



ALPS Distributors, Inc., distributor for Financial Investors Trust
Questions? Call your sales representative or the Trust at 1-800-298-3442

PLEASE NOTE: No redemptions can be made on an account until this form is physically received by Financial Investors Trust (the "Trust"). An account may be opened by calling 1-800-298-3442 and by faxing this application to 1-303-825-2575. New accounts must be established by telephone or fax by 4:30 p.m. Eastern Time in order to settle fund purchases that business day. Both telephone and faxed account openings MUST be followed by physical receipt of this application. For assistance, please call 1-800-298-3442. Mail to: Financial Investors Trust, P.O. Box 44035, Denver, CO 80201-4035.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: 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, identification number, and other information that will allow us to identify you. Such documents will be used solely to attempt to establish your identity. Information you provide in this account application may be shared with third parties for the purpose of validating your identity and may be shared for other purposes in accordance with the Trust's privacy policy.

Applications without such information may not be accepted. The Trust reserves the right to place limits on the transactions in your account until your identity is verified.

1. ACCOUNT REGISTRATION

Name of Institution or Individual Telephone Number Date of Birth
Street Address Taxpayer Identification Number or Social Security Number
City To the Attention of
State Zip Code Fax Number

2. PURCHASE OF SHARES AND DIVIDEND OPTIONS

Please enter the amount you are investing. Subsequent investments can be made in any amount. Purchases and redemptions are made by Federal Reserve wire only. DO NOT SEND CASH. Please see the current prospectus for all fees and expenses.

Account No. Requested (if other than Taxpayer Identification Number)

Please list the amount you wish to invest: American Freedom U.S. Government Money Market Fund \$

- All dividends will be automatically reinvested unless otherwise indicated. Pay all Dividends in Cash

3. INITIAL INVESTMENT METHOD

- This account has been pre-established by telephone. Please note account #
By check
By wire: Wiring instructions: Funds for purchase orders must be sent by Federal Reserve wire transfer and must be received the same business day that the order is placed. In order to assure proper crediting, it is recommended that the funds be wired as early as possible. Funds should be wired to: State Street Bank & Trust Co., ABA# 011000028; Financial Investors Trust DDA# 22404081; Fund# AG - American Freedom U.S. Government Money Market Fund; FCT (For Credit To): {Insert Shareholder Account Name and Account Number}

4. CHECK WRITING PRIVILEGE

By signing this form, I/we agree to all the guidelines regarding my/our checking account including, but not limited to, the policies of Financial Investors Trust, and to any conditions and limitations on redeeming checks from the Trust as set forth in the prospectus. I also agree that (i) the Trust reserves the right to change or close my/our checking account; and (ii) the signatures below are authentic and, for an organization, represent the individuals with legal capacity to sign on behalf of such organization, which has the legal authority to act under this Application.

- I intend to use a signature plate or stamp. If so, you must sign a Checkwriting Indemnification form in addition to this Application. Forms are available from your sales representative or you may call the Trust at 1-800-298-3442.

5. TELEPHONE PRIVILEGES

You will automatically receive telephone exchange, purchase, redemption and inquiry privileges, exercisable by any Authorized Person as defined in Section 7 of this Application, with respect to your account as disclosed in the prospectus.

If you do not want these privileges, please check the box below.

- I/We DO NOT want telephone exchange, purchase, redemption and inquiry privileges.

I/We hereby authorize the Trust to honor any telephone or telegraph inquiries, instructions and requests to have amounts withdrawn from my/our account and wired, mailed or electronically transmitted to my/our bank account designated below. I/We hereby agree that neither the Trust, State Street Bank & Trust Co., nor ALPS Fund Services, Inc. will be liable for any loss, liability, cost or expense for acting upon telephone instructions that are reasonably believed genuine in accordance with the procedures described in the prospectus. Accordingly, I/we, as a result of this policy, may bear the risk of fraudulent telephone transactions.

Check Writing Authorization Form

Account No. Fund Name
Name of Authorized Signer Date
Signature
Name of Authorized Co-Signer Date
Signature
What signatures are required on checks?
Only one Both

6. BANK INFORMATION

Name of Bank _____

Street _____

City _____

State _____

Zip Code _____

Name(s) in which your bank account is registered _____

Your bank account number _____

Your bank ABA# _____

7. AUTHORIZED PERSONS

I/We hereby certify that the following person(s) ("Authorized Person(s)") is/are authorized to direct the Trust to take actions on my/our behalf. Changes can be made only with signature guarantees. Please include certified copies of articles of incorporation, business licenses, partnership agreements or trust instruments, as applicable, as well as a corporate resolution or other documentation that indicates who is authorized to act on behalf of the account. Applications without such information will not be accepted. Also, please fill in section 7A below with information about the authorized person(s). For additional authorized persons please attach an accompanying sheet including name, address, social security number, and date of birth for each. A Personal Identification Number (PIN) will be provided via mail by the Trust. **(Attach an additional sheet if necessary.)**

Authorized Person(s)

Print Name _____

Signature _____

7A. Required Identity Information

Authorized Individual:

First Name _____

Middle Initial _____

Last Name _____

Social Security Number _____

Date of Birth _____

Address of Residence (no P.O. Boxes) _____

City _____

State _____

Zip _____

Please check this box if you are exempt from providing customer identification information and the basis for such exemption. In addition, please provide documentation confirming that you satisfy the exemption.

8. SIGNATURES

I/We hereby certify that the undersigned is duly organized and existing and has the power to take the action called for by this Account Application. I/We hereby certify that each of the persons listed below have been duly elected or appointed and are now legally holding the office opposite his name or her name. I/We hereby certify and agree that the above certifications, authorizations and agreements in this document will continue until the Trust receives actual written notice of any changes thereof. This order is subject to acceptance by the Trust. I/We acknowledge that I/we have received, read and understand the current prospectus. I/We agree that the Trust, State Street Bank & Trust Co., ALPS Fund Services, Inc., ALPS Distributors, Inc., or any of their subsidiaries, affiliates, officers, directors, or employees will not be liable for any loss, claim, expense or cost and I/we agree to indemnify the same from any losses and damages, for acting upon instructions or inquiries, including telephone redemptions and exchanges, believed to be genuine in accordance with the procedures described in the current prospectus. I/We understand that shares of the Trust are, are not bank deposits and are not backed by or guaranteed by any bank, and are not insured by the FDIC, the U.S. Government, the Federal Reserve Board or any other governmental agency or insurer. This authorization shall continue until the Trust receives notice of modification signed by all appropriate parties. This account is subject to the terms of the prospectus, as amended from time to time. All terms shall be binding upon representatives and assignees of the account owners. I/We acknowledge that I/we understand past performance is not indicative of future returns. I/We confirm that the purchase of shares of the Trust are in compliance with applicable state and/or local statutes and/or internal investment policy guidelines.

Tax Certification - The undersigned hereby certify under penalties of perjury that (1) all information provided herein is true and correct (2) the number shown on the Application is the Applicant's correct tax identification number and (3) Applicant is not subject to back-up withholding, either because: Applicant has not been notified by the Internal Revenue Service (IRS) that it is subject to back-up withholding due to its underreporting of interest or dividends; or the IRS has notified Applicant that it is no longer subject to back-up withholding, and (4) I/we am/are a U.S. Person(s) (including a U.S. resident alien). Please note: If the IRS has notified Applicant that it is subject to back-up withholding because of underreporting, and it has not terminated that notice, please strike out part (3) above before signing.

The Internal Revenue Service does not require your consent to any provision of the document other than the certifications required to avoid backup withholding. We are a tax-exempt organization.

Signature _____

Name & Title (please print) _____

Date _____

Signature _____

Name & Title (please print) _____

Date _____

9. DUPLICATE CONFIRMATIONS AND STATEMENTS

INVESTMENT PROFESSIONAL USE ONLY

To the Attention of _____

Name of Organization _____

Street Address _____

City _____

State _____

Zip Code _____

We hereby submit this Application for the purchase of shares in accordance with the terms of our selling agreement with the Trust/ALPS Distributors, Inc.

Dealer Number _____ Branch Number _____

Representative Number _____

Representative's Last Name _____

Firm Name _____

Branch Address _____

(Street address not P.O. Box)

City _____ State _____ Zip Code _____

Representative's Telephone Number _____

Mail this completed application to: **Financial Investors Trust
P.O. Box 44035
Denver, CO 80201-4035**