



NORTH SQUARE INVESTMENTS

Please refer to the Fund's prospectus for minimum investment amounts and subsequent investment requirements.

www.northsquareinvest.com

If you have any questions or need any help filling out the application, please call **1-855-551-5521**.

New Account Application

Do not use this form for IRA accounts.

After you have completed and signed this application,

Please mail to:

North Square Funds

PO Box 46707

Cincinnati, OH 45246

Overnight Delivery:

North Square Funds

225 Pictoria Dr, Suite 450

Cincinnati, OH 45246

Fax **1-877-513-0756**

1. ACCOUNT OWNERSHIP

Please provide complete information for EITHER A, B, C, D or E:

A. INDIVIDUAL OR JOINT *(Please check one):*

Individual

Individual with Transfer on Death Designation *(Section 10 must be completed)*

Joint Account *(Joint owners have rights of survivorship, unless state laws regarding community property apply)*

Joint Tenants with Rights of Survivorship

Joint Tenants in Common

Joint Tenants Community Property

(if no account type is specified, account will be established as joint tenants with rights of survivorship)

Joint Tenants with Rights of Survivorship with Transfer on Death Designation

(Section 10 must be completed)

Name	Social Security Number	Date of Birth
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Joint Owner	Social Security Number	Date of Birth
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Email

Citizenship: U.S. or Resident Alien Other *(please specify)*

Joint Owner's Relationship to Owner: Spouse Non-spouse *(if no election, relationship will be considered Non-Spouse)*

B. UNIFORM TRANSFERS TO MINORS ACCOUNT (UTMA)

Custodian's Name	Custodian's Social Security Number	Custodian's Date of Birth
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Minor's Name	Minor's Social Security Number	Minor's Date of Birth
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Minor's State of Residence	Email
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C. TRUST *(Include a copy of the title page, authorized individual page and signature page of the Trust Agreement. Failure to provide this documentation may result in a delay in processing your application.)*

Trust or Plan Name	Email
Trust Date (mo/day/yr)	Employer or Trust Taxpayer Identification Number
Trustee's (Authorized Signer's) Name (First, Middle Initial, Last)	
Trustee's Date of Birth (mo/day/yr)	Trustee's Social Security Number
Co-Trustee's (Authorized Signer's) Name (First, Middle Initial, Last)	
Co-Trustee's Date of Birth (mo/day/yr)	Co-Trustee's Social Security Number

D. CORPORATIONS OR OTHER ENTITIES *(Include a copy of one of the following documents: registered articles of incorporation, government-issued business license, partnership papers, plan documents or other official documentation that verifies the entity and lists the authorized individuals.*

To help the government fight financial crime, Federal regulation requires certain financial institutions, including mutual funds, to obtain, verify, and record information about the beneficial owners of legal entity customers.

Please complete section entitled "Certification Regarding Beneficial Owners of Legal Entity Customers" if the account is to be established on behalf of a legal entity, which 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 or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf. Failure to provide this documentation may result in a delay in processing your application.)

C Corporation	S Corporation	Corporation	Partnership	Government Entity	Other (please specify)
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If no classification is provided, per IRS regulations, your account will default to an S Corporation.

Name of Corporation or Other Business Entity	Tax ID Number	Email
Authorized Individual	Social Security Number	Date of Birth
Co-Authorized Individual	Social Security Number	Date of Birth
Co-Authorized Individual	Social Security Number	Date of Birth
Co-Authorized Individual	Social Security Number	Date of Birth

The number of individual(s) required to transact business without the consent of the board or any director, officer, or other person of the Corporation as indicated below (check one):

Any authorized signer may act independently. Two authorized signers are required.

Three authorized signers are required. All authorized signers are required.

E. Estate (Include a copy of a probate document indicating the name of the Executor of the Estate, such as Letters Testamentary or Letters of Administration.)

Name of Estate	Estate Tax ID Number	Email
Executor	Social Security Number	Date of Birth
Co-Executor	Social Security Number	Date of Birth

2. MAILING AND CONTACT INFORMATION

LEGAL ADDRESS (Must be a street address)

Street Address	Daytime Telephone
City, State, ZIP	Evening Telephone

Please send mail to the address below. Please provide your primary legal address above, in addition to any mailing address (if different).

Mailing Address	City, State, ZIP
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3. INITIAL INVESTMENT (Please refer to the Fund's prospectus for minimum investment amounts.)

Name	Amount	Share Class		
North Square Advisory Research Small Cap Value Fund	\$	Class I		
North Square Altrinsic International Equity Fund	\$	Class I		
North Square Dynamic Small Cap Fund	\$	Class A	Class I	
North Square McKee Bond Fund	\$	Class R6	Class I	
North Square Multi Strategy Fund	\$	Class A	Class I	
North Square Preferred and Income Securities Fund	\$	Class I		
North Square Spectrum Alpha Fund	\$	Class A	Class I	
North Square Strategic Income Fund	\$	Class A	Class I	
North Square Tactical Defensive Fund	\$	Class A	Class C	Class I
North Square Tactical Growth Fund	\$	Class A	Class C	Class I
North Square Trilogy Alternative Return Fund	\$	Class A	Class C	Class I
Total:	\$			

8. COST BASIS METHOD

Cost Basis calculation method for all accounts established by this application:

- Average Cost (default method, if not specified)
- First-In, First-Out (FIFO)*
- Last-In, First-Out (LIFO)*
- Highest-Cost, First-Out (HIFO)*
- Specific Share Identification**

* If you have any questions, please contact our shareholder services group at 1-855-551-5521.

** If Specific Share Identification is selected and no instruction is provided at the time of redemption as to which shares should be redeemed, First-In, First-Out (FIFO) will be used.

9. TELEPHONE PRIVILEGES

Telephone privileges, as described in the prospectus, automatically apply unless this box is checked.

No, I do not want telephone privileges

10. TRANSFER ON DEATH BENEFICIARY DESIGNATION

Note: Complete only if Individual with Transfer on Death Designation or Joint with Transfer on Death Designation was selected in section 1 and if you want to add a Transfer on Death Beneficiary designation to your account.

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the account(s). Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining primary beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary (ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account(s). If any contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining contingent beneficiary(ies) shall be increased on a pro rata basis.

Additional Information

Account Ownership. The designation of a TOD beneficiary on a registration beneficiary form has no effect of ownership until the owner's death. Beneficiaries have no rights to account information and/or trading authority until the death of all owners and until proper documentation is provided.

NO.	BENEFICIARY NAME	DATE OF BIRTH	RELATIONSHIP	PRIMARY OR CONTINGENT	SHARE %
1				Primary Contingent	
	SSN:	Address:			
2				Primary Contingent	
	SSN:	Address:			
3				Primary Contingent	
	SSN:	Address:			
4				Primary Contingent	
	SSN:	Address:			
5				Primary Contingent	
	SSN:	Address:			
6				Primary Contingent	
	SSN:	Address:			
7				Primary Contingent	
	SSN:	Address:			
8				Primary Contingent	
	SSN:	Address:			
9				Primary Contingent	
	SSN:	Address:			
10				Primary Contingent	
	SSN:	Address:			

This section should be completed if any marital or community property interest exists in the aforementioned account (s) and the account holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

CURRENT MARITAL STATUS

I am not married. I understand that if I become married in the future, I must complete a new designation of beneficiary form.

I am married. I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

CONSENT OF SPOUSE

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional. No tax or legal advice was given to me by the Fund Company or Ultimus Fund Solutions.

I hereby give the account holder any interest I have in the funds or property deposited in the account referenced herein and consent to the beneficiary designations(s) indicated above. I assume full responsibility for any adverse consequences that may result.

Signature of Spouse

Date

11. DEALER/REGISTERED INVESTMENT ADVISOR INFORMATION

If opening your account through a Broker/Dealer or Registered Investment Advisor, please have them complete this section.

Dealer Name

Representative's Last Name, First Name

DEALER HEAD OFFICE

REPRESENTATIVE'S BRANCH OFFICE

Address

Address

City, State, ZIP

City, State, ZIP

Telephone Number

Rep Telephone Number

Rep ID Number

Email Address

Rep Email Address

Branch ID Number

Branch Telephone Number (if different than Rep Phone Number)

12. STATE ESCHEATMENT LAWS

Escheatment laws adopted by various states require that personal property that is deemed to be abandoned or ownerless, including mutual fund shares and bank deposits, be transferred to the state. Under such laws, ownership of your Fund shares may be transferred to the appropriate state if no activity occurs in your account within the time period specified by applicable state law. The Fund retains a search service to track down missing shareholders and will escheat an account only after several attempts to locate the shareholder have failed. To avoid this from happening to your account, please keep track of your account and promptly inform the Fund of any change in your address.

13. SIGNATURE(S) & CERTIFICATION (REQUIRED)

We must have signatures to process your Application and to certify your Taxpayer Identification number. IRS regulations require your signature to avoid any backup withholding.

W-9 Certification: Under penalty of perjury:

- (a) I certify that the number shown on this form is my/our current Social Security number(s) or Taxpayer Identification number(s).
- (b) I am not subject to backup withholding because; (1) I am exempt from backup withholding, or (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (3) the IRS has notified me that I am no longer subject to backup withholding.
- (c) I am a U.S. person (including a resident alien.)
- (d) I am exempt from FATCA reporting.

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, social security number/ Tax ID number and other information that will allow us to identify you. We may also ask to see other identifying documents. Until you provide the information or documents we need, we may not be able to open an account or effect any additional transactions for you.

The undersigned represents and warrants that:

- I have full authority and am of legal age to purchase shares of the Fund;
- I have received and read a current prospectus for **North Square Funds** and agree to be bound by the terms contained therein; and
- The information contained on this New Account Application is complete and accurate.

If Fund shares are being purchased on behalf of an Investment Company (as that term is defined under the Investment Company Act of 1940, as amended ("the 1940 Act"), including investment companies that are not required to register under the 1940 Act pursuant to section 3(c)(1) or 3(c)(7) exemptions), I hereby certify that said Investment Company will limit its ownership to 3% or less of the Fund's outstanding shares.

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

I am designating the above-mentioned individual(s) as the beneficiary(ies) on my account(s). This designation is effective upon receipt by the Fund's transfer agent and will remain in effect until I deliver written notice of change or revocation of beneficiary(ies) to the Fund's transfer agent.

Transfer-on-death (TOD) laws vary by state. Please consult an attorney licensed in your state for detailed advice regarding your TOD registration. If there is a dispute regarding the right of a TOD beneficiary to receive assets pursuant to this TOD registration, your states' laws could affect the dispensation of the assets.

I, my successors and assigns, do hereby agree to indemnify and hold harmless the Fund, its affiliates, and any directors, officers, employees, or agents of these entities, from and against all claims, liabilities, damages, actions, charges, costs, losses and expenses arising out of or resulting from the transfer upon my death of the balance in the above reference account(s).

Signature of owner (or custodian)

Date

Signature of joint owner (or corporate officer, partner or other)

Date

Trustee (if applicable)

Date

14. CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

Note: Complete only if Corporations or Other Entities was selected in Section 1.

In compliance with the Customer Due Diligence requirements issued by the Financial Crimes Enforcement Network (FinCEN), financial institutions must identify and verify the identity of the beneficial owners of all legal entity customers.

This form must be completed by the person opening a new account on behalf of a legal entity customer. For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by filing a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening account on their own behalf.

This form requires you provide the name, address, date of birth and Social Security number (or passport or other similar information, in the case of non-U.S. Persons) for the following individuals (i.e. beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g. each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g. a Chief Executive Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. **Regardless of the number of individuals identified in section (i), you must provide the identifying information of one individual under section (ii).** It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of ACME, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

CERTIFICATION OF BENEFICIAL OWNER(S) – Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

b. Name, Type (select below), and Address of Legal Entity for Which the Account is Being Opened:

- Corporation
- Limited Liability Company
- Limited Partnership
- General Partnership
- Business Trust
- Other entity created by filing with a state office

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons:	For Non-U.S. Persons:
			Social Security Number	Social Security Number, Passport Number and Country of Issuance, or other similar identification number

(If no individual meets this definition, please write, “Not Applicable”)

- d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:
- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, Vice President, Treasurer):
OR
 - Any other individual who regularly performs similar functions.

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons:	For Non-U.S. Persons:
			Social Security Number	Social Security Number, Passport Number and Country of Issuance, or other similar identification 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.

Signature:

Date:

TO CONTACT US:

By Telephone
Toll-free: 1-855-551-5521
Fax: 1-877-513-0756

In Writing
North Square Funds
PO Box 46707
Cincinnati, OH 45246

or
Via Overnight Delivery
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246

Internet
www.northsquareinvest.com

Distributed by Foreside Fund Services, LLC

PRIVACY NOTICE

In order to provide the products and services of the Fund, we may collect nonpublic, personal information from you. We consider such information to be private and confidential and are committed to respecting your privacy and protecting your information.

We may collect nonpublic, personal information about you from the following sources:

- information that you provide us on applications and other forms;
- information that we generate to service your account, such as account statements; and
- information that we may receive from third parties.

We do not disclose nonpublic, personal information about you without your authorization, except as permitted by law or in response to inquiries from governmental authorities. We may share information with affiliated and unaffiliated third parties with whom we have contracts for servicing the Fund, including transfer agents and mailing services. We will provide unaffiliated third parties with only the information necessary to carry out their assigned responsibilities and require third parties to treat your non-public personal information with the same high degree of confidentiality.

We restrict access to your nonpublic, personal information to those employees who need to know such information to provide products or services to you. We maintain certain physical, electronic and procedural safeguards that are designed to protect your nonpublic, personal information.

In the event that you hold shares of the Fund through a financial intermediary, including, but not limited to, a broker-dealer, bank, or trust company, the privacy policy of your financial intermediary would govern how your non-public personal information would be shared with non-affiliated third parties