

» In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number and permanent street address.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

## 1 Type of IRA

If no tax year is indicated, we will assume it is for the current tax year. Refer to disclosure statement for eligibility requirements and contribution limits.

Choose ONE of the following account types:

**Traditional IRA Account**

- For tax year \_\_\_\_\_
- IRA to IRA Transfer (please complete IRA Transfer Form)
- Rollover (shareholder had receipt of funds)
- Inherited IRA - Name of Decedent \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_

**IRA Rollover Account**

- Rollover IRA to Rollover IRA
- Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator.  
Please check the type of qualified plan:  
 Corporate  Pension  Profit Sharing Plan  401(k)  403(b)  Other \_\_\_\_\_

**ROTH IRA Account**

- For tax year \_\_\_\_\_
- Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
- Traditional IRA Conversion to Roth IRA – year of conversion \_\_\_\_\_ in which Traditional IRA was converted to Roth IRA
- Rollover from Roth IRA (shareholder had receipt of funds)
- Inherited Roth IRA - Name of Decedent \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_

**SEP (Simplified Employee Pension Plan) – Each employee must complete an IRA Application.**

- Contribution
- Transfer from another SEP IRA Account
- Rollover (shareholder had receipt of funds)

**SIMPLE IRA (Be sure to complete SIMPLE IRA Plans section)**

- Contribution
- Transfer from another SIMPLE IRA Account
- Rollover (shareholder had receipt of funds)

## 2 Investor Information

**Individual**

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
SOCIAL SECURITY NUMBER			

### 3 Permanent Street Address

Residential Address or Principal Place of Business - Foreign addresses and PO Boxes are not allowed.

STREET		APT / SUITE	
CITY	STATE	ZIP CODE	
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER	
E-MAIL ADDRESS			

Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME			
NAME			
STREET		APT / SUITE	
CITY	STATE	ZIP CODE	

Mailing Address\* (if different from Permanent Address)

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.

STREET		APT / SUITE	
CITY	STATE	ZIP CODE	

\* A PO Box may be used as the mailing address.

Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME			
NAME			
STREET		APT / SUITE	
CITY	STATE	ZIP CODE	

### 4 Investment Options

**By check:** Make check payable to the Jackson Square Partners Funds.

Note: All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.

**By wire:** Call 844-JSP-FUND (844-577-3863).

Note: A completed application is required in advance of a wire.

**By transfer:** Due to rollover or beneficiary payout.

Note: Completion of IRA Transfer Form or Beneficiary Payout Form is required.

**Investment Amount**

- \$1,000,000 Minimum - IS Class
- \$100,000 - Institutional Class
- \$1,000 Minimum - Investor Class

Jackson Square Large-Cap Growth Fund

- IS Class 6115  Inst. Class 6114  Inv. Class 6113

\$

Jackson Square SMID-Cap Growth Fund

- IS Class 6112  Inst. Class 6111  Inv. Class 6110

\$

## 5 Telephone and Internet Options

You automatically have the ability to make telephone and/or internet purchases\*, redemptions\* or exchanges per the prospectus, unless you specifically decline below. See the prospectus for minimum and maximum amounts.

\* You must provide bank instructions and a voided check or savings deposit slip in the Bank Information section.

Please check the box below if you wish to decline these options. If the options are not declined, you are acknowledging acceptance of these options.

I decline telephone and/or internet transaction privileges.

Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information.

## 6 Automatic Investment Plan (AIP)

Your signed application must be received up to 7 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to the Bank Information section of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

**Draw money for my AIP (check one):**  Monthly  Quarterly

\$100 minimum

*If no option is selected, the frequency will default to monthly.*

Jackson Square Large-Cap Growth Fund

IS Class 6115  Inst. Class 6114  Inv. Class 6113

AMOUNT PER DRAW

AIP START MONTH

AIP START DAY

Jackson Square SMID-Cap Growth Fund

IS Class 6112  Inst. Class 6111  Inv. Class 6110

AMOUNT PER DRAW

AIP START MONTH

AIP START DAY

**Please keep in mind that:**

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

## 7 Bank Information

*If you selected any options which require banking information, please attach a voided check or preprinted savings deposit slip. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts.*

*Please contact your financial institution to determine if it participates in the Automated Clearing House System (ACH).*

John Doe	53289
Jane Doe	
123 Main St.	
Anytown, USA 12345	
Pay to the order of _____	\$ _____
_____	DOLLARS
Memo _____	Signed _____
⑆ 1 2 3 4 5 6 7 8 ⑆	⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆

## 8 E-Delivery Options

### I would like to:

Receive statements electronically

By selecting the above option, you agree to waive the physical delivery of account statements. If you have opted to receive your statements electronically you will need to establish on-line access to your account, which you may do once your account has been established by visiting [www.JSPFunds.com](http://www.JSPFunds.com).

**Please note, you must provide your email address in Permanent Street Address section to enroll in eDelivery.**

## 9 Beneficiary Information | *If you need more space, please enclose a separate sheet of paper.*

### Primary

<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>NAME</small>		<small>SOCIAL SECURITY NUMBER</small>	<small>DATE OF BIRTH</small>	<small>%</small>
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>NAME</small>		<small>SOCIAL SECURITY NUMBER</small>	<small>DATE OF BIRTH</small>	<small>%</small>
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>NAME</small>		<small>SOCIAL SECURITY NUMBER</small>	<small>DATE OF BIRTH</small>	<small>%</small>

### Secondary

<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>NAME</small>		<small>SOCIAL SECURITY NUMBER</small>	<small>DATE OF BIRTH</small>	<small>%</small>
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>NAME</small>		<small>SOCIAL SECURITY NUMBER</small>	<small>DATE OF BIRTH</small>	<small>%</small>
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>NAME</small>		<small>SOCIAL SECURITY NUMBER</small>	<small>DATE OF BIRTH</small>	<small>%</small>

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

<input checked="" type="checkbox"/>	<input type="text"/>
<small>SIGNATURE OF SPOUSE</small>	<small>DATE</small>

## 10 Signature and Certification Required by the Internal Revenue Service

✓ I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Jackson Square Partners Funds Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and understand the prospectus for the Jackson Square Partners Funds (the "Fund"). I understand the Fund's objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable, if I fail to notify the Fund within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. [If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e., "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)]

✓ If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

✓ I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.

✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

<input type="text"/>
<small>PRINTED NAME OF DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL</small>

<input checked="" type="checkbox"/>	<input type="text"/>
<small>DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE</small>	<small>DATE (MM/DD/YYYY)</small>

Appointment as Custodian accepted:  
U.S. BANK, N.A.

*Joseph Neuberg*

## 11 SIMPLE IRA Plans Only

### Employer Information:

<input type="text"/>		<input type="text"/>	
EMPLOYER (COMPANY) NAME		EMPLOYER STREET ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
EMPLOYER CITY / STATE / ZIP CODE	EMPLOYER CONTACT NAME	EMPLOYER CONTACT BUSINESS PHONE	

## 12 Dealer Information

<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
DEALER NAME		REPRESENTATIVE'S LAST NAME	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>		
DEALER'S ID	BRANCH ID	REPRESENTATIVE'S ID		
<b>DEALER HEAD OFFICE INFORMATION:</b>		<b>REPRESENTATIVE BRANCH OFFICE INFORMATION:</b>		
<input type="text"/>		<input type="text"/>	<input type="text"/>	
ADDRESS		ADDRESS	CODE	
<input type="text"/>		<input type="text"/>		
CITY / STATE / ZIP		CITY / STATE / ZIP		
<input type="text"/>		<input type="text"/>		
TELEPHONE NUMBER		TELEPHONE NUMBER		

### ! Before you mail, have you:

- Completed all USA PATRIOT Act required information?
  - Social Security or Tax ID Number in Investor Information section?
  - Birth Date in Investor Information section?
  - Full Name in Investor Information section?
  - Permanent street address in Permanent Street Address section?
- Enclosed your personal check made payable to the Jackson Square Partners Funds?
- Included a voided check or savings deposit slip, if applicable?
- Signed your application in Signature section?
- Enclosed additional documentation, if applicable?

For additional information please call toll-free 844-JSP-FUND (844-577-3863) or visit us on the web at [www.JSPFunds.com](http://www.JSPFunds.com).