

# New Account Application

**Regular Mail:**

Carillon Family of Funds  
c/o U.S. Bank Global Fund Services  
PO Box 701  
Milwaukee, WI 53201-0701

**Overnight Mail:**

Carillon Family of Funds  
c/o U.S. Bank Global Fund Services  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207

**For additional information please call toll-free 1-800-421-4184 or visit us on the web at [www.carillontower.com](http://www.carillontower.com).**

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. Trust accounts require additional documentation.** 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. **Please do not use this application for IRA or Entity accounts.**

## 1 Investor Information | Select one

☐ Individual

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FULL LEGAL FIRST NAME <sup>1</sup>	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
<input type="text"/>			
SOCIAL SECURITY NUMBER			

☐ Joint Owner

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FULL LEGAL FIRST NAME <sup>1</sup>	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
<input type="text"/>			
SOCIAL SECURITY NUMBER			

Registration will be Joint Tenancy with Rights of Survivorship (JTWRROS) unless otherwise specified.

☐ Transfer to  
Minor

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CUSTODIAN'S FULL LEGAL FIRST NAME <sup>1</sup> (ONLY ONE)	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
<input type="text"/>			
CUSTODIAN'S SOCIAL SECURITY NUMBER			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MINOR'S FULL LEGAL FIRST NAME <sup>1</sup> (ONLY ONE)	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>		<input type="text"/>
MINOR'S SOCIAL SECURITY NUMBER	UTMA STATE (list state's law that governed the initial transfer)*		AGE OF TERMINATION** <sup>2</sup>

"Minor" means an UTMA account owner (customer) who has not reached the age of termination (age the custodianship terminates, which is designated at the time of transfer and governed by state law). This means that depending on the applicable state, a minor could be older than 18 or 21.

Upon reaching the age of termination, the custodian must remove themselves as custodian (and their authority over the account) so that the UTMA account owner can complete a new application solely in their name and under their control. The custodian will no longer be able to act on the account after the minor reaches the age of termination. Please note, transfers to a minor are irrevocable. Additionally, at the age of termination, U.S. Bank Global Fund Services as transfer agent for Carillon Family of Funds reserves the right to restrict purchases and redemptions and reinvest any dividends and/or capital gains set to pay out in cash until the former minor completes a New Account Application.

\*In the event that the custodian does not complete the "UTMA State" field above, the custodian hereby directs U.S. Bank to establish the UTMA state using the state from the Permanent Street Address provided in the Address section as the UTMA state. This designation shall permanently remain as the designated state for this account.

\*\*In the event that the custodian does not complete the "Age of Termination" field above, the custodian hereby directs U.S. Bank to establish the account using the default age of termination for custodial property transferred by gift under the "UTMA State's" law.

<sup>1</sup>If a full legal first name is not provided, a copy of a government issued document is required to accompany this application.

<sup>2</sup>Note that electing an age of termination beyond the default age, such as 25 if permissible for a particular state, may result in the loss of any annual exclusion for federal gift tax purposes. By entering an age of termination that is different than the state laws governing the gift or transfer, you represent and warrant that you have consulted with your tax and legal advisors on (i) the permissibility of the age selected under the governing state's law, and (ii) the state and federal tax consequences of the designated age of termination.

## 1 Investor Information continued

☐ Trust

NAME OF TRUST

NAME(S) OF TRUSTEE(S)

SOCIAL SECURITY NUMBER / TAX I.D. NUMBER

DATE OF AGREEMENT (MM/DD/YYYY)

**You must supply documentation to substantiate existence of your trust such as your Trust Agreement (including the powers and limitations section(s)), or Certificate of Trust.**

## 2 Address

### Permanent Street Address

Foreign addresses and PO Boxes are not allowed.

STREET

APT / SUITE

CITY

STATE

ZIP CODE

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

EMAIL ADDRESS

### Mailing Address\* (if different from Permanent Street 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.

☐ Minor's Address

Check box if minor's address is the same as the custodian's address. If not, please provide the minor's address below.

STREET

APT / SUITE

CITY

STATE

ZIP CODE

### 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

### 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

### 3 Investment Options

☐ **By check:** Make check payable to the Carillon Family of 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 1-800-421-4184.

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

#### Fund Selection

A list of available fund names, fund numbers and investment amounts can be found on the last page of this application.

Fund Selection	Investment Amount	Capital Gains		Dividends	
		Reinvest	Cash*	Reinvest	Cash*
<input type="text"/> FUND NAME AND FUND NUMBER	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> FUND NAME AND FUND NUMBER	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> FUND NAME AND FUND NUMBER	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> FUND NAME AND FUND NUMBER	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> FUND NAME AND FUND NUMBER	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If nothing is selected, capital gains and dividends will be reinvested.

**\*If cash distribution should be paid, please select one:**

- ☐ Check to Address of Record
- ☐ ACH to Bank of Record - Valid Voided Check or Savings Deposit Slip Needed in the Bank Information section

## 4 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. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). **Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation.** If you do not elect a Cost Basis Method, your account will default to **Average Cost**.

### Primary Method (Select only one)

- ☐ **Average Cost** – averages the purchase price of acquired shares
- ☐ **First In, First Out** – oldest shares are redeemed first
- ☐ **Last In, First Out** – newest shares are redeemed first
- ☐ **Low Cost** – least expensive shares are redeemed first
- ☐ **High Cost** – most expensive shares are redeemed first
- ☐ **Loss/Gain Utilization** – depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares
- ☐ **Specific Lot Identification** – you must specify the share lots to be sold at the time of a redemption (This method requires you elect a Secondary Method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable.)

**Secondary Method** – applies only if Specific Lot Identification was elected as the Primary Method (Select only one)

- ☐ 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.

## 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 Periodic Investment Program (PIP)

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 Bank Information section of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

**Draw money for my PIP (check one):** ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

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

\$50 minimum - Class A & C

No Minimum - Class I & R6

### Fund Selection

A list of available fund names and fund numbers can be found on the last page of this application.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME AND FUND NUMBER	AMOUNT PER DRAW	PIP START MONTH	PIP START DAY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME AND FUND NUMBER	AMOUNT PER DRAW	PIP START MONTH	PIP START DAY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME AND FUND NUMBER	AMOUNT PER DRAW	PIP START MONTH	PIP START DAY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME AND FUND NUMBER	AMOUNT PER DRAW	PIP START MONTH	PIP START DAY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME AND FUND NUMBER	AMOUNT PER DRAW	PIP START MONTH	PIP 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 Systematic Withdrawal Plan (SWP)

Your signed Application must be received at least 15 calendar days prior to initial transaction.

☐ Payments will be mailed to address in the Address section.

☐ Payments will be deposited directly into your bank account. Please attach a voided check or savings deposit slip to Bank Information section of this application. We are unable to credit mutual fund or pass-through ("for further credit") accounts.

**Make payments:** ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually **starting with the month given here:**

**Date of withdrawal:** ☐ 1st ☐ 5th ☐ 10th ☐ 20th

### Fund Selection

A list of available fund names and fund numbers can be found on the last page of this application.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME AND FUND NUMBER	AMOUNT PER DRAW	SWP START MONTH	SWP START DAY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME AND FUND NUMBER	AMOUNT PER DRAW	SWP START MONTH	SWP START DAY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME AND FUND NUMBER	AMOUNT PER DRAW	SWP START MONTH	SWP START DAY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME AND FUND NUMBER	AMOUNT PER DRAW	SWP START MONTH	SWP START DAY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FUND NAME AND FUND NUMBER	AMOUNT PER DRAW	SWP START MONTH	SWP START DAY

## 8 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).

Note: There is a \$15 fee for next day wire and no fee for ACH (transfer takes 2-3 days).

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
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 ⑆	

## 9 Letter of Intent

☐ I agree to the terms of the Letter of Intent set forth in the prospectus. Although I am not obligated to do so, it is my intention to invest over a 13-month period in shares of the Carillon Family of Funds on which a sales load has been paid an aggregate amount equal to at least:

☐ \$25,000 ☐ \$50,000 ☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000

## 10 Rights of Accumulation

A reduced sales load applies to any purchase of Carillon Family of Funds shares, sold with a sales load, where an investor's then-current investment is \$25,000 or more. If you have additional Carillon Family of Funds accounts, please list them here:

Existing Account Number(s):

## 11 E-Delivery Options

**I would like to:**

- ☐ Receive statements electronically
- ☐ Receive tax statements electronically

By selecting any of the above options, you agree to waive the physical delivery of the prospectus, fund reports, account statements and/or tax forms. If you have opted to receive your statements or tax forms 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.carillontower.com](http://www.carillontower.com).

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

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

✓ I have received and understand the prospectus for the Carillon Family of Funds (the "Fund"). I understand the Fund's investment 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.

✓ 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. I authorize U.S. Bank Global Fund Services to obtain a third party report for the purposes of authenticating the bank information that I provided.

✓ 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.

✓ Under penalty of perjury, I certify that:

- 1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number
- 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 not 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. citizen or other U.S. person; and
- 4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisitions or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

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

X

SIGNATURE OF OWNER\*

DATE (MM/DD/YYYY)

X

SIGNATURE OF JOINT OWNER\*

DATE (MM/DD/YYYY)

\* If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign.

**If the custodian listed in the Investor Information section is NOT a parent or legal guardian of the minor, a parent or legal guardian is REQUIRED to complete the following section.**

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

Under penalty of perjury, I certify that:

- 1) the Social Security or taxpayer identification number shown on this form is the 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 not 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. citizen or other U.S. person; and
- 4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisitions or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

I am signing on behalf of the minor as a parent or legal guardian:

PRINT MINOR'S NAME

X

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE (MM/DD/YYYY)



## 13 Dealer Information

DEALER NAME

DEALER'S ID

BRANCH ID

### DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE'S LAST NAME

FIRST NAME

M.I.

REPRESENTATIVE'S ID

### REPRESENTATIVE BRANCH OFFICE INFORMATION:

ADDRESS

CODE

CITY / STATE / ZIP

TELEPHONE NUMBER

### Before you mail, please:

- ☐ Complete all USA PATRIOT Act required information
  - ☐ Social Security or Tax ID Number
  - ☐ Date of Birth
  - ☐ Full Name
  - ☐ Permanent Street Address
- ☐ Enclose your personal check made payable to the Carillon Family of Funds
- ☐ Include a voided check or savings deposit slip, if applicable
- ☐ Sign your application in the Signature and Certification Required by the Internal Revenue Service section
- ☐ Enclose additional documentation, if applicable
- ☐ Complete UTMA information, if applicable

## Carillon Family of Funds - Fund List



### Minimum Initial Investment

Class A\*: \$1,000

Class C\*: \$1,000

Class I: \$1,000

Class R6: \$1,000,000

\* A reduced minimum of \$50 is offered for these classes when a monthly Automatic Investment Plan of \$50 is established.

FUND	TICKER	CLASS	FUND NUMBER
Carillon ClariVest Capital Appreciation Fund	HRCPX	Class A	3850
	HRCCX	Class C	3851
	HRCIX	Class I	3852
	HRCUX	Class R6	3855
Carillon ClariVest International Stock Fund	EISAX	Class A	3946
	EISDX	Class C	3947
	EISIX	Class I	3948
	EISVX	Class R6	3951
Carillon Eagle Growth & Income Fund	HRCVX	Class A	3868
	HIGCX	Class C	3869
	HIGJX	Class I	3870
	HIGUX	Class R6	3873
Carillon Eagle Mid Cap Growth Fund	HAGAX	Class A	3904
	HAGCX	Class C	3905
	HAGIX	Class I	3906
	HRAUX	Class R6	3909
Carillon Eagle Small Cap Growth Fund	HRSCX	Class A	3931
	HSCCX	Class C	3932
	HSIIX	Class I	3933
	HSRUX	Class R6	3936
Carillon Reams Core Bond Fund	CRCBX	Class A	4160
	CRCDX	Class C	4161
	SCCIX	Class I	4067
	CRCUX	Class R6	4164
Carillon Reams Core Plus Bond Fund	SCPDX	Class A	4165
	SCPEX	Class C	4166
	SCPZX	Class I	4069
	SCPWX	Class R6	4169
Carillon Reams Unconstrained Bond Fund	SUBDX	Class A	4170
	SUBEX	Class C	4171
	SUBFX	Class I	4071
	SUBTX	Class R6	4174
Carillon Scout Mid Cap Fund	CSMEX	Class A	4142
	CSMFX	Class C	4143
	UMBMX	Class I	4064
	CSMUX	Class R6	4146
Carillon Chartwell Small Cap Fund	CSSAX	Class A	4148
	CSSJX	Class C	4149
	UMBHX	Class I	4065
	CSSVX	Class R6	4152
Carillon Chartwell Mid Cap Value Fund	BERAX	Class A	5923
	BERBX	Class C	5924
	BERCX	Class I	5758
	BERDX	Class R6	5925
Carillon Chartwell Real Income Fund	BERGX	Class A	5929
	BERHX	Class C	5930
	BERIX	Class I	5759
	BERSX	Class R6	5931

## Carillon Family of Funds - Fund List | continued

FUND	TICKER	CLASS	FUND NUMBER
Carillon Chartwell Short Duration High Yield Fund	CWFAX	Class A	5916
	CWFCX	Class C	5917
	CWFIX	Class I	5761
	CWFRX	Class R6	5918
Carillon Chartwell Small Cap Growth Fund	CWSAX	Class A	5926
	CWSBX	Class C	5927
	CWSGX	Class I	5762
	CWSRX	Class R6	5928
Carillon Chartwell Small Cap Value Fund	CWSCX	Class A	5920
	CWSHX	Class C	5921
	CWSIX	Class I	5763
	CWSWX	Class R6	5922