

# GOTHAM FUNDS

## New Account Application FundVantage Trust

### IMPORTANT NOTICE – 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 allows us to identify you. This information will be verified to ensure identity of all individuals opening a mutual fund account.

### IMPORTANT INFORMATION – PLEASE READ

- Please complete the investment selection and account information sections. Please use blue or black ink. For assistance call 877-974-6852 from 9:00 a.m. to 5:00 p.m. Eastern time, Monday through Friday.
- Be sure to review and sign section 4 of the New Account Application, or it will be returned as required by Federal Law.
- To invest via wire transfer, you must first complete the above steps and obtain your new account number.
- Send your completed New Account Application along with your Investment Check via Regular mail, or Overnight mail to one of the addresses below:

**Regular Mail:**

Gotham Funds  
FundVantage Trust  
c/o BNY Mellon Investment Servicing  
P.O. Box 9829  
Providence, RI 02940-8029

**Overnight Mail:**

Gotham Funds  
FundVantage Trust  
c/o BNY Mellon Investment Servicing  
4400 Computer Drive  
Westborough, MA 01581

**\* Items marked with an asterisk (\*) in Sections 1 and 2 are required for your application to be accepted and will be verified as required by the USA Patriot Act.**

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## 1. ACCOUNT REGISTRATION (check one box)

**INDIVIDUAL OR JOINT ACCOUNT**

Owner's Name (First, Middle Initial, Last)\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Joint Owner's Name (First, Middle Initial, Last)\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
*Joint Accounts will be registered joint tenants with the right of survivorship, unless otherwise indicated*

I am a: US Citizen      Resident Alien      Non-Resident Alien\*\* (specify Country) \_\_\_\_\_

**GIFT OR TRANSFER TO MINOR**

Custodian's Name (First, Middle Initial, Last)\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Minor's Name (First, Middle Initial, Last)\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Under the \_\_\_\_\_ Uniform Gifts or Transfers to minors Acts  
(State of Minor's Residence)

**TRUST** (A copy of the first and last page of the Trust Agreement must be attached and a list that includes the full name, signature, social security number, date of birth, and address for each additional trustee, as well as for authorized traders)

Trustee(s) Name (First, Middle Initial, Last)\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Trustee(s) Name (First, Middle Initial, Last)\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

As Trustee of: \_\_\_\_\_ for the benefit of: \_\_\_\_\_  
(Name of Trust) (Beneficiary's Name)

Taxpayer ID # \_\_\_\_\_ Date of Trust Agreement: \_\_\_\_\_

**CORPORATION, PARTNERSHIP OR OTHER ENTITY** (Attach copy of certified Articles of Incorporation and/or business license for a corporation, or the partnership agreement)

Name of Corporation, Partnership or Other Entity\* \_\_\_\_\_ Taxpayer ID Number\* \_\_\_\_\_

Authorized person or Fiduciary Name (First, Middle Initial, Last)\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Please provide Authorized Person or Fiduciary Name's Social Security Number OR Home Street Address\*

\* Items marked with an asterisk (\*) are required for your application to be accepted and will be verified as required by the USA Patriot Act.

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## a) CIP Verification:

Check if this account is exempt from verification due to:

Publicly traded corporation. Symbol: \_\_\_\_\_

Bank regulated by a State bank regulator  Financial Institution regulated by a federal functional regulator\*\*

Is your company any of the following? (If yes, please provide business classification): a bank organized and located outside the United States; a foreign office, agent or branch of a U.S. covered financial institution\*\*, money transmitter, currency dealer or exchange; or a company that if located in the United States would be required to register as a mutual fund, securities broker-dealer or a futures commission merchant?

\_\_\_\_\_ No \_\_\_\_\_ Yes, please explain \_\_\_\_\_

\*\* A US covered financial institution is generally any of the following: a bank; a credit union; a savings association; a corporation acting under Section 25A of the Federal Reserve Act; a trust bank or company; a securities broker-dealer; a futures commission merchant; and introducing broker; or a mutual fund.

## b) Tax Verification:

Indicate Federal Income Tax Classification (for Corporations, Partnerships, or Other Entities)  
(For Disregarded Entity: Please indicate below the income tax classification of the Owner)

\_\_\_\_\_ S - Corporation \_\_\_\_\_ C - Corporation \_\_\_\_\_ Partnership

## c) 22c-2 Verification:

Are you a FINANCIAL INTERMEDIARY and will this account be omnibus?  Yes  No

If yes, you will also be required to enter into an Information Sharing Agreement with FundVantage Trust with respect to opening this account.

If no, you represent and warrant that if you become a financial intermediary with respect to this or other FundVantage Trust accounts at any time in the future, you will immediately notify FundVantage Trust, and will take steps to comply with the requirement to enter into an Information Sharing Agreement pursuant to SEC Rule 22c-2.

## d) FINRA Customer Due Diligence (CDD) Verification

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.

### 1. Authorized Controlling Individual

Provide information for one individual with significant responsibility for managing the legal entity (ex: CEO, CFO, managing member, general partner, president, treasurer, etc.).

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

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## 2. Certification of Beneficial Owners for Legal Entity Clients

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 publically traded on an exchange or subject to ERISA. Also do not complete if you are a government entity or are affiliated with a government entity.

### 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: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

#### Beneficial Owner 2:

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

#### Beneficial Owner 3:

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

#### Beneficial Owner 4:

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

**I, \_\_\_\_\_ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Entity Identifier \_\_\_\_\_ (Optional)

## 2. ADDRESS

\*Mailing Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_  
(If mailing address is a Post Office Box a street address is required by the USA Patriot Act)

\*Street Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## 3. FUND SELECTION OPTION

**(\$250,000 Minimum or \$5,000 Minimum  
plus Automatic Investment Plan,  
complete Section 7 below)**

Gotham Index Plus Fund                      Class I (GINDX, Fund #644)                      \$ \_\_\_\_\_

## 4. SIGNATURE and CERTIFICATION

In compliance with U.S.A. PATRIOT Act, all financial institutions are required to obtain, verify and record the following information for all registered owners or others, who may be authorized to act on behalf of an account: full name, date of birth, social security number and permanent street address. If you do not provide us with this information, we will not be able to open the account. We may also request a copy of your driver's license or other identifying documents. If you are a trust, corporation of other entity, you may be asked to supply documentation to substantiate the existence of your organization: (i.e.: Articles of Incorporation/Formation/Organization, Trust Agreements, Partnership Agreement or other official documents.) If we are unable to verify identity, we reserve the right to close your account or take other steps we deem reasonable.

I have read the current prospectus and this application and agree to all the terms which to the extent applicable shall be binding upon my heirs, representatives and assigns. I certify that I have power and authority to establish the account. I understand that the account is subject to the terms and conditions detailed in the Gotham prospectus, as amended from time to time. In addition, I authorize the instructions in this application. I hold harmless and indemnify FundVantage Trust, Gotham, and its affiliates or mutual funds managed by such affiliates and each of their respective directors, trustees, officers, employees and agents from any losses, expenses, costs or liability (including attorney fees) which I may incur with these instructions.

### Required by Federal tax law to avoid backup withholding:

I certify under penalties of perjury that:

1. The number shown on this form is my correct taxpayer identification number 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 IRS that I am subject to backup withholding as a result of 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)
4. If I am exempt from FATCA reporting, the FATCA Exemption Code(s) is(are) \_\_\_\_\_. The following codes identify

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payees that are exempt from backup withholding:

- 1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 - The United States or any of its agencies or instrumentalities
- 3 - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 - A corporation
- 6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7 - A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 - A real estate investment trust
- 9 - An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10 - A common trust fund operated by a bank under section 584(a)
- 11 - A financial institution
- 12 - A middleman known in the investment community as a nominee or custodian
- 13 - A trust exempt from tax under section 664 or described in section 4947.

**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.

Note to foreign investors: Form w-8BEN must be supplied to ensure applicable backup withholding for your country or residency.

If no activity occurs in your account within the time period specified by applicable state law, the assets in your account may be considered abandoned and transferred (also known as "escheated") to the appropriate state regulators. The escheatment time period varies by state.

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PARTNERSHIPS AND TRUSTS (even if you are the sole Trustee)**

The undersigned certify that they are all the general partner/trustees of the Shareholder and that they have done the following under the authority of the Shareholder's Partnership Agreement/Trust Instrument: (1) empowered the general partner/trustee executing this application (or amendment) to do so on behalf of the Shareholder; (2) empowered the above-named Authorized Person(s) to execute securities transactions for the Shareholder on the terms described above, and (3) authorized the Secretary to certify, from time to time, the names of the general partners/trustees of the Shareholder and to notify FundVantage Trust when changes in general partners/trustees occur.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 5. TELEPHONE PRIVILEGES

Unless indicated below, I authorize the Transfer Agent to accept instructions via telephone from the account holder or authorized trader on the account, in accordance with the procedures and conditions set forth in the current Prospectus. I understand that the exchange privilege is only available for exchanges within the same class of shares.

I DO NOT want Telephone Exchange Privileges       I DO NOT want Telephone Redemption Privileges

Redemption by telephone will be sent by check via U.S. Mail to the address of record, or sent to the bank of record, if section 8 is completed with bank instructions.

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Neither the Fund nor the Transfer Agent will be liable for properly acting upon telephone instructions believed to be genuine. Should the Fund or its Transfer Agent fail to utilize reasonable procedures, it may be liable for any losses due to unauthorized or fraudulent instructions.

## 6. DIVIDEND & CAPITAL GAIN DISTRIBUTIONS

	REINVESTED	CASH	
Dividends	<input type="checkbox"/>	<input type="checkbox"/>	(ALL DISTRIBUTIONS WILL BE REINVESTED IF NO BOX IS MARKED)
Cap Gains	<input type="checkbox"/>	<input type="checkbox"/>	

If Cash:  By check to the address on the application  By wire to the bank in section 8

## 7. AUTOMATIC INVESTMENT PLAN

- All contributions invested using the Automatic Investment Plan will be current year contributions.
- We will establish your banking instructions using the voided check attached in the space provided below.

I would like to automatically invest from my bank account to my Gotham Funds Fund account on the following basis. If you do not indicate a frequency, then we will default to monthly.

Monthly  Quarterly  Semi-Annually  Annually

My contribution to the funds marked below will take place on the \_\_\_\_\_ (i.e. 15<sup>th</sup>) of the month, beginning in the month of \_\_\_\_\_ (i.e. April). If you do not indicate a date of the month, then we will default to the 15<sup>th</sup> of the month.

**\$5,000 Minimum plus Automatic Investment Plan (at least \$500 per month OR \$1,000 per quarter)**

Gotham Index Plus Fund	Class I (GINDX, Fund #644)	\$ _____

## **BANKING INSTRUCTIONS FOR AUTOMATIC INVESTMENT PLAN**

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ATTACH VOIDED CHECK HERE

## 8. BANK AND WIRE INSTRUCTIONS

Complete this information to buy shares, sell shares or receive cash payments by wire:

Bank Name: \_\_\_\_\_ ABA # \_\_\_\_\_  
(If mailing address is a Post Office Box a street address is required by the USA Patriot Act)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name(s) on the Account: \_\_\_\_\_

Account # \_\_\_\_\_ Account Type (check one):  checking  savings

## 9. COST BASIS TAX REPORTING

**Gotham Funds is responsible for tracking and reporting to the IRS, your realized gains and losses on covered shares.**

Cost Basis reporting generally does not apply to retirement accounts, C corporations, and exempt organizations.

**Gotham Funds'** default tax lot identification method is Average Cost (AC) method which means shares are depleted on a first in, first out basis with the cost basis calculated by taking the shares redeemed multiplied by the average cost per share. You may change to another method below.

**Note: IRS Regulations do not permit the change of the method on a settled trade.**

I choose a method other than Average Cost, as follows:

- |  |                               |
|--|-------------------------------|
| FIFO – First In, First Out   | <input type="checkbox"/> (FI) |
| HIFO – Highest In, First Out   | <input type="checkbox"/> (HI) |
| LIFO – Last In, First Out  | <input type="checkbox"/> (LI) |
| LOFO – Lowest Cost, First Out  | <input type="checkbox"/> (LO) |
| HILT – Highest Cost Long Term, First Out   | <input type="checkbox"/> (H1) |
| HIST – Highest Cost Short Term, First Out  | <input type="checkbox"/> (H2) |
| LILT – Lowest Cost Long Term, First Out  | <input type="checkbox"/> (L1) |
| LIST – Lowest Cost Short Term, First Out   | <input type="checkbox"/> (L2) |
| Specific Lot – (Identify the lot(s) at the time of your redemption, if you do not, the redemption will be processed using FIFO). | <input type="checkbox"/> (SL) |

## DEALER USE ONLY

Firm Name: Gotham

Rep. Number: 000

Branch Number: 000



# GOTHAM FUNDS

Please save Privacy Notice for your records – DO NOT RETURN

## FundVantage Trust

### Privacy Notice

The privacy of your personal financial information is extremely important to us. When you open an account with us, we collect a significant amount of information from you in order to properly invest and administer your account. We take very seriously the obligation to keep that information private and confidential, and we want you to know how we protect that important information.

We collect nonpublic personal information about you from applications or other forms you complete and from your transactions with us or our affiliates. We do not disclose information about you, or our former clients, to our affiliates or to service providers or other third parties, except as permitted by law. We share only the information required to properly administer your accounts, which enables us to send transaction confirmations, monthly or quarterly statements, financials and tax forms. Even within FundVantage Trust and its affiliated entities, a limited number of people who actually service accounts will have access to your personal financial information. Further, we do not share information about our current or former clients with any outside marketing groups or sales entities.

To ensure the highest degree of security and confidentiality, FundVantage Trust and its affiliates maintain various physical, electronic and procedural safeguards to protect your personal information. We also apply special measures for authentication of information you request or submit to us on our website [www.gothamfunds.com](http://www.gothamfunds.com).

If you have questions or comments about our privacy practices, please call us at (877) 974-6852.