

### 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.

**What this means for you:** 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. In addition, we may also ask to see your driver's license or other identifying documents.

In order to process your application, you must complete Sections 1–6 and sign Section 11. Sections 7–10 are optional sections.

## 1. Account Registration

Please select only one type of registration below.

**A.  Roth IRA**

Name (First, Middle Initial, Last) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

U.S. Citizen  Other \_\_\_\_\_

**B.  Rollover IRA**  
(Must attach a rollover check)

Name (First, Middle Initial, Last) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

U.S. Citizen  Other \_\_\_\_\_

Source of Funds:  Roth IRA  Employer-Sponsored Plan

**C.  Direct Rollover IRA**  
(Complete Direct Rollover/Transfer Form)

Name (First, Middle Initial, Last) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

U.S. Citizen  Other \_\_\_\_\_

**D.  Direct Transfer**  
(Complete Direct Rollover/Transfer Form)

Name (First, Middle Initial, Last) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

U.S. Citizen  Other \_\_\_\_\_

**E.  Inherited Roth IRA**

Name (First, Middle Initial, Last) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Decedent's Name \_\_\_\_\_

Decedent's Date of Birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Decedent's Date of Death (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Surviving Spouse or  Non-Spousal Beneficiary

If surviving spouse, register my IRA as an:\*

Inherited (DCD) IRA  in my name (not an inherited IRA)

U.S. Citizen  Other \_\_\_\_\_

\* There are important tax implications to this choice – see the instructions for more information and consult a tax advisor if needed.

## 2. Mailing Address and Telephone Number

Mailing Address \_\_\_\_\_  
(If you provide a P.O. Box, you must fill out Physical Address below except APO/FPO) Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Daytime Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Additional Telephone Number (Optional) ( \_\_\_\_\_ ) \_\_\_\_\_

Physical Address \_\_\_\_\_  
(Required if different from above)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

## 3. Dealer Information

- I do not have a financial advisor. By marking this box, I am certifying that there is no financial advisor associated with this account and that I take full responsibility for all investment selections made.

Dealer Name \_\_\_\_\_

Representative's Name (First, Middle Initial, Last) \_\_\_\_\_

Rep ID Number \_\_\_\_\_ Representative's Branch Office Number \_\_\_\_\_

Branch Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**Dealer Home Office Address:**

Home Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

## 4. Telephone Exchanges/Redemptions

Please accept or decline the right to transact certain transactions via telephone on behalf of this account:

Exchanges:  Accept  Decline

Redemptions:  Accept  Decline

*If you do not make an election, your account will automatically be coded to allow telephone exchange and redemption privileges mentioned above. Credit Suisse Funds may accept telephone instructions from any person identifying himself as the owner of an account or the owner's dealer representative provided that Credit Suisse Funds follows reasonable procedures and believes the instructions to be genuine.*

## 5. Fund Link Options

- I would like to link my bank account to my Credit Suisse Funds account so that I can conduct transactions via the telephone. Check all options that apply. **(You must also complete Section 10 of this application.)**

Purchases  Redemptions

## 6. Fund Selection(s)

Select the Class of shares you are purchasing and indicate the amount to be invested per fund.

Share Class	Minimum Investment	
	Initial	Subsequent
Class A shares	\$500	\$100
Class C shares	\$500	\$100

The contribution should be for tax year \_\_\_\_\_

Check the Fund share class number you are purchasing:

Credit Suisse Fund Name	Share Class		Amount
	A	C	
Commodity Return Strategy Fund	<input type="checkbox"/> 2154	<input type="checkbox"/> 2155	\$
Floating Rate High Income Fund	<input type="checkbox"/> 1541	<input type="checkbox"/> 1434	\$
Strategic Income Fund	<input type="checkbox"/> 2385	<input type="checkbox"/> 2386	\$
Multialternative Strategy Fund	<input type="checkbox"/> 2365	<input type="checkbox"/> 2366	\$
Managed Futures Strategy Fund	<input type="checkbox"/> 2391	<input type="checkbox"/> 2392	\$

## 7. Reduced Sales Charge

**Choose one only.** (Options available for Class A shares only.)

**Rights of Accumulation**

I own shares in other Credit Suisse Funds which may entitle this purchase to a reduced sales charge under the provisions in the fund prospectus. (See "Cumulative Quantity Discount" in the prospectus.)

Existing Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

Existing Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

**Letter of Intent (LOI)\***

I agree to the Letter of Intent conditions stated in the current prospectus. I intend to invest, within a 13-month period beginning on the establish date, in shares of the fund(s) purchased with this application and one or more of the other funds listed above, an aggregate amount which, together with the value of shares of any eligible funds owned by me on the establish date, will be at least equal to:

\$50,000    \$100,000    \$250,000    \$500,000    \$1,000,000

Please check here if you wish to have purchases made in the account(s) within the past 90 days count towards this LOI. If selected, note that the date of the earliest purchase being used will become the establish date of the LOI (please see the prospectus for complete information). If this box is not marked, the LOI will not be credited with purchases made within the last 90 days.

**NAV Eligibility**

I am entitled to buy Class A Shares at NAV because (explain) \_\_\_\_\_

## 8. Beneficiary Designations

Roth IRA Owner (or Inherited Roth IRA Owner) may designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the Roth IRA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the Roth IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. If no beneficiary is provided, or none is surviving at the time of a distribution, the proceeds will be paid to your estate. You may revoke or change the beneficiary designation at any time by completing a new Change of Beneficiary Form and providing it to the custodian. Any subsequent designation filed with the custodian will revoke all prior designations.

If you need additional space to name beneficiaries, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

To name a trust as a beneficiary, attach a copy of the trust agreement to this form.

Please choose one (If no selection is made, your account will default to Per Capita):

- Per Capita — Only surviving named beneficiaries receive shares of the inheritance.
- Per Stirpes — A beneficiary's share of the inheritance will go to his or her descendants if the beneficiary does not survive you.

Type:  Primary  Contingent    Share Percentage \_\_\_\_\_ %    Relationship to IRA Owner:  Spouse  Nonspouse

Name \_\_\_\_\_

Residence Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Tax ID Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type:  Primary  Contingent    Share Percentage \_\_\_\_\_ %    Relationship to IRA Owner:  Spouse  Nonspouse

Name \_\_\_\_\_

Residence Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Tax ID Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Spousal Consent

Complete this section only if you, the Roth IRA owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse, so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited Roth IRA, seek competent legal/tax advice to see if spousal consent is required.

#### CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the Roth IRA owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The custodian has not provided me any legal or tax advice.

Signature of Spouse X \_\_\_\_\_ Date \_\_\_\_\_

Witness X \_\_\_\_\_ Date \_\_\_\_\_

## 9. Automatic Investment Plan

**Do Not Complete this Section for Inherited Roth IRAs**

Please establish an automatic investment plan for the following funds and amounts (Please complete banking information in Section 10):

**Investment Schedule:**

Transactions should occur  Monthly  Quarterly  Annually

Transactions should begin \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Fund Name \_\_\_\_\_  Class A  Class C Purchase Amount \_\_\_\_\_  
(\$50 minimum per fund)

*Automatic investments are subject to the following conditions. Your bank account will be charged on or about the date of each investment as shown above. The privilege of making investments via an automatic investment plan may be revoked by Credit Suisse Funds without prior notice if any check is not paid upon presentation. Credit Suisse Funds shall be under no obligation to notify the undersigned as to the non-payment of any check. Automatic investment plan may be discontinued by Credit Suisse Funds upon thirty (30) days' written notice prior to any investment date or by the undersigned at any time by written notice to Credit Suisse Funds, provided such notice is received at least ten (10) business days prior to the due date of any investment.*

## 10. Bank Account Information

Please provide information on the bank account you would like to link your Credit Suisse Funds account to.

Type of Account (Select one):

- Checking Account (Please attach a pre-printed voided check.\*)
- Savings Account (Please attach a voided deposit slip.\*)

**Tape your voided check or deposit slip here\*.**

John A Sample  
123 Same Street  
Anywhere, USA 12345

Pay to the Order of: \_\_\_\_\_

Memo \_\_\_\_\_

⑆ 000000000⑆ 0000000000 ⑈ 0000

0000

Date \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

VOID

Bank Account Registration → \_\_\_\_\_

Bank Name → ANY BANK USA

Bank Routing Number → \_\_\_\_\_

Bank Account Number → \_\_\_\_\_

Signature of Bank Account Owner(s) (Required):

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

*(If multiple account owners, all must sign.)*

## 11. Signature(s) and Certification

Effective June 9, 2017, the United States Department of Labor promulgated a final regulation that expanded the definition of a fiduciary for purposes of the Employee Retirement Income Security Act of 1974, as amended and Section 4975 of the Internal Revenue Code of 1986, as amended (the "Investment Advice Regulation"). I understand and agree that none of Credit Suisse, its affiliates, or its agents intend to act or otherwise qualify for my account as a "fiduciary" within the meaning of Section 3(21) of ERISA, Section 4975 of the Code and the Investment Advice Regulation (for example, providing a recommendation as to the advisability of acquiring, holding or disposing of securities or other investment property, which includes investment and reinvestment of my account).

Further, I understand and agree that any information or communication provided to me by Credit Suisse, its affiliates, and its agents is intended to be, or should be construed as, general information and does not take into account the legal, regulatory, tax, business, investment, financial, accounting or other needs or priorities of any person. I understand and agree that Credit Suisse does not intend for any such information or communication to be, and should not be construed as, providing investment advice or a recommendation within the meaning of the Investment Advice Regulation.

I have received and read the Universal IRA Disclosure Statement and Custodial Agreement and agree to be bound to the terms of the Agreement, of which this Application is a part. I have full authority and legal capacity to purchase fund shares, am of legal age (if applicable) and believe each investment is suitable for this account.

I have received and read a current Prospectus for the fund(s) in which I am investing and agree to be bound by its terms. It is my responsibility to read the Prospectus of any fund(s) into which I exchange. I understand that information provided on this Application will be used for any portfolio into which portfolio shares are exchanged. I understand and agree that neither a fund nor its agents will be liable for any loss, cost or expense as a result of following instructions (including those communicated by telephone) that it reasonably believes to be genuine. I understand that I am responsible for monitoring the amount of contributions to IRA or other retirement plan accounts so as not to exceed the maximum allowable for federal tax purposes. I understand Credit Suisse will hold Roth IRA assets and converted retirement assets, from a Traditional IRA to a Roth IRA, in the same account. I understand and agree that Credit Suisse Funds may obtain a consumer report from consumer reporting agencies in considering this application from Account Holder(s) and verify Account Holder(s) identity (and if residence is in a community property state, on Account Holder's spouse). Upon request, Account Holder(s) will be informed of the name and address of each consumer reporting agency from which a consumer report relating to this application was obtained.

I understand that by not checking the box below I agree that Credit Suisse may send only one copy of any prospectus, financial report, proxy statement or information statement for all account holders that share the address above (i.e., householding). I understand that I can begin receiving my own copies of these documents within 30 days by calling or writing Credit Suisse, or immediately by checking the box below. Please note that this policy applies only to regulatory documents and not to account statements.

I understand that in accordance with applicable state regulations, my/our account balance may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

- I do not want these documents to be householded.
- I certify under penalties of perjury that the Social Security or Tax Identification Number provided on this Application is correct and that I am not currently subject to IRS backup withholding (unless the box below is checked).
- I am currently subject to IRS backup withholding.

**Sign exactly as the account is to be registered:**

Your Signature X \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: This application should only be used for a Credit Suisse Funds Roth IRA or Rollover IRA, Direct Transfer or Direct Rollover, and Inherited Roth IRA.**

*\* If the Depositor is a minor under the laws of the Depositor's state of residence, a parent or guardian must also sign the account application here. Until the Depositor reaches the age of majority, the parent or guardian will exercise the powers and the duties of the Depositor.*

*Federal law requires the following identifying information for the parent or guardian acting for the minor.*

Signature of Parent or Guardian X \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Residence Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

## 12. Purchase and Mailing Instructions

Credit Suisse Family of Funds requires payment by wire or U.S. bank check. Credit Suisse Family of Funds does not accept payments made by cash, temporary / starter checks, credit cards, traveler's checks, money orders, foreign checks or debit cards.

Please make your check payable to Credit Suisse Family of Funds and mail your check with this application to:

**POSTAL MAIL**

CREDIT SUISSE  
P.O. Box 219916  
Kansas City, MO 64121-9916

**OVERNIGHT/COURIER SERVICE TO:**

CREDIT SUISSE  
430 W. 7<sup>th</sup> Street, Suite 219916  
Kansas City, MO 64105-1407

P.O. BOX 219916, KANSAS CITY, MO 64121-9916 · PHONE: 877-870-2874 · FAX 888-606-8252 · MONDAY-FRIDAY 8:30 A.M. – 6:00 P.M. ET  
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