



All applicants must complete sections 1, 2, 3, 5 and 10. For optional services complete 4, 6, 7, 8 and 9. If you are a Broker-Dealer, please also complete section 11.

LGIMA Funds — New Account Application

For Assistance Call: 833-44-LGIMA

PLEASE DO NOT USE THIS APPLICATION TO OPEN AN IRA ACCOUNT.

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.

What this means to 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. This information is subject to verification. If we are unable to verify your identity, we reserve the right to close your account or take such other steps as we deem reasonable.

Sections 1 and 2 must be completed and the information provided will be verified as required by the USA Patriot Act. Failure to complete these sections may result in the rejection of your application.

Notice for Non-U.S. persons

The Funds generally will not accept investments from foreign investors (e.g. foreign financial institutions; non-U.S. persons). The Funds have instructed their transfer agent accordingly. If the Funds do accept such investments, the Funds are expected to conduct enhanced due diligence on such foreign investors as may be required under Section 312 of the USA PATRIOT Act and applicable Treasury or SEC rules, regulations and guidance (if any).

Notice to all shareholders

In compliance with applicable state laws, your property may be transferred to the appropriate state if no activity occurs in your account within the time period specified by state law.

1 SHAREHOLDER REGISTRATION

Please print or type clearly. Please choose one type of account below:

Individual or Joint

YOUR NAME: FIRST, MIDDLE, LAST

SOCIAL SECURITY NUMBER DATE OF BIRTH

JOINT OWNER'S NAME: FIRST, MIDDLE, LAST

JOINT OWNER'S SOCIAL SECURITY NUMBER JOINT OWNER'S DATE OF BIRTH

OCCUPATION EMPLOYER

TRANSFER ON DEATH BENEFICIARY (OPTIONAL)

SOCIAL SECURITY NUMBER DATE OF BIRTH

Custodial/Gift to Minors

CUSTODIAN'S NAME: FIRST, MIDDLE, LAST

CUSTODIAN'S SOCIAL SECURITY NUMBER CUSTODIAN'S DATE OF BIRTH

MINOR'S NAME: FIRST, MIDDLE, LAST

MINOR'S SOCIAL SECURITY NUMBER MINOR'S STATE OF RESIDENCE

MINOR'S DATE OF BIRTH

Trust*

TRUSTEE'S NAME

TRUSTEE'S SOCIAL SECURITY NUMBER TRUSTEE'S DATE OF BIRTH

NAME OF TRUST AGREEMENT

TRUST'S TAXPAYER IDENTIFICATION NUMBER DATE OF TRUST AGREEMENT

* Attach a separate list for additional Trustees and authorized traders including full name, social security number, date of birth and physical address. Please also include the first and last page of trust document.

Corporation*

NAME OF CORPORATION

PROVIDE SYMBOL IF A PUBLICLY TRADED CORPORATION

TYPE OF CORPORATION (PLEASE CHECK ONE): S CORPORATION C CORPORATION

TAXPAYER IDENTIFICATION NUMBER

* For all Corporations: Please enclose the Articles of Incorporation and a corporate resolution (or government-issued business license) which identifies the individuals authorized to conduct transactions on this account.

For Non-Public Corporations:

Your list of authorized traders must include their full name, social security number, date of birth, and physical address.

Partnership*

PARTNER: FIRST, MIDDLE, LAST NAME

NAME OF PARTNERSHIP

DATE OF BIRTH SOCIAL SECURITY NUMBER

* Attach a separate list for authorized traders, and each individual partner of a partnership, including full name, social security number, date of birth, and a physical address (P.O. Box is not acceptable). A copy of the partnership agreement must be attached.

Documents provided in connection with your Application will be used solely to establish and verify your identity. The Funds will have no obligation with respect to the terms of any such documents.

5 COST BASIS CALCULATION METHOD

Please elect the cost basis method to be used in calculating the gain or loss associated with redemption requests. The elected method will be used for all accounts established by this application and any future accounts established. Please choose from the following:

(Choose only one)

- Average Cost First-In First-Out Specific Lot

Note: When selecting Specific Lot, please choose a secondary method to be used as an alternate in the event specific lot information is not provided.

- First-In First-Out Last-In First-Out High Cost
 Low Cost Loss/Gain Utilization

If no election is made Average Cost will be used.

6 TELEPHONE AUTHORIZATION

I (We) hereby authorize and direct the agent to accept and act upon telephone instructions for redemptions involving the account with corresponding registration unless the following is checked:

- I (We) do not authorize telephone redemptions.
 I (We) do not authorize telephone exchanges.

7 SYSTEMATIC INVESTMENT PLAN (SIP)

I (we) hereby authorize and direct the agent to draw on my (our) bank account on a periodic basis, as indicated in section 9, for investment in my (our) account. Attached is a voided check of the bank account I (we) wish to use. (Initial investments may not be made through the Systematic Investment Plan.) Please note this service will be effective 15 days after the LGIMA Funds receives this application. **If no date is chosen below, your bank account will be debited on the 15th of the month.**

Preferred Investment Schedule:

- Monthly Quarterly Semi-Annually Annually

1st or 15th

BEGIN INVESTMENT ON (ENTER MONTH/YEAR) _____ DAY OF MONTH

Debit My (Our) Bank Account and Invest as Follows (\$1 Minimum):

Legal & General Retirement Income 2040 Fund

W Shares (fund code: 4700)	\$
Institutional Shares (fund code: 4701)	\$
R6 Shares (fund code: 4702)	\$

8 SYSTEMATIC WITHDRAWAL PLAN (SWP)

Please choose the date you would like to begin withdrawals, the frequency and whether you prefer the 1st or 15th day of the month. If no date is chosen, you will be credited on the 15th of the month.

Preferred Withdrawal Schedule:

- Monthly Quarterly Semi-Annually Annually

1st or 15th

BEGIN WITHDRAWAL ON (ENTER MONTH/YEAR) _____ DAY OF MONTH

Monthly Payment Method:

- By Check Direct Deposit to your Bank (ACH) (Complete Section 9)

I (We) Elect to Receive a Monthly Payment of (\$1 Minimum):

Legal & General Retirement Income 2040 Fund

W Shares (fund code: 4700)	\$
Institutional Shares (fund code: 4701)	\$
R6 Shares (fund code: 4702)	\$

9 BANK INFORMATION

For SIP/SWP and Wire Redemptions:

Your bank account information must be on file in order to exercise telephone investment privileges. The account holder's name(s) corresponding to the account number below must match exactly at least one name in Section 1.

A blank voided check must be enclosed.

NAME OF BANK _____

REGISTRATION ON ACCOUNT _____

ABA ROUTING NUMBER _____

Checking Savings

ACCOUNT NUMBER _____ ACCOUNT TYPE _____

10 APPLICANT'S SIGNATURE

- (a) I have read the current prospectus and this application and agree to all terms. In addition, I authorize the instructions in this application. I also agree that any shares purchased now or later are and will be subject to the terms of the prospectus as in effect from time to time.
- (b) 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 and (ii) he is a natural person of legal age in his state of residence. 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.
- (c) (For direct investors investing without an adviser or representative): I acknowledge that: (i) I am a direct investor in the Fund(s); (ii) I have made all decisions to transact in shares of the Fund(s) independently and did not receive or rely on an investment recommendation or investment advice from the Fund(s) or the Fund's principal underwriter when transacting in shares of the Fund(s), and (iii) I am not a customer of the Fund's principal underwriter.
- (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:
 - i. The social security number or employer identification number shown on this form is my correct Taxpayer Identification Number,
 - ii. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, OR
 - b. 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
 - c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Strike out this item (b) if you have been notified that you are subject to backup withholding).
 - iii. I am a U.S. person, resident alien, or a representative of a U.S. Entity.
- (e) If I am a non-resident 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 non-resident alien, I am not under penalty or perjury for certifying to the above information.
- (f) **By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:**
 - i. **the investor is not involved in any money laundering or terrorist financing schemes, and the source of this investment is not derived from any unlawful activity or terrorist financing; and**
 - ii. **the information provided by the investor in this application is true and correct, and any documents provided herewith are genuine.**

SIGNATURE: INDIVIDUAL, CUSTODIAN, TRUSTEE, PARTNER, OR AUTHORIZED OFFICER, EXACTLY AS IT APPEARS IN SECTION 1

DATE

SIGNATURE: JOINT OWNER, EXACTLY AS IT APPEARS IN SECTION 1

DATE

Return the following to the address below:

1. This completed application.
2. Voided bank check or deposit slip if applicable.
3. One check made payable to: LGIMA Funds

Send to:
LGIMA Funds
c/o DST Systems, Inc.
P.O. Box 219009
Kansas City, MO 64121-9009

For overnight packages:
LGIMA Funds
c/o DST Systems, Inc.
430 West 7th Street
Kansas City, MO 64105

11 DEALER/SERVICE ORGANIZATION USE ONLY

FIRM NAME

FIRM NUMBER

REP NAME

REP NUMBER

BRANCH ADDRESS

BRANCH PHONE NUMBER

BRANCH NUMBER

AUTHORIZED SIGNATURE OF DEALER