



New Account Registration Form

Participant: _____

Address: _____

City/State: _____ Zip Code: _____

Tax ID#: _____ Phone: _____ Fax: _____

Participant's Authorized Representatives

	Rep #1	Rep #2	Rep #3
Name:	_____	_____	_____
Title:	_____	_____	_____
Signature:	_____	_____	_____
E-mail:	_____	_____	_____
Access (Full or Limited):	_____	_____	_____

Participant's Wire Instructions:

Bank Name: _____ ABA: _____

Address: _____ A/C#: _____

CSAFE's Wire Instructions:

Bank Name: US Bank ABA: 102-000-021

Address: P.O. Box 5168, Denver, CO 80217 A/C#: 122705534339

For Further Credit: Please always reference your CSAFE account number.

AUTHORIZATION: This agreement authorizes CSAFE to transfer the proceeds of any redemption of the Participant's shares in CSAFE when telephoned, oral, electronic or written requests are received by CSAFE from anyone of the Authorized Representatives names above by transferring such proceeds to the above-named Primary/Standard or Alternate instructions (or additional accounts as denoted on an attached sheet) in the accordance with such requests.

TERMINATION: This Agreement and the authorizations contained therein will remain effective, commencing on the date as set forth above, until CSAFE receives written notice of termination. The Participant is required to notify CSAFE of any changes to either the authorized representatives or the wiring instructions.

LIMITATION ON LIABILITY: The CSAFE Board of Trustees including the Investment Advisor, Administrator and Custodian known collectively as CSAFE shall have no liability for any transfers of Participant's funds made in accordance with this agreement.

CSAFE Representative: _____ Signature: _____

Participant: _____ Signature: _____

CSAFE A/C Number: _____ Date: _____
(to be completed by CSAFE)

Please e-mail the completed form to csafe@csafe.org and allow 24 hours for processing. If you have any questions, please call 800-541-2953.