



NEW ACCOUNT APPLICATION
Please do not use this form for IRA accounts

PERKINS DISCOVERY FUND

Mail to: Perkins Discovery Fund
c/o Commonwealth Fund Services, Inc.
8730 Stony Point Parkway, Suite 205
Richmond, VA 23235

Use this form only for individual, custodial, trust, profit-sharing, pension or other plan accounts. Do NOT use this form for IRAs (unless the IRA is a self-directed IRA with another trustee or custodian).

USA PATRIOT ACT - To help the U.S. 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.

1. NAME:

Individual
Joint Owner
Gift to Minors
under the
Other
Name of Corporation, Partnership or other Organization.

2. ADDRESS AND CITIZENSHIP:

Area Code
Daytime Telephone
Street
City
State
Zip
*Please note, if you are submitting a P.O. Box as a mailing address you must also submit a physical address below:
Social Security or Tax Identification Number
Social Security or Tax Identification Number of any additional Owner (Joint Owner, etc.)

Citizenship of Owner, Minor or Trust Beneficiary:
Citizenship of Joint Owner:
Country of Residence

3. COST BASIS METHOD:

The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted.

Primary Method (Select only one)
Average Cost
First In, First Out
Last In, First Out
Low Cost
High Cost
Loss/Gain Utilization
Specific Lot Identification
Secondary Method - applies only if Specific Lot Identification was elected as the Primary Method (Select only one)
Average Cost
First In, First Out
Last In, First Out
Low Cost
High Cost
Loss/Gain Utilization

Note: If a Secondary Method is not elected, First In, First Out will be used.

4. INVESTMENT AMOUNT:

\$ _____ By wire (Please call 800-673-0550 for instructions) By check, attached and made payable to:

“Perkins Discovery Fund”

Please check which class you would like to invest in:

Investor Shares

5. AUTOMATIC INVESTMENT PLAN:

To make automatic monthly investments from your bank account, check the box below:

This plan allows me (us) to make automatic monthly investments from my (our) bank account. Commonwealth Fund Services, Inc. will transfer money from my (our) account into the Fund. There is no charge, and I may cancel at any time. Invest \$ _____ into my (our) account on the 15th day of each month by transfer from my (our) bank account. **(Please include a blank voided check.)**

6. DISTRIBUTIONS OPTION:

Income dividends and capital gains are automatically reinvested, unless you check one of the following:

All distributions in cash. Dividends in cash, with capital gains reinvested in shares.

7. TELEPHONE PRIVILEGES:

To use the telephone to authorize the transactions below, please check the appropriate box:

I (we) hereby authorize Commonwealth Fund Services, Inc. to honor the telephone instructions for my (our) account. Neither World Funds Trust nor Commonwealth Fund Services, Inc. will be liable for properly acting upon telephone instructions believed to be genuine which are confirmed in accordance with World Funds Trust procedures described in the prospectus. I (we) understand that redemptions authorized by telephone are paid by check and mailed to me (us) at the address of record.

8. EMPLOYEES, FAMILY AND AFFILIATES:

Are you an employee, or family member of an employee of the Perkins Discovery Fund or its affiliates? Yes No

Please indicate your relationship _____

9. EMPLOYEE INFORMATION:

We are required by the Financial Industry Regulatory Authority (“FINRA”) to ask for the following information:

Owner’s Occupation _____ Employer _____

Employer’s Address _____

Street _____ City _____ State _____ Zip _____

I am affiliated with, or work for, a member firm of the FINRA.

Joint Owner’s Occupation _____ Employer _____

Employer’s Address _____

Street _____ City _____ State _____ Zip _____

I am affiliated with, or work for, a member firm of the FINRA.

10. TELEPHONE REDEMPTIONS:

I would like to be able to place a redemption order by telephone and have the proceeds mailed to me or wired directly to my Financial Institution account listed below. If my redemption exceeds \$100,000, a signature guarantee is required. I understand that these procedures are offered as a convenience to me, and I agree that if the identification procedures set forth in the Prospectus are followed, neither the Fund nor Commonwealth Fund Services, Inc. will be liable for any loss, expense or cost arising from one of these transactions. If you choose to have redemption proceeds wired to your account, please fill in the following information:

Name of Financial Institution _____ Address of my Financial Institution _____

My Financial Institution’s ABA Number _____ Account Number _____ Name(s) on Account _____

11. SIGNATURES:

Each Owner Must Sign This Section.

The undersigned warrant(s) that I (we) have full authority to make this application, am (are) of legal age, and have received and read a current prospectus and agree to be bound by its terms. I (We) understand that it is my (our) responsibility to read the prospectus of any fund into which I (we) exchange and that all information provided in the Account Registration Section and Employment Information Section will apply to any new fund into which my (our) shares may be exchanged. I (we) understand that all shares will be held in uncertificated form. I (we) understand that neither World Funds Trust nor First Dominion Capital Corp. is a bank, and shares of the Fund are not backed or guaranteed by any bank or insured by FDIC. I (we) ratify any instructions (including telephone instructions) given on this account and agree that neither the Fund, First Dominion Capital Corp. or Commonwealth Fund Services, Inc. will be liable for any loss, cost or expense for acting upon any instruction (including telephone instructions) believed to be genuine which are confirmed in accordance with the procedures described in the prospectus.

If I (we) am a (are) U.S. Citizen(s) or Resident Alien(s), as indicated above, I (we) certify under penalties of perjury that (1) the Social Security or taxpayer identification number provided is correct, and (2) I (we) am (are) not subject to IRS backup withholding because (a) I (we) am (are) exempt from backup withholding, or (b) I (we) have not been notified by the IRS that I (we) am (are) subject to backup withholding, or (c) I (we) have been notified by the IRS that I (we) am (are) no longer subject to backup withholding. (Please cross out item 2 if it does not apply to you.) If I (we) am (are) a Non-Resident Alien(s), as indicated above, I (we) certify under penalties of perjury that I (we) am (are) not a U.S. Citizen(s) or Resident Alien(s), and that I (we) am (are) an “exempt foreign person (s)” as defined under IRS regulations.

Neither I (we), nor any person having a direct or indirect beneficial interest in the shares to be acquired, appears on any U.S. Government published list of persons who are known or suspected to engage in money laundering activities, such as the Specially Designated Nationals and Blocked Persons List of the Office of Foreign Assets Control of the United States Department of the Treasury. I (We) do not know or have any reason to suspect that (i) the monies used to fund my (our) investment have been or will be derived from or related to any illegal activities. I (We) agree to provide such information and execute and deliver such documents as the Fund may reasonably request from time to time to verify the accuracy of the information provided in connection with the opening of an account or to comply with any law, rule or regulation to which the Fund may be subject, including compliance with anti-money laundering laws.

This application is not effective until it is received and accepted by the Fund. 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 following is required by Federal tax law to avoid 28% backup withholding. By signing below, I certify under penalties of perjury that the social security number or tax ID number entered above is correct and that I have not been notified by the IRS that I am subject to backup withholding unless I have checked the box .

Sign Here _____ Date _____
Signature of Individual (or Custodian) Month/Date/Year

_____ Date _____
Signature of Joint Registrant, if any. Month/Date/Year

If you have any questions, please call (800) 673-0550. If you would prefer to send your application and check by an overnight service, please send it to:

Perkins Discovery Fund
c/o Commonwealth Fund Services, Inc.
8730 Stony Point Pkwy, Suite 205
Richmond, VA 23235

BROKER/DEALER: PLEASE COMPLETE THE AREA BELOW

Registered Rep. Name Rep. Number Branch Wire Code

Branch Address Telephone Number

CORRESPONDENT FIRM IDENTIFICATION:

Firm Name Address