



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	
Short-Term Government	336	
Value	346	
MidCap Value	1549	



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

Total Dollars Invested \$, (\$1,000 minimum per Fund)	,	accept money assistance cal checks payab	ll 1-800-995-6	r, counte 365 from	er, or thi 18 a.m.		y check	s. For		
FUND SELECTION										
Please fill in the fund name & r	number and amount to invest per fur	nd. Funds are listed on th	e opposite pa	ge.						
Fund Name		Fund Number	\$ Am	ount Inv	/ested					
			\$							
			¥	,		,,				
			\$,		,				
			*							
			≯	,		, l				
			\$,		,				
			\$,		,			•	
TYPE OF ACCOUNT A	ttach separate list for additional regi	istrants including full nar		rity nun				. All mu if Emplo		
				rity nun						
INDIVIDUAL				rity nun					oyee	
INDIVIDUAL Registrant First Name Registrant Last Name SS#)						oyee	
INDIVIDUAL Registrant First Name Registrant Last Name SS#	JOINT REGISTRANT			rity nun					oyee	
INDIVIDUAL Registrant First Name Registrant Last Name SS#	JOINT REGISTRANT) Birth Date Birth			Please	check i		oyee	
INDIVIDUAL Registrant First Name Registrant Last Name SS#	JOINT REGISTRANT) Birth Date			Please	check i		oyee	
INDIVIDUAL Registrant First Name Registrant Last Name SS#	JOINT REGISTRANT) Birth Date Birth			Please	check i	if Emplo	MI	Y
INDIVIDUAL Registrant First Name Registrant Last Name SS# or TIN If applied for,provide cc Source of Funds or Source of W Joint Registrant or TOD	JOINT REGISTRANT) Birth Date Birth			Please	check i	if Emplo	MI	Y
INDIVIDUAL Registrant First Name Registrant Last Name SS# or TIN If applied for,provide cc Source of Funds or Source of W Joint Registrant or TOD First Name Joint Registrant or TOD	JOINT REGISTRANT) Birth Date Birth			Please	check i	if Emplo	MI	
INDIVIDUAL Registrant First Name Registrant Last Name SS# or TIN If applied for,provide cc Source of Funds or Source of M Joint Registrant or TOD First Name Joint Registrant or TOD Last Name SS# or TIN	JOINT REGISTRANT) Birth Date Birth Date Birth Date Birth Date Birth			Please	check i	if Emplo	MI	

TYPE OF ACCOUNT (CONT.)

2

U.S. Citizen Resident Alien Nonresident Alien								
	1 11							
For foreign accounts, one of the following must be provided: Taxpayer ID, Alien ID, passport n	umber with co	untry o	rissuar	ice or a	copy of a	a pictu	re gove	rnı
Country of Issuance		-						
Passport or Alien #								
UNIFORM GIFT OR TRANSFER TO MINORS								
Adult Custodian First Name							MI	
Adult Custodian					Suffix			
Last Name	Birth							
or TIN	Date		-	-				
Minor First Name		M	M	D	D	Y	Y MI	Y
Minor Last Name					Suffix	۲		
SS#	Birth Date		-	_	_			
If applied for, provide copy of application for SSN or TIN		Μ	Μ	D	D	Υ	Υ	Y
Source of Funds or Source of Wealth of the Minor								
Under the Uniform Gifts/Transfers to Minors Act (Minor	's State of Res	dence)						
CORPORATION OR TRUST								
Name of Entity								
Name of Entity CORPORATION (Attach copy of the certified articles of incorporation or business lice	nse of the corr	oration	 1.)					
TRUST (A copy of the first and last page of the Trust Agreement must be attached.)	ise of the tolp	Jacity	••)					
PARTNERSHIP (A copy of the partnership agreement must be attached.) OTHER								
UINER								
SS# OR Tax	ID #	_						

 1. Financial Institution regulated by a federal functional regulator.
 3. Publicly traded corporation. Symbol ______

2. Bank regulated by a state bank regulator.

4. Retirement plan covered by ERISA.

CORPORATION OR TRUST (CONT.)

Trustee First Name (if Trust)	
Trustee Last Name (if Trust)	
Date of Birth	SS#
Date of Trust Agreement (if Trust)	M M D D Y Y Y Y
Authorized Trader Last Name	
Authorized Trader First Name	
Date of Birth	*Attach separate list for additional Authorized Traders including full name, social security number, and date of birth.
	M M D D Y Y Y Y

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 Pa	atriot Act)
Street Address (if different)	
City	State Zip
JOINT REGISTRANT STREET ADDRESS (Required if different than Registrant Address ab	pove)
Address	
City	State Zip
DUPLICATE MAILINGS (Optional)	
Please provide the name and address of the person to whom you would like duplicate	e confirmations/statements sent:
Name	
Address	
City	State Zip

COST BASIS SELECTION (REQUITED)

Please choose <u>ONE</u> 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** <u>Average Cost</u> 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					
3. LIFO	Last In First Out	3. 🗆				
4. HIFO	High Cost First Out					
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)

egistered Rep. Irst Name												
egistered Rep. ast Name												
oker/Name												
anch Idress												
/							State		Zip			
o. #					Phone	e		-		-		
oker anch #												

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

BANK ACCOUNT OR RECORD

CHECKING	JONATHAN Q. SAMPLE	11-87	80-428/1010	7743
SAVINGS	1234 MAIN ST. 555-6712 ANYTOWN, US 56789		20	
Banking information will be taken from your purchase check unless a blank check or deposit slip is attached.	PAY TO THE GRAFT SETAPEY BANK OF ANY THE OLD RELATER SAVIN ANYTOWN, US 56789	OUR VO GS DEF	DIDED BANK CH DOSIT SLIP HER	Security Features DOLLARS Security Features Included Details on Back
counter checks will not be accepted.)	ABA FOR	Account No.	7743	

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

	Reinvested	<u>Cash</u>	
Dividends:			if cash \square By check to address on application
Capital Gains:			B ACH to the bank account in Section 9
Invest: Divi	dends 🛛 🗌 Capit	al Gains	Both
Funds#		Account#	
Funds#		Account#	
All distributions m	ust he reinvested wi	thin the fund	c

ibutions must be reinvested within the funds.

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.

AUTOMATIC INVESTMENT PLAN 12

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				Mar	Apr	May	
	\$	 Each Select Month OR Months → 	Jul	Au	Sept	Oct	Nov	Dec
Fund Number	Dollar Amount				Mar	Apr	May	
	\$	 Each Select Month OR Months → 		Au		Oct	Nov	

9

10

11

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 beginnin	g	
	M M D	D Y Y Y Y
I elect to exchange twice a month, the second purchase	to be made on	
	N	M M D D Y Y Y Y
Invest	Into Fund	Account Number
\$		
Invest	Into Fund	Account Number
\$		

14 SYSTEMATIC WITHDRAWAL

My withdrawals will begin in the month of _____

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.

____.

Fund Number	Dollar Amount			 Each Month OR 	Select Months →				Apr Oct	May Nov	Jun Dec
Fund Number	Dollar Amount			CEach Month OR	Select Months →		Au	Sept	Apr Oct	May Nov May	Jun Dec
Check one:	\$			 Each Month OR 	Select Months →	Jan Jul			Apr Oct	Nov	
Send Depos	checks to the address o it proceeds into my bar checks to the following	k account (Section			ompleted)						
First Name			Middle Initial	Last N	ame						
Street Add	ess										
City							Stat	e	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

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:

- 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
- 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	We collect your personal information, for example, when you:
collect my personal information?	 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.