

## IMPORTANT INFORMATION ABOUT 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.

Investors should consider the investment objectives, risks, charges and expenses of the funds carefully before investing. This and other information are contained in the fund's prospectus and summary prospectus, if available, which may be obtained by contacting your financial advisor or Credit Suisse representative or by visiting [www.credit-suisse.com/us](http://www.credit-suisse.com/us). Please read them carefully before you invest or send money.

In order to process your application, you must complete Sections 1–7 and sign Section 12. Complete Sections 8–11 for optional selections.

For questions about this form, please contact Credit Suisse Funds at 877-870-2874.

## 1. Account Registration

Please select only one type of registration below.

**A.  Individual**  
(Complete A only)

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

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

U.S. Citizen       Other \_\_\_\_\_

**B.  Joint Account**  
(Complete A and B only. Individual in Section A will be primary account owner.)

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

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

U.S. Citizen       Other \_\_\_\_\_

*Registration will be Joint Tenants with Right of Survivorship unless otherwise specified.*

**C.  UGMA/  
UTMA**  
(Complete C only)

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

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

Minor's Name (Only one per account) \_\_\_\_\_

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

U.S. Citizen       Other \_\_\_\_\_

**D.  Trust**  
(Complete D only)

Name of Trust \_\_\_\_\_

Trust Agreement Date (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Trustee's Name (Only one per account) \_\_\_\_\_

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

Trustee's Name (Only one per account) \_\_\_\_\_

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

Account will be established under (select one):

Tax ID Number \_\_\_\_\_ or  Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please provide copies of the following trust documents to properly establish your account:

- Name/date of trust
- Names of trustees, trustors and successor trustee
- Trustee powers
- Signature page

### 1. Account Registration *(continued)*

**E.  Corporation** Name \_\_\_\_\_  
 (Complete E only) Tax ID Number \_\_\_\_\_  
 S Corporation       C Corporation  
*A copy of the Corporate Resolution, Secretary's Certificate, or Articles of Incorporation are needed.*

**F.  Partnership** Name \_\_\_\_\_  
 (Complete F only) Tax ID Number \_\_\_\_\_  
*The Bylaws or Partnership Agreement are needed.*

### 2. Mailing Address and Telephone Number

Mailing Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 (If you provide a P.O. Box, you must fill out Physical Address below)  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Daytime Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 (Required if different from above)  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

### 3. Dealer Information

I/we do not have a financial advisor. By marking this box, I/we are certifying that there is no financial advisor associated with this account and that I/we 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. 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	\$2,500	\$100
Class C shares	\$2,500	\$100
Class I shares	\$250,000	\$100,000

Check the share class number you are purchasing:

Credit Suisse Fund Name	Share Class			Amount
	A	C	I	
Commodity Return Strategy Fund	<input type="checkbox"/> 2154	<input type="checkbox"/> 2155	<input type="checkbox"/> 2156	\$
Floating Rate High Income Fund	<input type="checkbox"/> 1541	<input type="checkbox"/> 1434	<input type="checkbox"/> 1944	\$
Strategic Income Fund	<input type="checkbox"/> 2385	<input type="checkbox"/> 2386	<input type="checkbox"/> 2387	\$
Multialternative Strategy Fund	<input type="checkbox"/> 2365	<input type="checkbox"/> 2366	<input type="checkbox"/> 2367	\$
Managed Futures Strategy Fund	<input type="checkbox"/> 2391	<input type="checkbox"/> 2392	<input type="checkbox"/> 2393	\$

## 5. Dividend and Capital Gain Distributions

Choose the way you want your dividend and capital gain distributions paid. Check one box for dividends, one box for capital gains. If not specified, dividends and capital gains will be reinvested in the fund that pays them.

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Reinvest in the same fund that pays them.                    | <input type="checkbox"/> Dividends | <input type="checkbox"/> Capital Gains |
| <input type="checkbox"/> Deposit in my bank account (Complete Section 10.)            | <input type="checkbox"/> Dividends | <input type="checkbox"/> Capital Gains |
| <input type="checkbox"/> Pay by check to account mailing address listed in Section 2. | <input type="checkbox"/> Dividends | <input type="checkbox"/> Capital Gains |

## 6. 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

*Please note that 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/herself 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. Thus, you risk the possible losses in the event of an unauthorized telephone request. Shares in each class of a fund may be exchanged for shares of the same class in a different fund.*

## 7. Cost Basis Election

The Internal Revenue Service (IRS) released mandatory cost basis regulations requiring mutual fund companies to report cost basis information to shareholders and to the IRS on mutual fund shares acquired and subsequently redeemed after January 1, 2012 (herein after referred to as "covered shares").

To comply with this regulation, we ask that you choose one of the following cost basis methods for your new account. You may wish to consult your tax advisor to determine which method best suits your individual tax situation. **If you do not elect a method, the fund default method of Average Cost will apply until revoked or changed by you.**

- Average Cost (ACST):** A method for valuing the cost of covered shares in an account by averaging the effect of all covered transactions in the account. The average cost is calculated by taking the cumulative dollar cost of the covered shares owned and dividing it by the number of covered shares in the account. Non-covered securities are calculated separately from covered securities and are not reported to the IRS.
- First In, First Out (FIFO):** Depletes shares beginning with the earliest acquisition date.
- Last In, First Out (LIFO):** Depletes shares beginning with the latest acquisition date.
- High Cost, First Out (HIFO):** Depletes shares beginning with shares purchased at the highest cost.
- Low Cost, First Out (LOFO):** Depletes shares beginning with shares purchased at the lowest cost.
- Loss/Gain Utilization (LGUT):** A method that evaluates losses and gains and then strategically selects lots based on that gain/loss in conjunction with a holding period.
- Specific Lot Identification (SLID):** You will need to designate which specific shares to redeem at the time you place your redemption request. A secondary accounting method must also be selected below and will only be activated if the lots chosen are no longer available. **If a secondary accounting method is not selected, the default method of First In, First Out will be applied until revoked or changed by you.** Please note that Average Cost cannot be used as a secondary accounting method.
  - First In, First Out (FIFO)
  - Last In, First Out (LIFO)
  - High Cost, First Out (HIFO)
  - Low Cost, First Out (LOFO)
  - Loss/Gain Utilization (LGUT)

*A few things to note:*

- *Your cost basis election method will be applied to all fund positions being opened with this account form as well as to all future funds added to this account unless otherwise indicated by you.*
- *If you wish to select a different method for different funds contained within this form, please indicate as such. If you need additional space to indicate your selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.*
- *If a method is not selected, your account will automatically default to the Average Cost (ACST) method until revoked or changed by you. Please note that if you have selected the Average Cost method for existing shares and a redemption has occurred, this method cannot be revoked for these shares. However, a new method can be selected for new shares purchased in this account. Please consult your tax advisor to determine which method is most appropriate for you. Note that Credit Suisse is unable to provide tax advice related to specific investments or accounts.*
- *If you would like more information about these options, you can visit us online at [www.credit-suisse.com/us](http://www.credit-suisse.com/us) or call a Credit Suisse Client Service Representative at 877-870-2874.*

## 8. Automatic Withdrawal Plan

Please establish an automatic withdrawal plan for the following funds and amounts (minimum account balance \$10,000):

**Redemption Schedule:**

Transactions should occur  Monthly  Quarterly  Annually

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

Fund Name \_\_\_\_\_  Class A  Class C Withdrawal Amount \_\_\_\_\_  
(\$100 minimum per fund)

Fund Name \_\_\_\_\_  Class A  Class C Withdrawal Amount \_\_\_\_\_  
(\$100 minimum per fund)

**Please Send Redemption Proceeds to:**

Mailing address listed in Section 2

Bank account listed in Section 10

*Withdrawals will be sent to account registration address or via ACH transfer to the bank account in Section 10, unless otherwise specified. If you are authorizing redemption proceeds to be sent to a bank account, those proceeds will normally post to your bank account (up to) 2–3 business days after the date you have selected to have the redemption(s) processed. This plan is subject to the terms of the prospectus. Credit Suisse Funds is hereby authorized to redeem shares from this account in accordance with the instructions listed above.*

## 9. Automatic Investment Plan

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)

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\*.**

Bank Account Registration → John A Sample  
123 Same Street  
Anywhere, USA 12345

Bank Name → ANY BANK USA

Bank Routing Number → 000000000

Bank Account Number → 000000000000

0000

Date \_\_\_\_\_

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

Memo \_\_\_\_\_

**VOID**

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

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

Signature X \_\_\_\_\_ Date \_\_\_\_\_  
*(If multiple account owners, all must sign.)*

\* Alternatively, Credit Suisse Funds will accept a letter on bank letterhead, signed by a bank employee confirming the bank account type, registration, account number and routing number.

## 11. 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) \_\_\_\_\_

## 12. Signature(s) and Certification

By signing below I certify that:

- 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 fund into which fund 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 and agree that Credit Suisse Funds may obtain a consumer report from consumer reporting agencies in considering this application from Account Holder(s) and verifying 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.
- Under the penalties of perjury, I certify that: (i) the number shown in Section 1 is my correct Social Security/Tax Identification Number or Government Issued ID number, or I have applied, or will apply, for such a number and will provide it within sixty (60) days after signing this application [if I don't supply such a number within sixty (60) days, I am subject to withholding tax] and (ii) I am not subject to backup withholding because the IRS (a) has not notified me that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) has rescinded a previously imposed backup withholding requirement. I am aware that if the Social Security/Tax Identification Number or Government Issued ID number I have provided is incorrect, I am subject to backup withholding, and (iii) I am a U.S. Person (including a U.S. Resident Alien). If you are subject to backup withholding, please cross out number (ii) above. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(continued on page 8)

## 12. Signature(s) and Certification *(continued)*

- 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 represent I understand that one copy of prospectuses and annual/semiannual reports will be mailed to a single household ("householding"), thereby eliminating wasteful duplication, and a household is defined as two or more investors with the same last name and address.  Check here if you do not want your account to be combined with others in your household.

X _____ Individual Signature	_____ Date
X _____ Joint Registrant (if any) Signature	_____ Date
X _____ Corporate Office, Partner, Trustee, etc. Signature	_____ Date
X _____ Print Name and Title	_____ Date

## 13. 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  
<http://www.credit-suisse.com/us/funds>



## 1. General Instructions

### What is this form?

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who ultimately own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

### Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, partnership, and any other similar business entity formed in the United States or a foreign country.

### What information do I have to provide?

This form requires you to provide the name, address, date of birth and social security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the **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 Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer).

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.

## 2. Certification of Beneficial Owner(s)

Persons opening an account or maintaining a business relationship on behalf of a legal entity must provide the following information:

### Account Open/Maintenance Information

- A. Name of Person opening account or maintaining the Business Relationship

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- B. Name of Legal Entity for which the account is being opened/maintained

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(continued on page 10)

## 2. Certification of Beneficial Owner(s) *(continued)*

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. If no individual meets this definition, please check "Beneficial Owner Not Applicable" below and skip this section.

**Beneficial Owner Not Applicable**

### Beneficial Owner Information

- For a person with a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), provide the (SSN/ITIN) and leave Primary ID Type, Description and ST/Ctry/Prov blank.
- For a foreign person without a (SSN/ITIN), provide a Passport Number and Country of Issuance. In lieu of a passport, foreign persons may also provide a U.S. government-issued Alien ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph or similar safeguard.

#### Beneficial Owner 1 Information: \_\_\_\_\_ % of Ownership

Individual Name		Street Address		
Date of Birth		Address Line 2		
TIN Type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number:		Address Line 3		
Primary ID Type	Primary ID Description	City	State	Country
Primary ID St/Ctry/Prov		ZIP/Postal Code		

#### Beneficial Owner 2 Information: \_\_\_\_\_ % of Ownership

Individual Name		Street Address		
Date of Birth		Address Line 2		
TIN Type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number:		Address Line 3		
Primary ID Type	Primary ID Description	City	State	Country
Primary ID St/Ctry/Prov		ZIP/Postal Code		

#### Beneficial Owner 3 Information: \_\_\_\_\_ % of Ownership

Individual Name		Street Address		
Date of Birth		Address Line 2		
TIN Type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number:		Address Line 3		
Primary ID Type	Primary ID Description	City	State	Country
Primary ID St/Ctry/Prov		ZIP/Postal Code		

## 2. Certification of Beneficial Owner(s) *(continued)*

### Beneficial Owner 4 Information: \_\_\_\_\_ % of Ownership

Individual Name		Street Address		
Date of Birth		Address Line 2		
TIN Type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number:		Address Line 3		
Primary ID Type	Primary ID Description	City	State	Country
Primary ID St/Ctry/Prov		ZIP/Postal Code		

**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, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (C) above may also be listed in this section (D)).

- For a person with a Social Security Number (SSN) or Individual Taxpayer Identification Number (TIN), provide the SSN/TIN and leave Primary ID Type, Description and ST/Ctry/Prov blank.
- For a foreign person without a SSN/ITIN, provide a Passport Number and Country of Issuance. In lieu of a passport, foreign persons may also provide a U.S. government-issued Alien ID or other foreign government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

### Individual with Control Information

Individual Name		Street Address		
Date of Birth		Address Line 2		
TIN Type <input type="checkbox"/> SSN <input type="checkbox"/> ITIN Number:		Address Line 3		
Primary ID Type	Primary ID Description	City	State	Country
Primary ID St/Ctry/Prov		ZIP/Postal Code		

### Certified/Agreed to

I, \_\_\_\_\_, hereby certify,  
Print Name

to the best of my knowledge, that the information provided above is complete and correct.

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

\_\_\_\_\_  
Date