



The Westport Funds Individual Retirement Account (IRA) Application

Please complete and sign this IRA Application after you have read the Prospectus carefully. Upon completion, return this IRA Application and your check to: The Westport Funds, P.O. Box 2175, Milwaukee, WI 53201-2175. If you have any questions, a shareholder services representative is available from 8 a.m. to 8 p.m. Eastern Time toll-free at 1-888-5WESTPT (593-7878).

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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. Therefore when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identification documents.

1. IRA Grantor Registration Information

If the IRA is for a minor, please also provide the following information for the responsible person.

Owner's Name (first, middle, last)

Date of Birth Social Security Number

Responsible Person's Name (first, middle, last)

Date of Birth Social Security Number

Street Address (PO Box not acceptable)

City State ZIP

Mailing Address (If different from street address)

City State ZIP

Home Phone Work Phone

E-mail Address Cell Phone

2. Type of IRA to be Established (select one)

- Traditional IRA Roth IRA SEP IRA

3. Type of IRA Contribution

This IRA will be funded with the following type of contribution (please select only one):

Traditional IRA

- Annual Traditional IRA contribution for tax year
- Rollover from a Qualified Retirement Plan or another Traditional IRA
- Transfer from a Traditional IRA at another institution*
- SEP IRA contribution for tax year
- Transfer from SEP IRA*
- Recharacterization from a Roth IRA*

OR

Roth IRA

- Annual Roth IRA contribution for tax year
- Conversion from a Traditional IRA
- Transfer from a Roth IRA*
- Recharacterization from a Traditional IRA*
- Rollover from a Roth Qualified Retirement Plan or another Roth IRA

**If this transaction is a transfer conversion from another institution, you will also need to complete and sign The Westport Funds IRA Transfer Request Form.*

Is the IRA selected above comprised of inherited assets (Beneficiary IRA or Qualified Retirement Plan)?

- Yes No

Spousal Consent (if applicable)

Consent of Spouse: Spousal consent is required in community property and marital property states where an IRA depositor wishes to name a beneficiary other than, or in addition to, his/her spouse. A depositor’s spouse who resides in a community property or marital property state must sign the consent below.

I hereby consent to and join in the designation of the beneficiary listed in this section. I give the depositor any interest I have in the funds deposited in this account.

The beneficiary's name and social security number are required. Beneficiary designations received without this information will not be accepted. In the event a distribution must be made to beneficiaries, shares will be distributed among the beneficiaries for whom complete information is received.

Signature of Spouse (if applicable) Date

4. Investment of IRA Contribution: The minimum initial investment amounts for Traditional, Roth, and SEP IRAs are summarized below:

Westport Fund Class R: \$2,000

Westport Fund Class I: \$250,000

Westport Select Cap Fund Class I: \$250,000

Westport Select Cap Fund Class R: \$2,000

Westport Fund Class R \$ _____
Westport Fund Class I \$ _____

Westport Select Cap Fund Class I \$ _____
Westport Select Cap Fund Class R \$ _____

Total Investment Amount \$ _____

Any dividends or capital gains generated by a Fund will be automatically reinvested into additional shares of that same Fund.

5. Designation of IRA Beneficiaries

As Grantor of this IRA, you designate that any funds remaining in this IRA at your death shall be paid in the percentages indicated below (in the absence of any percentages, the account shall be paid in equal shares) to the Primary Beneficiary(ies) who survive you. The interest of a Primary Beneficiary who predeceases you shall terminate and the percentage share(s) of all surviving Primary Beneficiary(ies) shall increase on a pro rata basis. By signing Section 8, you acknowledge that you have read the section of the Disclosure Statement that accompanied this form captioned “Designation of Beneficiary” for more detailed information regarding the beneficiaries of this IRA.

The beneficiary’s name and SSN/TIN are required for the Custodian to consider the beneficiary designation to be in good form. Beneficiary designations received without this information will not be considered received in good form. In the event a distribution must be made to beneficiaries, shares will be distributed among the beneficiaries for whom beneficiary designation(s) have been received in good form.

If more beneficiaries please supply a separate page.

PRIMARY BENEFICIARIES:

_____ Name of Beneficiary	
_____ Social Security Number	_____ Date of Birth
_____ Relationship	_____ Proportion

If the person(s) listed above as Primary Beneficiary(ies) is(are) not living at your death, you designate the following Secondary Beneficiary(ies). The funds remaining in this IRA at your death shall then be paid in the percentages indicated below (in the absence of any percentages, the account shall be divided into equal shares) to the Secondary Beneficiary(ies) who survive you. The interest of a Secondary Beneficiary who predeceases you shall terminate and the percentage share(s) of all surviving Secondary Beneficiary(ies) shall increase on a pro rata basis.

SECONDARY BENEFICIARY(IES):

_____ Name of Beneficiary	
_____ Social Security Number	_____ Date of Birth
_____ Relationship	_____ Proportion

_____ Name of Beneficiary	
_____ Social Security Number	_____ Date of Birth
_____ Relationship	_____ Proportion

You have the right at any time to revoke, alter or amend your IRA Beneficiary designation by completing a Beneficiary Change Form supplied or approved by the Custodian. Your IRA beneficiary designation must be delivered to and accepted by the Custodian. The most current beneficiary designation on file with the Custodian at the time of your death will govern. The Custodian may conclusively rely upon information provided by you without any duty to verify or inquire into its validity.

