



Fund Services

c/o FPA Funds
P.O. Box 2175
Milwaukee, WI 53201-2175
800.638.3060
www.fpa.com



FPA Funds Account Application

FPA Crescent Fund
FPA Flexible Fixed Income Fund
FPA New Income Fund
FPA Queens Road Small Cap Value Fund
FPA Queens Road Value Fund



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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 for 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. We may also ask to see your driver's license or other identifying documents. This information will be verified to ensure the identity of all individuals opening a mutual fund account. To the extent we are not able to verify your information, we will not be able to open an account on your behalf.

NEW ACCOUNT REGISTRATION (please PRINT or TYPE)

Please choose the appropriate section to complete based upon the account type you wish to establish. Note, if you are completing Section D, it is required that you provide beneficial owner information and authorized controlling individual.

Section A: ☐ Individual or ☐ Joint Tenants* ☐ Mr. ☐ Mrs. ☐ Ms.

_____ Name	_____ Social Security Number	_____ Date of Birth
_____ Name of Joint Owner (if any)	_____ Social Security Number	_____ Date of Birth
*with right of survivorship unless tenants in common is specified		
Citizenship: ☐ U.S. Citizen ☐ Resident Alien	_____ Country of Citizenship	

Section B: ☐ Gift to Minors (UGMA, UTMA)

_____ Custodian's Name (only ONE permitted)	_____ Social Security Number	_____ Date of Birth
_____ Minor's Name (only ONE permitted)	_____ Social Security Number	_____ Date of Birth
Under the _____ Uniform Gifts/Transfer to Minor Act. State of Residence		
Citizenship of Minor: ☐ U.S. Citizen ☐ Resident Alien	_____ Country of Citizenship	

Section C: ☐ Trust/Estate – NOTE: A copy of the first and last page of the Trust Agreement must be attached. (For a Statutory Trust, please complete section D for Entity.)

_____ Name of Trust/Estate	_____ Tax Identification Number	_____ Date of Trust Agreement/Date of Death
_____ Trustee Name/Estate Rep	_____ Social Security Number	_____ Date of Birth
_____ Trustee Name/Estate Rep	_____ Social Security Number	_____ Date of Birth
Citizenship: ☐ U.S. Citizen ☐ Resident Alien	_____ Country of Citizenship	

Section D: Entity (choose from one of the following):

☐ Statutory Trust ☐ C-Corporation ☐ S-Corporation ☐ Partnership ☐ Government

☐ Limited Liability Company (LLC) Classified for tax purposes by one of the following:

☐ Partnership ☐ S-Corporation ☐ C-Corporation

☐ Other Entity: _____

Corporation: A copy of the certified articles of the incorporation and the business license of the corporation must be attached.

Partnership: A copy of the partnership agreement must be attached.

Check if appropriate: ☐ I am an exempt recipient as defined under U.S. federal income tax regulations (e.g., C-Corporation, financial institution, registered broker-dealer, or tax exempt organization). Exempt payee code: _____ **Note:** Please see IRS Form W-9 for a list of exempt payee codes.

_____ Name of Entity	_____ Tax Identification Number
_____ Residence Address	_____ Mailing Address

Certification of Beneficial Owners for Legal Entity Clients

This information is required by federal regulations as a means to identify and document information for individuals who own and/or control a legal entity. 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. 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 of America or a foreign country. A legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

Do not complete if the entity is publicly traded on an exchange or subject to ERISA.

Beneficial Owners

Identify each individual who owns—directly or indirectly through any agreement, arrangement, understanding, relationship, or otherwise—25% or more of the equity interests of the legal entity.

☐ Check this box if no individual owns 25% or more of the legal entity and that you will inform the Fund if/when an individual assumes 25% or more ownership.

Beneficial Owner 1:

_____ Name	_____ Social Security Number	_____ Date of Birth	
_____ Residential Address	_____ City	_____ State	_____ Zip Code

Beneficial Owner 2:

_____ Name	_____ Social Security Number	_____ Date of Birth	
_____ Residential Address	_____ City	_____ State	_____ Zip Code

Beneficial Owner 3:

_____ Name	_____ Social Security Number	_____ Date of Birth	
_____ Residential Address	_____ City	_____ State	_____ Zip Code

Beneficial Owner 4:

_____ Name	_____ Social Security Number	_____ Date of Birth	
_____ Residential Address	_____ City	_____ State	_____ Zip Code

(Section D continued)**Authorized Controlling Individual**

Provide information for one individual with significant responsibility for managing the legal entity such as an executive officer or senior manager (ex: CEO, CFO, managing member, general partner, president, treasurer, etc.) or any other individual who regularly performs similar functions.

_____	_____	_____
Name	Social Security Number	Date of Birth

Street Address	City	State Zip Code

Section E: ☐ Transfer on Death

_____		_____	
Name of Registered Owner		Name of Joint Owner (if applicable)	
Transfer on Death: _____			
(if multiple, please indicate – see TOD form)		Beneficiary's Name	Beneficiary's Social Security Number
_____		_____	Beneficiary's Date of Birth
_____		_____	_____
Owner's Social Security Number	Owner's Date of Birth	Joint Owner's Social Security Number	Joint Owner's Date of Birth
Citizenship of Owner: ☐ U.S. Citizen ☐ Resident Alien		_____	
		Country of Citizenship	

By completing section E, please note that an additional Transfer on Death Agreement form will be required.

MAILING ADDRESS AND RESIDENCY

_____		_____	_____	_____
Street Address		City	State	Zip Code
_____		_____		
U.S. Residential Address (MANDATORY TO OPEN ALL NEW ACCOUNTS)		Home Phone		
_____		_____		
City	State	Zip Code	Business Phone	

SELECTING YOUR FUND

☐ Enclosed is a check made payable to: FPA Funds (third party, starter or counter checks WILL NOT BE ACCEPTED).

Please mail check(s) and application to: FPA Funds, P.O. Box 2175, Milwaukee, WI 53201-2175

☐ By Wire: please see page 7 for wiring instructions.

Fund(s):**Amount:** (\$1,500 minimum or \$100 and establishment of Systematic Purchase Plan)

- | | | |
|--|----------|---|
| ☐ FPA Crescent Fund (134) | \$ _____ | |
| ☐ FPA Crescent Supra Inst Class (135)* | \$ _____ | *\$100,000,000 minimum initial purchase |
| ☐ FPA Flexible Fixed Income Fund (79)* | \$ _____ | *\$100,000 minimum initial purchase |
| ☐ FPA Flexible Fixed Income Fund Advisor Class (81) | \$ _____ | |
| ☐ FPA New Income, Inc. (78)* | \$ _____ | *Closed to new investors |
| ☐ FPA Queens Road Small Cap Value Fund Inv Class (10) | \$ _____ | |
| ☐ FPA Queens Road Small Cap Value Fund Inst Class* (11) | \$ _____ | *\$100,000 minimum initial purchase |
| ☐ FPA Queens Road Small Cap Value Fund Adv Class* (12) | \$ _____ | *\$50,000 minimum initial purchase |
| ☐ FPA Queens Road Value Fund (20) | \$ _____ | |

Please indicate if you would like to receive distributions reinvested or paid in cash. If no boxes are checked, all dividends and capital gains will be reinvested.

DISTRIBUTION OPTIONS

Income Dividends	☐ Reinvest	☐ Cash
Capital Gains	☐ Reinvest	☐ Cash

If any distributions are to be paid in cash, specify payment method:

☐ Deposit to bank account (complete bank information below) ☐ Send check to mailing address of record

TELEPHONE EXCHANGE AUTHORIZATION (optional)

By signing this form, I authorize the Agent to (1) exchange Shares in my Fund account pursuant to my telephone instructions; and (2) register shares acquired by exchange exactly as my Fund account from which such shares were transferred. Furthermore, I hold neither the Funds nor the Agent responsible for the authenticity of telephone instructions except as described in the Prospectus.

☐ Telephone exchanges among my Fund accounts are NOT authorized.

TELEPHONE REDEMPTION AUTHORIZATION (optional)

By signing this form and completing the information below, I authorize the Agent to redeem shares from my FPA Fund account(s) pursuant to my telephone instructions, and/or

- ☐ mail a check for the proceeds payable to shareholder of record to the address of record
- ☐ have proceeds electronically deposited via ACH to the bank account specified below
- ☐ pay the proceeds by wire only to the bank account specified below, and charge \$3.50 fee

Furthermore, I hold neither the FPA Funds nor the Agent responsible for the authenticity of telephone instructions excepted as described in the Prospectus.

TELEPHONE PURCHASE AUTHORIZATION (optional)

By signing this form and completing the bank information below, I authorize the Agent to buy shares for my FPA Fund account(s) pursuant to my telephone instructions, and/or

☐ make investments on demand by initiating an ACH electronic funds transfer from the bank account specified below

SYSTEMATIC WITHDRAWAL PLAN (optional)

Minimum Account Value: \$10,000 in FPA Fund shares selected calculated at the current offering price. The Agent is authorized to redeem in accordance with the terms of the applicable Prospectus, sufficient FPA Fund shares to realize the amount indicated below at the net asset value in effect on the date of redemption. The Agent is authorized to make the following Systematic Withdrawal Payments.

Amount of withdrawal \$ _____ (minimum withdrawal investment \$50.00)

*Choose one: ☐ Monthly or ☐ Quarterly

*Choose one: ☐ 5th ☐ 10th ☐ 20th or ☐ 25th

*If no time frame or date is specified, withdrawal will be made monthly on the 15th. Your first withdrawal will occur no sooner than 15 days after receipt of this application.

- ☐ send check to mailing address of record
- ☐ have proceeds electronically deposited via ACH to bank account specified below

AUTOMATIC INVESTMENT PROGRAM (optional)

UMB Distribution Services, LLC ("Distributor") will authorize UMB, as its Agent, to withdraw funds from your designated checking account through the Automated Clearing House ("ACH"). The funds will be deposited to your mutual fund account on the date you have selected below. The funds will be drafted from your bank account 1-2 days preceding your investment date.

If an ACH investment is returned because of insufficient funds, stop payment or account closure, the Plan will be cancelled.

*Choose one: ☐ Monthly or ☐ Quarterly

*Choose one: ☐ 5th ☐ 10th ☐ 20th or ☐ 25th

Amount of investment \$ _____ (minimum subsequent investment \$100.00)

*If no time frame or date is specified investments will be made monthly on the 15th. Your first automatic investment will occur no sooner than 15 days after receipt of this application.

BANK INFORMATION (if applicable)

For the banking privileges described above, attach a voided check or preprinted deposit slip.

NOTE: Your bank must be a member of the Automated Clearing House ("ACH") system to use any options that require the completion of this section. Please call your bank if you are unsure.

Bank Name _____

Bank Account Type ☐ Checking Account ☐ Savings Account

Bank address

Account Number

Name on Account

ABA number (nine digit Federal Routing Number)

I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that the FPA Funds shall be fully protected in honoring any such transaction. I also agree that FPA Funds 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.

COST BASIS ELECTION

FPA Fund's is responsible for tracking and reporting to the IRS your realized gains and losses on covered shares. In general, these are shares acquired on or after Jan. 1, 2012.

FPA Fund's **default** tax lot identification method is HIFL [highest-in, first long-term], which means shares with the highest cost and a long-term holding period are sold first. You may affirm this method or choose another method below. If your account method is average cost, whether by election or default, and you are receiving a gift, you agree to receive that gift at FMV if received at a loss. **Note: IRS Regulations do not permit the change of the method on a settled trade.**

☐ I choose the Fund's default method of HIFL

☐ I choose a method other than HIFL

- ☐ FIFO [First in, First Out]
- ☐ HIFO [Highest in, First Out]
- ☐ LIFO [Last in, First Out]
- ☐ Specified Identification
- ☐ Average Cost

Note: If no option is selected above, your account will use the Fund's default method.

BROKER DEALER AUTHORIZATION (optional)_____
Representative's Name_____
Dealer's Name_____
Representative's Number_____
Main Office Address_____
Branch Office Address_____
Main Office City, State and Zip Code_____
City and State of Branch Address_____
Authorized Signature of Dealer**INTERESTED PARTY INFORMATION (optional)**

Complete this section to add an individual(s) to your account to receive account information including duplicate statements and confirms. Attach an additional page for additional individuals.

Interested Party Name_____
Interested Party Address_____
Interested Party City, State and Zip Code_____
Interested Party Name_____
Interested Party Address_____
Interested Party City, State and Zip Code**SIGNATURE AND CERTIFICATION**

By signing this Form, I (we) certify to my legal capacity to purchase shares of the FPA Fund(s) selected shares and affirm that I have received a current Prospectus(es) and understand the investment objective(s) and policies stated therein.

I understand that unless declined, I have authorized telephone exchanges and appointed UMB Fund Services ("Agent") my agent to redeem shares of any Fund when instructed by telephone, and, to invest (exchange) the proceeds in any other Fund. This power continues if I am disabled or incapacitated. I understand that anyone claiming to be me may make a request for telephone exchange, but telephone exchange proceeds are only invested in another Fund as described in the Prospectus with the same registration as my existing account(s).

I agree not to hold the Agent, any Fund or UMB Distribution Services, LLC responsible for acting under the powers I have given the Agent except as described in the Prospectus. I also agree that all the account and registration information I have given the Agent remains the same unless I tell the Agent otherwise in writing (including a signature guarantee). I also agree that this Form applies to any Fund into which I may exchange. The Agent (or the Funds) or I may terminate this agreement by giving at least 10 days written notice to the other party.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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 a 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. person (including a U.S. resident alien), and (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.

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

I hereby certify that to the best of my knowledge, the information provided about me, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity is complete and correct.

I certify that I am not a Foreign Financial Institution as defined in the USA Patriot Act.

X_____
Signature of Investor/Authorized Signer_____
Date**X**_____
Signature of Co-Investor/Authorized Signer_____
Date

PRIVACY NOTICE

The following is the privacy notice of the mutual funds managed by First Pacific Advisors, LP ("FPA", and the mutual funds, the "FPA Funds").

The FPA Funds take privacy seriously and consider privacy to be a fundamental aspect of its relationships with its former, prospective, and current investors. The FPA Funds are committed to maintaining the confidentiality, integrity and security of its former, current, and prospective investors' non-public personal information and other personal information. This privacy policy describes our privacy practices surrounding the collection and sharing of non-public personal information of current, former, and prospective investors.

Sources and Collection of Non-Public Personal Information. While providing investors and/or prospective investors (collectively, "investors") with products and services, the FPA Funds, and certain service providers, such as the FPA Fund's Transfer Agents and/or Administrators, may obtain non-public personal information about such investors, which may come directly from the investor or their intermediaries from sources such as: (i) account applications, subscription agreements and other forms; (ii) written, electronic or verbal correspondence; (iii) investor transactions; (iv) an investor's brokerage or financial advisory firm, financial advisor or consultant, and/or (v) from information captured on applicable websites, including information you may voluntarily provide when you subscribe to receive FPA's quarterly updates or request us to mail you information about the FPA Funds. In addition, the FPA Funds may collect additional non-public personal information from different sources, such as: (i) affiliates or their service providers; (ii) public websites or other publicly available sources such as government records; and/or (iii) from credit reporting agencies, sanctions screening databases, or from sources designed to detect and prevent fraud.

The non-public personal information collected about an investor may include: (i) identifiers and similar information such as the investor's name, address, tax identification number, birth date, driver's license number, and potentially email address and phone number (if provided); (ii) commercial information like an investment selection, beneficiary information, or transaction and account history with the FPA Funds; (iii) internet or other electronic network activity like interactions with the FPA website; and (iv) professional or employment-related information like an investor's occupation and job title.

Purpose for Collecting Non-Public Personal Information. We may collect or use all or a few of these categories of non-public personal information listed above for the following business or commercial purposes: (i) performing services on behalf of FPA or the FPA Funds, including, for example, maintaining or servicing accounts, providing customer service, processing transactions, verifying information, processing payments, or providing similar services; (ii) performing our contractual obligations, including providing updates on FPA Funds performance and other operational matters; (iii) detecting security incidents, protecting against malicious, deceptive, fraudulent, or illegal activity, including, preventing fraud and conducting "Know Your Client," anti-money laundering, terrorist financing, and conflict checks; or (iv) enabling or effecting commercial transactions, including, using bank account details to remit funds and process distributions.

Disclosure of Non-Public Personal Information. The FPA Funds do not disclose any non-public personal information provided by investors or gathered by the FPA Funds to third parties, except as required or permitted by law or as necessary for such third parties to perform their agreements with respect to the FPA Funds. Non-affiliated companies may from time to time be used to provide certain services, such as maintaining investor accounts, preparing and mailing prospectuses, reports, account statements and other information, conducting Know Your Client reviews, performing checks against sanctions lists, and gathering shareholder proxies. In many instances, the investor will be a client of a third party, but the FPA Funds may also provide an investor's non-public personal information and account information to the investor's respective custodian, brokerage or financial advisory firm and/or financial advisor or consultant.

Sharing Information with Third Parties. The FPA Funds reserve the right to report or disclose non-public personal information or account information to third parties in circumstances where the FPA Funds believe in good faith that disclosure is required or permitted under law, to cooperate with regulators or law enforcement authorities, to protect their rights or property, or upon reasonable request by the FPA Funds in which an investor has invested. In addition, the FPA Funds may disclose information about an investor or an investor's accounts to a third party at the investor's request or direction or with the consent of the investor.

Rights to Limited Sharing. Federal law gives you the right to limit some but not all sharing of your nonpublic personal information. We do not: (i) share non-public personal information with non-affiliates to market to you; (ii) engage in joint marketing with non-affiliates; (iii) share non-public personal information with affiliates to market to you; or (iv) share non-public personal information about your creditworthiness with affiliates.

Procedures to Safeguard Private Information. The FPA Funds will take reasonable steps and use security measures appropriate to the nature of the information and that comply with applicable laws to protect investors' non-public personal information against unauthorized access and exfiltration, acquisition, theft, or disclosure. In addition to this policy, the FPA Funds have implemented internal procedures that are designed to help guard investors' personal data. Given the nature of information security, there is no guarantee that such safeguards will always be successful.

Changes to the Privacy Policy. From time to time, the FPA Funds may update or revise this privacy policy. If there are changes to the terms of this privacy policy, documents containing the revised policy will be updated.

Contact Us. Questions, comments, and requests regarding this privacy policy are welcomed and should be addressed to dataprotection@fpa.com.

Revised: January 2022

ACCOUNT APPLICATION INSTRUCTIONS

Check	Checks payable to: FPA Funds	
Wire	UMB Bank, n. a. ABA#101000695 For Credit to: FPA FUNDS A/C#9871996328 For further credit to: Fund name; investor account number; name(s) of investor(s); SSN or TIN PLEASE NOTE: All wires received by 4:00 PM EST are priced based on the share price for that day. Wires received after such time are priced on the share price for the next business day.	
Mail	<u>Standard mail</u> FPA Funds P.O. Box 2175 Milwaukee, WI 53201-2175	<u>Overnight mail</u> FPA Funds 235 W. Galena Street Milwaukee, WI 53212
Website	www.fpa.com	
Telephone	For questions please call shareholder services (800) 638-3060 Monday through Friday 7:00 AM – 7:00 PM (CST)	

FPA Funds

FPA CRESCENT FUND | FPA FLEXIBLE FIXED INCOME FUND | FPA NEW INCOME FUND

FPA QUEENS ROAD SMALL CAP VALUE FUND | FPA QUEENS ROAD VALUE FUND

