

REGULAR ACCOUNT APPLICATION

The Philotimo Growth & Income Fund

The Philotimo Growth & Income Fund
c/o Commonwealth Fund Services, Inc.
8730 Stony Point Parkway, Suite 205
Richmond, VA 23235

Use this form only for individual, custodial, 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). A special form is available for IRAs; please call (800) 628-4077 for information or assistance.

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. When you open an account, we will ask you for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure the identity of all individuals opening a mutual fund account.

ACCOUNT OWNER INFORMATION

Individual _____
First Middle Last Date of Birth

Joint Owner _____
First Middle Last Date of Birth

Gift to Minors _____ as custodian for _____
Name of Custodian Name of Minor

under the _____ Uniform Gifts to Minors Act. Minor's SSN _____
State

ADDRESS AND CITIZENSHIP

Daytime Telephone Business 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:**

Street City State Zip

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: U.S. Citizen Resident Alien Non-Resident Alien _____
Country of Residence

Citizenship of Joint Owner: U.S. Citizen Resident Alien Non-Resident Alien _____
Country of Residence

INVESTMENT AMOUNT: Please fill in amount and make check(s) payable to Philotimo Fund.

Check here if investing by ACH and please complete and submit One Time ACH Authorization form with this Application.

If investing by Wire Transfer, please call (800) 628-4077 for instructions.

The Philotimo Growth & Income Fund \$ _____

AUTOMATIC INVESTMENT PLAN: To make automatic monthly investments from your bank account (minimum monthly investment is \$100).

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 complete the Bank Information section below.)**

Enter your checking or savings account information: Account Type: Checking Savings

Name(s) on Bank Account _____

Name of Bank: _____ Bank's Phone Number: _____

Bank Address: _____ City _____ State _____ ZIP _____

ABA Routing Number: _____ Bank Account Number: _____

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.

TELEPHONE PRIVILEGES

To use the telephone to authorize the transactions below, please check the box below after reading the terms:

I (we) hereby authorize Commonwealth Fund Services, Inc. to honor the telephone instructions for my (our) account. Neither the 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 the 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.

EMPLOYEES, FAMILY AND AFFILIATES:

Are you an employee, or family member of an employee of Kanen Wealth Management or its affiliates? Yes No

If Yes, please indicate your relationship _____

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.

REDEMPTIONS:

I would like to be able to place a redemption order by telephone and have the proceeds mailed to me or sent through ACH 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 sent via ACH 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 _____

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 The 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) 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 24% 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

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

If you have any questions regarding this application, please call (800) 628-4077. If you would prefer to send your application and check by an overnight service, please send it to:

The Philotimo Growth & Income 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 _____