AQR | FUNDS

ROTH IRA APPLICATION - Class N Shares

P.O. BOX 2248, Denver, CO 80201-2248

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. We may also ask to see your driver's license or other identifying documents.

SECTION 1: Account Registration

Owner's Name

Address of Residence - *P.O. Box is not accepted*

City, State, Zip Code

Mailing Address- If different from above *(P.O. Boxes accepted)*

City, State, Zip Code

( ) Day Phone ( ) Evening Phone

E-mail Address

Owner's Social Security Number Date of Birth *(MM/DD/YY)*

SECTION 2: Contribution Type

Contribution Type:

- ❑ Regular or Spousal IRA For the year_____
- ❑ Transfer
- ❑ Rollover from another Roth IRA
- ❑ Conversion

■ If no tax year is indicated, contribution is posted for the tax year it is received.

SECTION 3: Investment Selection

How would you like to make your initial fund purchase?

❑ **Check** - Make your personal or rollover check payable to AQR Funds and enclose it with your application.

❑ **Electronically -** Make a one-time withdrawal from the bank account listed in section 5 for amount indicated below.

Investment Minimums:
Class N Shares - $5,000

Fund Name	Amount
AQR Diversified Arbitrage Fund – Class N	$_____
AQR Global Equity Fund – Class N	$_____
AQR International Equity Fund – Class N	$_____
AQR Managed Futures Fund – Class N	$_____
Total Amount	$_____

SECTION 4: Automatic Investment Plan

❑ Yes *(Please complete below)* ❑ No

This option allows you to make automatic investments (must be at least $100 per month per fund) into your AQR Funds account directly from your bank checking or savings account.

Fund Name	Amount
AQR Diversified Arbitrage Fund – Class N	$_____
AQR Global Equity Fund – Class N	$_____
AQR International Equity Fund – Class N	$_____
AQR Managed Futures Fund – Class N	$_____
Total Amount	$_____

How often would you like to invest?

❑ Monthly ❑ Quarterly ❑ Annually

On or about which date? *(e.g., 2nd, 15th)*

If no date is specified, withdrawals will be made on or about the 20th of each term *(month, quarter, year)*.

■ Please provide **bank information** in Section 5.

SECTION 5: Bank Information

Please provide bank information if you are establishing an automatic investment plan.

Account type: ❑ Checking ❑ Savings

Name on Bank Account

Bank Name

Bank Account Number

Routing Number

ABA Routing Number

Account Number

Please attach a voided check or savings deposit slip from the specified bank account.

I authorize AQR Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that AQR Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to AQR Funds. The termination request will be effective as soon as AQR Funds has had reasonable time to act upon it.

SECTION 6: Telephone & Online Privileges

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

- ❑ I **DO NOT** want any telephone privileges.
- ❑ I **DO NOT** want online privileges.

SECTION 7: eDelivery

eDelivery allows you to receive your AQR Funds account statements, transaction confirmations, and shareholder mailings via e-mail.

❑ Check here to sign up for eDelivery.

SECTION 8: Designation of Beneficiary(ies)

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). **If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary.** If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary or contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA.

❑ **Primary** ❑ **Contingent** **Share %** _____

Beneficiary Name

Address of Residence

( ) Day Phone ( ) Evening Phone

E-mail Address

Beneficiary Social Security Number Date of Birth *(MM/DD/YY)*

❑ **Primary** ❑ **Contingent** **Share %** _____

Beneficiary Name

Address of Residence

( ) Day Phone ( ) Evening Phone

E-mail Address

Beneficiary Social Security Number Date of Birth *(MM/DD/YY)*

Spousal Consent:
This section should be reviewed if the residence of the Roth IRA holder is located in a community or marital property state and the Roth IRA holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

CURRENT MARITAL STATUS

❑ **I Am Not Married –** I understand that if I become married in the future, I must complete a new Roth IRA Designation Of Beneficiary form.

❑ **I Am Married –** I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

SECTION 8: Designation of Beneficiary(ies) (continued)

CONSENT OF SPOUSE
I am the spouse of the above-named Roth IRA holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this Roth IRA, I have been advised to see a tax professional.

I hereby give the Roth IRA holder any interest I have in the funds or property deposited in this Roth IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

Signature of Spouse Date *(MM/DD/YY)*

Signature of Witness Date *(MM/DD/YY)*

SECTION 9: Signature(s)

I understand the eligibility requirements for the type of Roth IRA deposit I am making and I state that I do qualify to make the deposit. I have received a copy of the Application, 5305-RA Plan Agreement, the Financial Disclosure and the Disclosure Statement. I understand that the terms and conditions which apply to this Roth IRA are contained in this Application and the Plan Agreement. I agree to be bound by those terms and conditions. Within seven (7) days from the date I open this Roth IRA I may revoke it without penalty by mailing or delivering a written notice to the Custodian.

I assume complete responsibility for

1. Determining that I am eligible for a Roth IRA each year I make a contribution.
2. Ensuring that all contributions I make are within the limits set forth by the tax laws.
3. The tax consequences of any contribution *(including rollover contributions)* and distributions.

I am of legal age, have received and read the Prospectus for the Funds in which I am investing and agree to the terms therein. Under penalties of perjury, I hereby certify that (1) my Tax ID (Social Security) number is correct and (2) I am not subject to back-up withholding because: a) I am exempt from the back-up withholding; (b) I have not been notified by the Internal Revenue Service (IRS) of being subject to back-up withholding as a result of a failure to report all interest or dividends; or (c) The IRS has provided notification to me that I am no longer subject to back-up withholding (3) I am a U.S. person (including a U.S. Resident Alien). I understand that if I have been notified by the IRS that I am subject to back-up withholding as a result of dividend or interest underreporting and I have not received a notice from the IRS advising me that back-up withholding is terminated I must strike or cross out the information contained in item 2 above. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.

I authorize AQR Funds, and it's agents to act upon instructions (by phone, in writing or other means) believed to be genuine for this account or any account into which exchanges are made. I agree that neither AQR Funds nor its agents and affiliates will be liable for any loss, cost or expense for acting on such instructions, provided the Fund employs reasonable procedures to confirm that instructions are genuine.

Owner's Signature Date

Acceptance by Custodian shall consist of a confirmation of transaction statement issued by the Custodian: Colorado State Bank and Trust, N.A., c/o ALPS Fund Services, Inc., 1290 Broadway, Suite 1100, Denver, CO 80203.

Please mail completed form to:

Regular Mail:
AQR Funds
P.O. Box 2248
Denver, CO 80201-2248

Overnight Mail:
AQR Funds
1290 Broadway, Ste 1100
Denver, CO 80203

If you have any questions, please contact an Investor Service Representative at 1-866-290-2688.