

SECTION 1: Account Registration (continued)Employment Status: Employed Self Employed Retired Not Employed

Occupation _____ Type of Business _____

Business Name (if self employed) _____

Employer's Name _____

Employer's Address _____ City, State, Zip Code _____

If retired or not employed, indicate source of income: Retirement Savings Social Security/Pension Spousal Support Other (please specify) **Uniform Transfer to Minors Account** **Uniform Gift to Minors Account****Custodian's Name (Last, First, Middle Initial)** _____

Custodian's Social Security Number _____ Date of Birth (MM/DD/YY) _____

Address of Residence - *P.O. Box is not accepted* _____ City, State, Zip Code _____Mailing Address - *If different from above (P.O. Boxes accepted)* _____ City, State, Zip Code _____() _____ () _____
Day Phone _____ Evening Phone _____ E-mail Address _____Employment Status: Employed Self Employed Retired Not Employed

Occupation _____ Type of Business _____

Business Name (if self employed) _____

Employer's Name _____

Employer's Address _____ City, State, Zip Code _____

If retired or not employed, indicate source of income: Retirement Savings Social Security/Pension Spousal Support Other (please specify)**Minor's Name (Last, First, Middle Initial)** _____

Minor's Social Security Number _____ Date of Birth (MM/DD/YY) _____

*** For Corporate or other entity account types, please use the Entity Account Application. You may obtain this application by contacting an Investor Service Representative at 1-800-575-1265 or visit www.bbhfunds.com.****SECTION 2: Investment Selection**

As detailed within the Prospectus, a purchase order is considered to be in good order when the purchase payment is converted to federal funds. Additionally, the Fund reserves the right to determine the purchase order for the Fund share that it will accept. As such, the Fund does not permit the purchase of shares via cash payments (i.e., currency), traveler's check, money orders, cashier's checks, and other cash equivalents that may be deemed impermissible.

SECTION 2: Investment Selection (continued)**How would you like to make your initial fund purchase?**

- Check** - Make your personal check payable to BBH Trust and enclose it with your application. We do not accept third party checks (see prospectus for acceptable method of payment).
- Electronically** - Make a one-time withdrawal from the bank account listed in Section 5 for amount indicated below.
- Wire** - Call our Shareholder Services Department at: 1-800-575-1265 for wiring instructions.

Expected Trade Date (MM/DD/YY) _____

Investment Minimums: Class I : \$50,000
Class N: \$5,000

| Fund Name | Fund Number | Ticker | Amount | or | Percent | % |
|--|-------------|--------|-----------------|----|------------|----------|
| BBH Intermediate Municipal Bond Fund - Class N | 12615 | BBINX | \$ _____ | | _____ | % |
| BBH Intermediate Municipal Bond Fund - Class I | 12616 | BBIIX | \$ _____ | | _____ | % |
| Total | | | \$ _____ | | 100 | % |

**** Please note that the share classes listed have different fees and expenses. You may be eligible to invest in the share class with the lower fees and expenses. Please review the Fund Prospectus for details on the fees and expenses associated with each share class of the Fund****

SECTION 3: Automatic Investment Plan

- Yes (Please complete below) No

This option allows you to make automatic investments (must be the equivalent of at least \$50 per month per fund) into your BBH Trust account directly from your bank checking or savings account.

| Fund Name | Fund Number | Ticker | Amount | or | Percent | % |
|--|-------------|--------|-----------------|----|------------|----------|
| BBH Intermediate Municipal Bond Fund - Class N | 12615 | BBINX | \$ _____ | | _____ | % |
| BBH Intermediate Municipal Bond Fund - Class I | 12616 | BBIIX | \$ _____ | | _____ | % |
| Total | | | \$ _____ | | 100 | % |

Enter Automatic Investment Enter an investment amount and select a maximum of two investment days per month.

How often would you like automatic investment?

- Monthly Quarterly Semi-Annually Annually On or about which date? (e.g., 1st, 8th, 15th, 22nd) _____

If no date is specified, withdrawals will be made on or about the 5th of the following month, of receipt of your request. ****Please note, the date of your first automatic investment should be at least 3 days after this request.****

- Please provide **bank information** in Section 5, if applicable.

SECTION 4: Distribution Options

Please complete this section to elect a distribution option. If no option is selected or no bank information is provided, all dividends and capital gains will be reinvested. If ACH to Bank is selected, please complete **bank information** in section 5.

Dividend distribution: Reinvest ACH to Bank
Capital Gains distribution: Reinvest ACH to Bank

SECTION 5: Bank Information

Please provide bank information if you are establishing an automatic investment plan and/or are having cash distributions deposited into your account.

Account type: Checking Savings

Name on Bank Account _____

Bank Name _____

ABA Routing Number (First 9 digits at the bottom of the check or deposit slip) _____

Bank Account Number (Second set of numbers at the bottom of check or deposit slip) _____

Please attach a voided check or savings deposit slip from the specified bank account.

I authorize BBH Trust to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that BBH Trust will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to BBH Trust. The termination request will be effective as soon as BBH Trust has had reasonable time to act upon it.

SECTION 6: Telephone & Online Privileges

As a shareholder, you will automatically have access to your accounts via our automated telephone and online computer services unless you specifically decline from them below.

I **DO NOT** want any telephone privileges.

I **DO NOT** want online privileges.

SECTION 7: eDelivery

E-Delivery options are available; please visit our website at www.bbhfunds.com. (Please have your account number)

SECTION 8: Cost Basis Method Selection

The cost basis of covered shares, generally shares acquired on or after January 1, 2012, is determined using the fund's default method, unless you elect a different method below. Please check one box.

Average Cost (ACST) **Default Cost Basis Method**

First In, First Out (FIFO)

Last In, First Out (LIFO)

Low Cost (LOFO)

High Cost (HIFO)

Loss Gain Utilization (LGUT)

Specific Share Identification (SLID)

Secondary Method* _____

*If you elect Specific Share Identification, you may also elect a Secondary Method, other than Average Cost, that will apply when lots are not specified. If a Secondary Method is not elected, the default is FIFO.

The method you elect will apply to covered shares for funds established under this account, including funds you may acquire at a later date, unless you instruct us otherwise. If available, cost basis for noncovered shares, generally shares acquired before January 1, 2012, is determined using the Average Cost method. Non-covered shares are redeemed prior to covered shares unless otherwise specified at the time of the redemption.

To determine which cost basis method is appropriate for your tax situation, please consult a qualified tax professional.

SECTION 9: Signature(s)

I have received and read the Prospectus for the Funds in which I am investing and agree to the terms therein, and acknowledge the receipt of the BBH Trust Privacy Notice. I am responsible for reading the prospectus and Statement of Additional Information of any fund into which I exchange.

I authorize BBH Trust, and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither BBH Trust nor its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

Per state requirements, property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. Citizen or other U.S. person (as defined in the IRS Form W-9 instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Item 4 above does not apply if you are submitting this form for an account maintained in the United States.

If you do not provide a correct taxpayer identification number, you may be subject to a \$100 IRS penalty.

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

Please enclose a copy of your driver's license or other government issued photo identification card. (This will expedite in the processing of your account)

Signature _____

Date (MM/DD/YY) _____

Signature (if applicable) _____

Date (MM/DD/YY) _____

SECTION 9: Signature(s) (continued)

Distributor: ALPS Distributors, Inc. for the BBH Trust

Shares of the BBH Trust are offered by the Distributor. The Distributor is not a bank, and shares of the Fund are not deposits, obligations of, guaranteed, or endorsed by any bank, nor are they federally insured or otherwise supported by the FDIC, the Federal Reserve Board or any other agency.

Please mail completed form to:

Mailing Address

BBH Trust
PO. Box 46094
Denver, CO 80201

Overnight Address

BBH Trust
1290 Broadway, Suite 1000
Denver, CO 80203

If you have any questions, please contact an Investor Service Representative at 1-800-575-1265 or visit www.bbhfunds.com.

| For Broker/Dealer Use Only | |
|--|-----------------------|
| | |
| Broker/Dealer Name | Broker/Dealer Number |
| Representative Name | Representative Number |
| Street Address (Street, City, State, Zip Code) | |
| Representative Phone Number | |

SECTION 1: Account Registration (continued)

Name of Co-Trustee/Authorized Person

Social Security Number _____ Date of Birth (MM/DD/YY) _____

Mailing Address - (P.O. Boxes accepted) _____ City, State, Zip Code _____

SECTION 2: Beneficial Owners

Failure to provide information required below may prevent the timely establishment of the account. If you believe that your entity is exempt from this documentation requirement, please state the exemption here:

If it is determined that this exemption is not applicable, you will be required to provide the information requested to establish the account.

Individuals with control over the entity (regardless of trading authority for this account).

Individuals listed in this section are not authorized signatories for this account unless separate trading authorization and signors list is provided. A minimum of one individual must be named unless an exemption is identified above.

Control Person same as Section 1.

Country of Citizenship: U.S. Citizen Other _____

Name _____

Social Security Number _____ Date of Birth (MM/DD/YY) _____

Address of Residence - P.O. Box is not accepted _____ City, State, Zip Code _____

Country of Citizenship: U.S. Citizen Other _____

Name _____

Social Security Number _____ Date of Birth (MM/DD/YY) _____

Address of Residence - P.O. Box is not accepted _____ City, State, Zip Code _____

Country of Citizenship: U.S. Citizen Other _____

Name _____

Social Security Number _____ Date of Birth (MM/DD/YY) _____

Address of Residence - P.O. Box is not accepted _____ City, State, Zip Code _____

Individuals with 25% or More Equity Interest of the Entity

Same as Listed Above.

If direct Beneficial Owner is Entity, please provide further documentation of underlying Beneficial Owners.

If no Beneficial Owners hold greater than 25%, check here.

SECTION 2: Beneficial Owners (continued)

Country of Citizenship: U.S. Citizen Other _____

Name

Social Security Number Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted City, State, Zip Code

Country of Citizenship: U.S. Citizen Other _____

Name

Social Security Number Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted City, State, Zip Code

Country of Citizenship: U.S. Citizen Other _____

Name

Social Security Number Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted City, State, Zip Code

Country of Citizenship: U.S. Citizen Other _____

Name

Social Security Number Date of Birth (MM/DD/YY)

Address of Residence - P.O. Box is not accepted City, State, Zip Code

SECTION 3: Investment Selection

As detailed within the Prospectus, a purchase order is considered to be in good order when the purchase payment is converted to federal funds. Additionally, the Fund reserves the right to determine the purchase order for the Fund share that it will accept. As such, the Fund does not permit the purchase of shares via cash payments (i.e., currency), traveler's check, money orders, cashier's checks, and other cash equivalents that may be deemed impermissible.

How would you like to make your initial fund purchase?

Wire - Call our Shareholder Services Department at 1-800-575-1265 for wiring instructions.

Check - Make your check payable to BBH Trust and enclose it with your application. We do not accept third party checks (see prospectus for acceptable method of payment). You will receive a NAV the day your check is received by the transfer agent.

| Fund Name | Fund Number | Ticker | Amount | or | Percent | % |
|--------------|-------------|--------|----------|-------|------------|---|
| _____ | _____ | _____ | \$ _____ | _____ | _____ | % |
| _____ | _____ | _____ | \$ _____ | _____ | _____ | % |
| _____ | _____ | _____ | \$ _____ | _____ | _____ | % |
| _____ | _____ | _____ | \$ _____ | _____ | _____ | % |
| _____ | _____ | _____ | \$ _____ | _____ | _____ | % |
| _____ | _____ | _____ | \$ _____ | _____ | _____ | % |
| _____ | _____ | _____ | \$ _____ | _____ | _____ | % |
| _____ | _____ | _____ | \$ _____ | _____ | _____ | % |
| _____ | _____ | _____ | \$ _____ | _____ | _____ | % |
| Total | | | \$ _____ | | 100 | % |

** Please note that the share classes listed have different fees and expenses. You may be eligible to invest in the share class with the lower fees and expenses. Please review the Fund Prospectus for details on the fees and expenses associated with each share class of the Fund**

SECTION 4: Distribution Options

All dividends and capital gains will be reinvested unless otherwise indicated below.

Dividend distribution: Cash Capital Gains distribution: Cash

Check here if you would like cash distributions deposited directly to your bank account.

■ Please provide **bank information** in Section 5, if applicable.

SECTION 5: Bank Information

To be used in accordance with direct deposit, purchase or redemption instructions received.

Account type: Checking Savings

Name on Bank Account

Bank Name

ABA Routing Number (*First 9 digits at the bottom of the check or deposit slip*)

Bank Account Number (*Second set of numbers at the bottom of check or deposit slip*)

Please attach a voided check or savings deposit slip from the specified bank account.

I authorize BBH Trust to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that BBH Trust will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to BBH Trust. The termination request will be effective as soon as BBH Trust has had reasonable time to act upon it.

SECTION 6: Telephone Privileges

You will have the option of placing telephone transactions and maintenance requests by speaking with our associates unless indicated here:

I **DO NOT** want any telephone privileges and will submit signed requests in writing.

SECTION 7: Cost Basis Method

Applies to tax reportable account types only. The cost basis of covered shares, generally shares acquired on or after January 1, 2012, is determined using the fund's default method, unless you elect a different method below. Please check one box.

| | |
|--|------------------------------|
| Average Cost (ACST) Default Cost Basis Method | First In, First Out (FIFO) |
| Last In, First Out (LIFO) | Low Cost (LOFO) |
| High Cost (HIFO) | Loss Gain Utilization (LGUT) |
| Specific Share Identification (SLID) | |
| Secondary Method* _____ | |

*If you elect Specific Share Identification, you may also elect a Secondary Method, other than Average Cost, that will apply when lots are not specified. If a Secondary Method is not elected, the default is FIFO.

The method you elect will apply to covered shares for funds established under this account, including funds you may acquire at a later date, unless you instruct us otherwise. If available, cost basis for noncovered shares, generally shares acquired before January 1, 2012, is determined using the Average Cost method. Non-covered shares are redeemed prior to covered shares unless otherwise specified at the time of the redemption.

To determine which cost basis method is appropriate for your tax situation, please consult a qualified tax professional.

SECTION 8: Signature(s)

I have received and read the Prospectus and the Privacy Policy for the Funds in which I am investing and agree to the terms therein. I am responsible for reading the prospectus and Statement of Additional Information, or supplements thereto of any fund into which I exchange.

I authorize BBH Trust, and it's agents to act upon instructions (by phone, in writing or other means) believed to be genuine for this account or any account into which exchanges are made. I agree that neither BBH Trust nor its agents and affiliates will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions are genuine.

I certify that the beneficial owner information provided is true and correct and that I am authorized to act on behalf of the legal entity.

Per state requirements, possession or ownership of property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

SECTION 8: Signature(s) (continued)

Under penalties of perjury, I certify that:

1. The numbers shown on this form are correct taxpayer identification numbers, and
2. I am/we are not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. Citizen or other U.S. person (as defined in the IRS Form W-9 instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Item 4 above does not apply if you are submitting this form for an account maintained in the United States.

If you do not provide a correct taxpayer identification number, you may be subject to a \$100 IRS penalty.

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

Signature of Trustee/Authorized Person

Date (MM/DD/YY)

Signature of Trustee/Authorized Person

Date (MM/DD/YY)

Please mail completed form to:

Mailing Address

BBH Trust
PO. Box 46094
Denver, CO 80201

Overnight Address

BBH Trust
1290 Broadway, Suite 1000
Denver, CO 80203

If you have any questions, please contact an Investor Service Representative at 1-800-575-1265 or visit www.bbhfunds.com.

For Broker/Dealer Use Only

Broker/Dealer Name

Broker/Dealer Number

Representative Name

Representative Number

Street Address (Street, City, State, Zip Code)

Representative Phone Number