



**IMPORTANT:** 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 information that will allow us to identify you. **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)** 

Please select one:  U.S. Person or U.S. E	Entity 🔲 U.S. Resident Ali	en 🗆 Non-Resident	Alien		
In general, accounts are	e available only to U.S. Citizens	s and U.S. Resident Alier	ns.		
SECTION 1: Accou	nt Registration				
☐ Individual Accou	ınt □ Joint Account				
	ship means "joint tenants with	rights of survivorship"	and not "tenants in common,	" unless you specify	otherwise.
☐ I am an employe	ee of Brown Brothers Harrimar	1			
Owner's Name (Last, Fi	rst, Middle Initial)				
Owner'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 diffe	erent from above (P.O. Boxes ac	cepted)	City, State, Zip Code		
Day Phone	( ) Evening Phone		E-mail Address		
Employment Status:	☐ Employed ☐ Self Employed	d □ 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 employe	ed, indicate source of income:	☐ Retirement Savings	☐ Social Security/Pension	☐ Spousal Support	☐ Other (please specify)
Joint Owner's Name (La	ast, First, Middle Initial) (if app	licable)			
Joint Owner's Social Sec	curity Number		Date of Birth (MM/DD/YY	)	
Address of Residence -	P.O. Box is not accepted		City, State, Zip Code		
Mailing Address - If diffe	erent from above (P.O. Boxes ac	cepted)	City, State, Zip Code		
( )	( )				
Day Phone	Evening Phone		E-mail Address		

SECTION 1: Account Registration (continued)	
	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:	□ Social Security/Pension □ Spousal Support □ Other (please specify
☐ Uniform Transfer to Minors Account ☐ Uniform Gift to Minors Account	count
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
Address of Residence - 1.0. Box is not accepted	ony, state, zip oode
Mailing Address - If different from above (P.O. Boxes accepted)	City, State, Zip Code
( ) ( ) Day Phone Evening Phone	E-mail Address
	Employed
Employment Status. Gemployed Gemployed Greated Groot	Limployeu
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: $\ \square$ 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:	<b>Investment Selection</b>	ı (continued)							
How would you	like to make your initial	fund purchase?							
acceptable m  Electronically	e your personal check pa lethod of payment). y - Make a one-time with Ir Shareholder Services I	drawal from the bank	account listed in Section	on 5 for amoun			checks (	see prospectu	ıs fo
Expected Trade	Date (MM/DD/YY)	•							
Investment Min	imums: \$5,000,000								
Fund Name			Fund Number	Ticker		Amount	or	Percent	%
BBH Partner Fu	und - International Equity		12610	BBHLX	\$				%
Total					\$		_ =	100	- %
SECTION 3:	Automatic Investme	nt Plan							
☐ Yes (Please co	omplete below)	□ No							
	ws you to make automa checking or savings acco		st be the equivalent of a	at least \$50 pe	er month p	per fund) into your	BBH Tru	st account di	rectl
Fund Name			Fund Number	Ticker		Amount	or	Percent	%
BBH Partner Fu	und - International Equity		12610	BBHLX	\$				%
Total					\$ _		_ =	100	_ %
Enter Automatic	<b>c Investment</b> Enter an ir	nvestment amount an	d select a maximum of	two investment	t days per	month.			
How often would	d you like automatic inve	stment?							
☐ Monthly	■ Quarterly	□ Semi-Annually	□ Annually	On or abo	out which o	late? (e.g., 1st, 8th	n, 15th, 2	2nd)	
	ecified, withdrawals will b tment should be at leas			month, of recei	pt of your	request. **Please	e note, th	ne date of you	r firs
■Please provide	bank information in Se	ction 5, if applicable.							
SECTION 4:	Distribution Options								
	e this section to elect a c CH to Bank is selected, p				nation is p	rovided, all dividen	nds and o	apital gains w	⁄ill b€
Dividend distrib	ution:	: ☐ ACH to Bar	nk						
Capital Gains di	istribution:   Reinvest	☐ ACH to Bar	nk						
SECTION 5:	Bank Information								
Please provide k	oank information if you a	re establishing an au	itomatic investment pla	n and/or are ha	aving cash	distributions depo	osited int	to your accour	ıt.
Account type:	☐ Checking	□ Savings							
	_ = = = = = = = = = = = = = = = = = = =	_ 080							
Name on Bank A	Account								
Bank Name			ABA	Routing Number	er (First 9	digits at the bottom	of the cl	heck or deposi	t slip
Bank Account N	umber (Second set of nu	mbers at the bottom	of check or deposit slip)						
Please attach a	voided check or saving	s deposit slip from t	he specified bank acco	unt.					
accountable for	Trust to initiate credit a any loss, liability, or expection to BBH Trust. The	ense for acting upon	my instructions. It is ur	nderstood that	this autho	rization may be te	rminated	by me at any	

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

☐ I **DO NOT** want online privileges.

SECTION 6: Telephone & Online Privileges

 $\hfill \square$  I  $\hfill$   $\hfill$ 

decline from them below.

## 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

Signature (if applicable)	Date (MM/DD/YY)
Signature	Date (MM/DD/YY)
Please enclose a copy of your driver's license or other g	government issued photo identification card. (This will expedite in the processing of your account
The Internal Revenue Service does not require your backup withholding.	r consent to any provision of this document other than the certifications required to avoi
If you do not provide a correct taxpayer identification n	umber, you may be subject to a \$100 IRS penalty.
	2 above if you have been notified by the IRS that you are currently subject to backup withholding ends on your tax return. Item 4 above does not apply if you are submitting this form for an account
	cating that I am exempt from FATCA reporting is correct.
no longer subject to backup withholding, and 3. I am a U.S. Citizen or other U.S. person (as defined	
Service (IRS) that I am subject to backup withholding	a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue ng as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am
1. The number shown on this form is my correct taxpa	
Under penalties of perjury, I certify that:	
rei state requirements, property may be transierred to ti	he appropriate state if no activity occurs in the account within the time period specified by state law
exchanges are made. I agree that neither BBH Trust nor provided the Funds employ reasonable procedures to co	its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions on that instructions are genuine.
I authorize BBH Trust, and its agents to act upon instri	uctions (by phone or in writing) believed to be genuine for this account or any account into whic
	n which I am investing and agree to the terms therein, and acknowledge the receipt of the BBH Trus ctus and Statement of Additional Information of any fund into which I exchange.
SECTION 9: Signature(s)	
To determine which cost basis method is appropriate fo	r your tax situation, please consult a qualified tax professional.
instruct us otherwise. If available, cost basis for noncover	funds established under this account, including funds you may acquire at a later date, unless yo vered shares, generally shares acquired before January 1, 2012, is determined using the Averag covered shares unless otherwise specified at the time of the redemption.
Secondary Method is not elected, the default is FIFO.	
	elect a Secondary Method, other than Average Cost, that will apply when lots are not specified. If
Secondary Method*	
☐ Figh Cost (Fin O) ☐ Specific Share Identification (SLID)	a coss dain offization (Edot)
⊒ Last In, First Out (LIFO) ⊒ High Cost (HIFO)	☐ Low Cost (LOFO) ☐ Loss Gain Utilization (LGUT)
☐ Average Cost (ACST) <b>Default Cost Basis Method</b>	☐ First In, First Out (FIFO)
The cost basis of covered shares, generally shares acquidifferent method below. Please check one box.	uired on or after January 1, 2012, is determined using the fund's default method, unless you elect

#### 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 Overnight Address

BBH Trust BBH Trust

PO. Box 46094 1290 Broadway, Suite 1000

Denver, CO 80201 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			