Commerce Funds



ACCOUNT APPLICATION

It Is Easy to Open an Account...

Complete the Account Application forms enclosed, be sure to sign the application and insert it in the enclosed business reply envelope. Please Note: This application is not to be used for Individual Retirement Accounts. Call 1-800-995-6365 (8 a.m.–5 p.m. Central) for an IRA application.

A ACCOUNT APPLICATION

Establishing your account is easy. Please complete the investment selection and account information sections. **Please use blue or black ink**.

B OPTIONAL FEATURES

Sections 8-13 contain features available for a COMMERCE FUNDS account. Remember to attach your voided check or deposit slip if you are not paying by check.

C INVESTOR SIGNATURES(S)

New Account Application must be signed or it will be returned as required by Federal law. Be sure to review and sign section 15.

IMPORTANT NOTICE – THE USA PATRIOT ACT

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 registered owner of an account. In some cases, The Commerce Funds may also take additional steps to verify the identities of individuals with authority or control over the registered owner,including persons able to effect securities transactions on behalf of the registered owner.

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, and we may ask for similar information regarding individuals with authority or control over you as the registered owner. We also may ask to see government-issued identifying documents. This information will be used to verify the identity of all investors opening a mutual fund account. To the extent permitted by applicable law, The Commerce Funds reserves the right (i) to place limits on transactions in any account until the identity of the investor is verified, or (ii) to refuse an investment in the Funds or to involuntarily redeem an investor's shares and close an account in the event that The Commerce Funds is unable to verify an investor's identity.

D COMMERCE FUND SELECTION

Fund Name	Fund Number
Bond	333
Growth	337
Kansas Tax-Free Intermediate Bond	1399
MidCap Growth	339
Missouri Tax-Free Intermediated Bond	335
National Tax-Free Intermediate Bond	334
Value	346
MidCap Value	1549

A ACCOUNT APPLICATION

Commerce Funds

Sections 3-6 and 14 must be completed and will be verified as required by the USA Patriot Act. If not completed,this application will be returned.

For Internal Use Only

1 INVESTMENT AMOUNT (Print clearly in blue or black ink)

Total Dollars Invested $, , .
($1,000 minimum per Fund)

Initial investment must be made via check or wire. The funds do not accept money orders, starter, counter, or third party checks. For assistance call 1-800-995-6365 from 8 a.m. to 5 p.m. Central. Make checks payable to: The Commerce Funds.

2 FUND SELECTION

Please fill in the fund name & number and amount to invest per fund. Funds are listed on the opposite page.

Fund Name	Fund Number	$ Amount Invested
		$, , .
		$, , .
		$, , .
		$, , .
		$, , .

3 TYPE OF ACCOUNT Attach separate list for additional registrants including full name,social security number,and date of birth. All must sign.

☐ INDIVIDUAL ☐ JOINT REGISTRANT ☐ TOD ☐ Please check if Employee

Registrant First Name MI

Registrant Last Name

SS# or TIN – –
If applied for,provide copy of application for SSN or TIN

Birth Date – – (M M D D Y Y Y Y)

Source of Funds or Source of Wealth

Line of Business

Birth Date – – (M M D D Y Y Y Y)

Joint Registrant or TOD First Name MI

Joint Registrant or TOD Last Name

SS# or TIN – –
If applied for,provide copy of application for SSN or TIN

Birth Date – – (M M D D Y Y Y Y)

Source of Funds or Source of Wealth

Line of Business

Birth Date – – (M M D D Y Y Y Y)

State of Residence

3 TYPE OF ACCOUNT (CONT.)

*Registrant **must** check one:*

☐ U.S. Citizen ☐ Resident Alien ☐ Nonresident Alien

For foreign accounts,one of the following must be provided: Taxpayer ID, Alien ID, passport number with country of issuance or a copy of a picture government ID.

Country of Issuance _____

Passport or Alien #

4 UNIFORM GIFT OR TRANSFER TO MINORS

Adult Custodian First Name **MI**

Adult Custodian Last Name **Suffix**

SS# or TIN – – **Birth Date** – – M M D D Y Y Y Y

Minor First Name **MI**

Minor Last Name **Suffix**

SS# or TIN – – **Birth Date** – – M M D D Y Y Y Y

If applied for,provide copy of application for SSN or TIN

Source of Funds or Source of Wealth of the Minor

Under the Uniform Gifts/Transfers to Minors Act (Minor's State of Residence)

5 CORPORATION OR TRUST

Name of Entity _____

☐ **CORPORATION** (Attach copy of the certified articles of incorporation or business license of the corporation.)

☐ **TRUST** (A copy of the first and last page of the Trust Agreement must be attached.)

☐ **PARTNERSHIP** (A copy of the partnership agreement must be attached.)

☐ **OTHER** _____

SS# – – **OR** **Tax ID #** –

If applied for,provide copy of application for SSN or TIN

Check if exempt from verification under the USA Patriot Act due to:

☐ 1. Financial Institution regulated by a federal functional regulator.

☐ 2. Bank regulated by a state bank regulator.

☐ 3. Publicly traded corporation. Symbol _____.

☐ 4. Retirement plan covered by ERISA.

5 CORPORATION OR TRUST (CONT.)

Trustee First Name (if Trust) MI

Trustee Last Name (if Trust)

Date of Birth M M – D D – Y Y Y Y SS# – –

Date of Trust Agreement (if Trust) M M – D D – Y Y Y Y Trader SS # – –

Authorized Trader Last Name MI

Authorized Trader First Name

Date of Birth M M – D D – Y Y Y Y

*Attach separate list for additional Authorized Traders including full name,social security number, and date of birth.

6 ADDRESS

REGISTRANT MAILING ADDRESS (APO and FPO addresses will be accepted)

Address

City State Zip

E-mail Address

Daytime phone – –

To ensure timely processing of your account, please provide your day-time phone number.

(If mailing address is a post office box, a street address is also requited by the USA Patriot Act)

Street Address (if different)

City State Zip

JOINT REGISTRANT STREET ADDRESS (Required if different than Registrant Address above)

Address

City State Zip

DUPLICATE MAILINGS (Optional)

Please provide the name and address of the person to whom you would like duplicate confirmations/statements sent:

Name

Address

City State Zip

7 COST BASIS SELECTION (REQUITED)

Please choose ONE cost basis account method from the list of Specific Identification Methods listed below by marking an X in the box of your chosen method. If option 7 (SLID) is chosen, a secondary accounting method must be selected.
If you do not specify a cost basis reporting method, the Funds default method of Average Cost will be selected as your cost basis method.

1. ACST	Average Cost I elect to use Average Cost as my election. This option only reports on covered shares.	1. ☐
2. FIFO	First In First Out	2. ☐
3. LIFO	Last In First Out	3. ☐
4. HIFO	High Cost First Out	4. ☐
5. LOFO	Low Cost First Out	5. ☐
6. LGUT	Loss/Gain Utilization	6. ☐
7. SLID	Specific Lot Identification ☐ Secondary Accounting Method Selection WRITE SELECTION HERE	7. ☐

8 BROKER/DEALER INFORMATION (To be completed by broker of dealer)

Registered Rep. First Name

Registered Rep. Last Name

Broker/Name

Branch Address

City State Zip

Rep. # Phone – –

Broker Branch #

☐ Please check here if: this account is being established for a foreign financial institution to receive deposits from, or to make payments or other disbursements on behalf of, the foreign financial institution, or to handle other financial transactions related to such foreign financial institution. Foreign financial institutions include: (1) a foreign bank; (2) a foreign branch of a U.S. bank; (3) a business organized under a foreign law that, if it were located in the United States, would be a securities broker-dealer, futures commission merchant, introducing broker in commodities, or a mutual fund; and (4) a money transmitter or currency exchanger organized under foreign law.

B OPTIONAL FEATURES

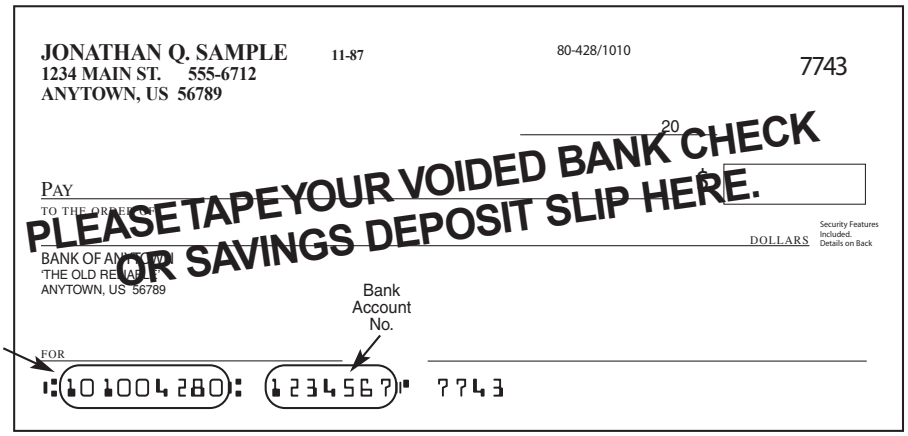
9 BANK ACCOUNT OR RECORD

☐ CHECKING

☐ SAVINGS

Banking information will be taken from your purchase check unless a blank check or deposit slip is attached.

(Checks must be reprinted;starter or counter checks will not be accepted.)



10 DIVIDEND & CAPITAL GAIN DISTRIBUTIONS (ALL DISTRIBUTIONS WILL BE AUTOMATICALLY REINVESTED IF NO BOX IS MARKED)

	Reinvested	Cash	
Dividends:	☐	☐	if cash ☐ By check to address on application
Capital Gains:	☐	☐	☐ B ACH to the bank account in Section 9

Invest: ☐ Dividends ☐ Capital Gains ☐ Both

Funds# _____ Account# _____ into

Funds# _____ Account# _____

All distributions must be reinvested within the funds.

11 TELEPHONE EXCHANGE PRIVILEGE AND/OR TELEPHONE REDEMPTION PRIVILEGE

Unless indicated below,I authorize The Commerce Funds and its agent to honor telephone,telegraphic,or other instructions,without signature guarantee,from any person for the redemption of shares for the above account,without an obligation on behalf of The Commerce Funds or its agent,to verify that such person is the shareholder of record or authorized to give purchase/redemption instructions.

☐ I DO NOT want the Telephone Exchange Privilege ☐ I DO NOT want the Telephone Redemption Privilege

Redemptions by telephone must be sent by check via U.S. Mail to the address of record,or sent to the bank of record,if Section 9 is completed with bank instructions. Neither the Fund nor its agent shall be liable for telephone purchases or redemptions or for payments made to any unauthorized account for instructions reasonably believed to be genuine. The Commerce Funds will employ reasonable procedures to confirm that such instructions given are genuine.

12 AUTOMATIC INVESTMENT PLAN

With this plan,money will be transferred by ACH from your bank account to your fund account(s) on a regular basis. Section 9 must be completed. The automatic investment plan is subject to a $500 minimum initial investment and a $50 minimum subsequent investment per Fund.

My investment will begin in the month of _____ and occur on/about _____ day.

NOTE: First draft cannot take place less than ten days after account is established.

Fund Number _____ Dollar Amount $ _____,_____.__

○ Each Month OR Select Months →

Jan Feb Mar Apr May Jun
Jul Au Sept Oct Nov Dec

Fund Number _____ Dollar Amount $ _____,_____.__

● Each Month OR Select Months →

Jan Feb Mar Apr May Jun
Jul Au Sept Oct Nov Dec

13 AUTOMATIC EXCHANGES

With this option,the fund will exchange money directly from your account into whichever fund(s) you choose. This option is subject to a $1,000 balance in the Fund that is to be debited. You may choose to have at least $250 per month exchanged to an established fund.

Fund # Fund #

The above account number should be debited beginning — —
M M D D Y Y Y Y

I elect to exchange twice a month,the second purchase to be made on — —
M M D D Y Y Y Y

Invest	Into Fund	Account Number
$, .		
$, .		

14 SYSTEMATIC WITHDRAWAL

I have at least $5,000 in my Commerce Funds account and would like to receive systematic payments. Payments made by check are withdrawn from the account on or about the 15th day of the month. Payments made by ACH may be withdrawn on any business day. The withdrawal minimum is $100.

My withdrawals will begin in the month of _____ .

Fund Number	Dollar Amount		
	$, .	○ Each Month OR ○ Select Months →	Jan Feb Mar Apr May Jun / Jul Au Sept Oct Nov Dec
	$, .	○ Each Month OR ○ Select Months →	Jan Feb Mar Apr May Jun / Jul Au Sept Oct Nov Dec
	$, .	○ Each Month OR ○ Select Months →	Jan Feb Mar Apr May Jun / Jul Au Sept Oct Nov Dec

Check one:

- ☐ Send checks to the address of record
- ☐ Deposit proceeds into my bank account (Section 9 of this application must be completed)
- ☐ Send checks to the following third party (signature guarantee required):

First Name Middle Initial Last Name

Street Address

City State Zip

Your Signature (as on account)

C INVESTOR SIGNATURES

15 SIGNATURES

(a) By execution of this application,the investor represents and warrants that (i) he has the full right,power and authority to make the investment applied for, (ii) he is acting for himself or in a fiduciary capacity in making this investment,and (iii) he is a natural person of legal age in his state of residence and that all information on this application is true and correct. The investor certifies that the Taxpayer Identification Number and tax status set forth in the application is correct. The person or persons,if any,signing on behalf of the investor represent and warrant that they are duly authorized to sign this application and purchase or redeem shares of the fund on behalf of the investor. Each person named in the registration must sign below.

(b) I have read the applicable prospectus(es) and this application and agree to all their terms. I also agree that any shares purchased now or later are and will be subject to the terms of the Fund's prospectus as in effect from time to time.

(c) I understand that non-money market funds do not maintain a constant net asset value and that a constant net asset value in money market funds is not guaranteed. As a result,I may experience a loss on my investment.

(d) **If I am a U.S. citizen,resident alien,or a representative of a U.S. entity,I certify,under penalty of perjury,that:**

(1) The social security or employer identification number shown on this account application is my correct Taxpayer Identification Number,

(2) I am not subject to backup withholding because:

- **I am exempt from backup withholding OR**
- **I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividend OR,**
- **The Internal Revenue Service has notified me that I am no longer subject to backup with-holding.(Strike out this item (2) if you have been notified that you are subject to backup withholding.)**

(3) I am a U.S. person (including a U.S. resident alien)

(e) **If I am a nonresident alien,I understand that I am required to complete the appropriate Form W-8 to certify my foreign status. I understand that,if I am a nonresident alien,I am not under penalty of perjury for certifying to the above information.**

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 Investor (Joint accounts require both signatures.)

Signature of Individual, Custodian or Trustee	Title	Date
Signature of Joint Registrant,if any	Title	Date
Signature Guarantee (required only if a special payee/address is designated under Section 13 of this Form)	Title	Date

The Commerce Funds Disclosure Statement (You must sign)

The account owner acknowledges that the account owner has read this disclosure statement and has been told and understands that:

- shares of the Funds are not bank deposits or obligations of,or guaranteed,endorsed or otherwise supported by Commerce Bank,its parent company or its affiliates,or any other bank;
- shares of the Funds are not Federally insured or guaranteed by the U.S. Government,Federal Deposit Insurance Corporation,the Federal Reserve Board,or any other government agency;
- investment in the Funds involves investment risks,including possible loss of the principal amount invested;
- Commerce Investment Advisors,Inc.,a subsidiary of Commerce Bank,serves as the investment adviser to the Funds and receives compensation for such services as dis-closed in the current prospectus. Affiliates of Commerce Investment Advisors,Inc .may receive fees under the Funds' Shareholder Administrative Services Plan for providing shareholder services to Plan participants,as disclosed in the current prospectus;and
- sales charges may apply.

Signature Date

Important Notice – The USA PATRIOT Act

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. In some cases, Federal law also requires us to verify and record information that identifies the natural persons who control and beneficially own a legal entity that opens and account.

What this means to you: When you open an account, we will ask for names, addresses, dates of birth and other information that will allow us to identify you and certain other natural persons associated with the account. This information will be verified to ensure the identity of all such natural persons.

Purpose

This form must be completed by the person opening a new account on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, a limited liability company, a general partnership, a non-profit and any similar business entity formed in the United States.

Important Notes

This form requires you to provide the name, address, date of birth and Social Security number for the following individuals:

(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)

Section A – Account Information

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

a. Name and Title of Natural Person Opening Account:

_____

b. Name and Address of Legal Entity for Which the Account is Being Opened:

_____

Section B – Beneficial Owner(s)

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:

Note: Non-profits do not have to complete this section.

Name/Title	**Date of Birth** (mm/dd/yyy)	**Address** (residential or business street address)	**Social Security Number**

Legal Entity Beneficial Ownership Certification Form

Section C – Control Person

The following information for one indicidual 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 (b) above may also be listed in this section (c)).

Name/Title	**Date of Birth** (mm/dd/yyy)	**Address** (residential or business street address)	**Social Security Number**

Section D – Certification

I, _____(name of natural person opening account), hereby certify, to the best of my knowledge that the information provided above is complete and correct.

Signature_____ Date (mm/dd/yyyy):_____

FACTS	WHAT DOES THE COMMERCE FUNDS ("COMMERCE FUNDS") DO WITH YOUR PERSONAL INFORMATION?
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: • Social Security number • account balances • account transactions • assets • transaction history • wire transfer instructions When you are *no longer* our customer, we continue to share your information as described in this notice.
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Commerce Funds chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Commerce Funds share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?	Call toll-free 1-800-995-6365

What we do	
How does Commerce Funds protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We maintain physical, electronic and/or procedural safeguards that comply with federal standards to guard your nonpublic personal information.
How does Commerce Funds collect my personal information?	We collect your personal information, for example, when you: • open an account • make a wire transfer • provide account information • give us your contact information • tell us where to send the money We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only: • sharing for affiliates' everyday business purposes – information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing.

Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. • *Commerce Funds' affiliates include the investment adviser, Commerce Investment Advisors, Inc., and Commerce Bank.*
Nonaffiliates	Companies not related by ownership or control. They can be financial and nonfinancial companies. • *Commerce Funds does not share with non-affiliates so they can market to you. The Funds may share information with non-affiliates that perform marketing services on our behalf.*
Joint Marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. • *Commerce Funds may share information with other financial institutions with whom we have joint marketing arrangements who may suggest additional fund services or other investment products which may be of interest to you.*

THE COMMERCE FUNDS • 1000 WALNUT ST. • KANSAS CITY, MO • 64106
commercefunds.com

Goldman Sachs & Co LLC is the distributor of The Commerce Funds. For more complete information about any of the Commerce Funds,including charges and expenses, a prospectus may be obtained from your investment professional or by calling The Commerce Funds at 1-800-995-6365. An investor should read the prospectus carefully before investing or sending money.

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