



# SECURITY CAPITAL U.S. REAL ESTATE SHARES

## NEW ACCOUNT APPLICATION

For assistance with this application, or for an IRA application, call us toll-free at 1-888-SECURITY (732-8748)

### 1. ACCOUNT OWNERSHIP

Please complete either Section A, B or C, below.

#### A. INDIVIDUAL OR JOINT ACCOUNT

Owner's Name (first, middle initial, last):

Owner's Social Security Number (used for tax purposes):

Owner's Date of Birth (month, day, year):

Joint Owner's Name, if applicable (first, middle initial, last):

Joint Owner's Social Security Number (used for tax purposes):

Joint Owner's Date of Birth (month, day, year):

(Joint Owners have rights of survivorship, unless you indicate otherwise)

#### B. GIFTS/TRANSFERS TO A MINOR (UGMA/UTMA)

Custodian's Name, one name only (first, middle initial, last):

as custodian for Minor's name (first, middle initial, last):

Minor's state of Residence:

Minor's Date of Birth (month, day, year):

Minor's Social Security Number:

#### C. TRUST/PARTNERSHIP/OTHER ENTITY

Trustee's Name (first, middle initial, last):

and Co-Trustee's name (first, middle initial, last):

as trustees of (Name of Trust):

for the benefit of:

Trust's Taxpayer Identification Number:

Date of Trust (month, day, year):

### 2. ADDRESS & CITIZENSHIP

Mailing Address and Apartment or Box Number:

City: State:

Zip: Country:

Daytime Phone:

Evening Phone:

Duplicate Confirmation (in addition to the above) to:

Citizenship of Owner, Minor or Trust Beneficiary:

U.S. Citizen  Resident Alien  Non-Resident Alien

For Non-Resident Aliens: (Country of Tax Residence)

Citizenship of Joint Owner:

U.S. Citizen  Resident Alien  Non-Resident Alien

For Non-Resident Aliens: (Country of Tax Residence)

### 3. INVESTMENT INFORMATION

Please indicate your initial investment amount in:

Security Capital U.S. Real Estate Shares "SC-US" (Fund number 403)  
\$ \_\_\_\_\_ (\$1,000 minimum)\*

\*\$500 minimum initial investment for UGMA/UTMA Accounts; \$100 minimum initial investment if Account is set up through the Automatic Investment Plan (please see the prospectus for more details).

**By wire: Call our transfer agent toll-free at 1-800-409-4189.**

**By check: Please make your check payable to Security Capital Real Estate Mutual Funds. Note that Security Capital can not accept foreign, third party or traveler's checks.**

#### DIVIDEND & CAPITAL GAIN DISTRIBUTION

Dividends and capital gains may be reinvested or paid by check to the shareholder of record. Distributions paid by check will be mailed to the address listed in Section 2. If no options are selected, all distributions will be reinvested in additional Fund shares.

##### Dividends

- Reinvest  
 Pay by check  
 Electronic Funds Transfer (EFT) to checking or savings account listed in Section 6.

##### Capital Gains

- Reinvest  
 Pay by check  
 Electronic Funds Transfer (EFT) to checking or savings account listed in Section 6.

Please continue application on back

#### 4. TELEPHONE OPTIONS

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

**Telephone Redemption.** Proceeds will be mailed to the address in Section 2 or deposited (via EFT or wire payment) to your bank account. By checking this box, you are authorizing us to rely upon telephone voice instructions. **Please complete Section 6 below.**

**Telephone Purchase (EFT).** Permits the purchase of shares using your bank account to clear the transaction (minimum \$250). This option may not be used to open a new account. **Please complete Section 6 below.**

#### 5. AUTOMATIC INVESTMENT PLAN

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

Please start my Automatic Investment Plan for SC-US, as described in the prospectus beginning:

Month \_\_\_\_\_ Year \_\_\_\_\_. I hereby instruct Boston Financial Data Services, Transfer Agent for SC-US, to automatically transfer \$ \_\_\_\_\_ (minimum \$100.00) directly from my checking, NOW, or savings account named below on the \_\_\_\_\_ of each month or the first business day thereafter (Automatic Investment Plan contributions to an IRA will be reported as current year contributions).

**Please complete Section 6 below.**

#### 6. BANK INFORMATION

**If you have (1) requested to receive dividends or capital gains via Electronic Funds Transfer in Section 3; (2) checked the telephone redemption or telephone purchase options in Section 4; or (3) chosen to invest through the Automatic Investment Plan as described in Section 5, please provide the following bank information.**

\_\_\_\_\_  
Name(s) on Bank Account

\_\_\_\_\_  
Bank Name                      Account Number

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
Bank Telephone Number

**To ensure proper crediting/debiting, for a checking account, an unsigned and voided check must be attached. Note: a checking account deposit slip is not acceptable. For a savings account, a deposit slip is acceptable.**

#### 7. SIGNATURE

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

I have received and read the Prospectus for SC-US (the "Fund") which relates to this Purchase Application. I understand the Fund's investment objectives and policies and agree to be bound by the terms of the Prospectus. I am of legal age in my state of residence and have full authority to purchase shares of the Fund and to establish and use any related privileges.

Neither the Fund nor its transfer agent will be responsible for the authenticity of transaction instructions received by telephone, provided that reasonable security procedures have been followed.

By selecting the options in Sections 4 or 5 (as applicable), I hereby authorize the Fund to initiate credits and debits to my account at the bank indicated and for the bank to credit or debit the same to such account through the Automated Clearing House ("ACH") system.

**Under the penalty of perjury, I certify that (1) the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, and (2) I am not subject to backup withholding either as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

\_\_\_\_\_  
Signature of Owner\*                                      Date (month, day, year)

\_\_\_\_\_  
Signature of Joint Owner, if any                      Date (month, day, year)

\*If shares are to be registered in (1) joint names, both persons should sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity an officer should print and sign name and title in space provided below.

\_\_\_\_\_  
Print Name and Title of Officer Signing for Corporation or Other Entity

\_\_\_\_\_  
Signature of Officer Signing for Corporation or Other Entity



**SECURITY CAPITAL**

Please mail completed application in the enclosed business reply envelope.

Applications in all other envelopes should be mailed to:

Security Capital Real Estate Mutual Funds  
P.O. Box 8121  
Boston, MA 02266-8121

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