

# Ancora Funds

## NEW ACCOUNT AGREEMENT INSTRUCTIONS

### INVESTOR INFORMATION

As an investor, you are responsible for selecting a form of ownership that complies with the laws of your state of residence. Consult your attorney if you need assistance.

1. **Individual** – An account that represents one adult’s self-controlled investment.
2. **Joint Accounts** are owned by 2 or more adults. Since there are several options, please select a type of joint ownership on the New Account Form. If you do not, Joint Tenants with Rights of Survivorship will apply to your account.
  - **Joint Tenants with Rights of Survivorship (JTWROS)** – Each tenant owns all shares equally. Upon the death of a tenant, the surviving tenant(s) takes ownership of the account.
  - **Tenants in Common (TEN COM)** – Each tenant owns a divisible interest that may not be equal (e.g., 40% and 60%). Upon the death of owner, the survivor maintains ownership of his/her percentage and the descendant’s shares pass to his/her heirs. On the New Account Form, please enter the percentage of ownership next to each tenant’s name.
  - **Tenants by the Entirety (TEN ENT)** – This registration applies only in certain states between spouses and each has a full interest in the account. Upon the death of one, the surviving spouse takes ownership of the account.
3. **Uniform Gift to Minor’s Act or Uniform Transfer to Minor’s Act (UGMA or UTMA)** – One adult serves as custodian to oversee an investment for one minor. The Custodian has authority, controlling the account for the child’s benefit until the child reaches the age of majority.
  - **Power of Attorney** – Select this registration to include the name of the Power of Attorney in the registration and authorize the POA and investor to act on an account. The account owners and POA must complete an Indemnification Agreement for Power of Attorney registration and provide a Power of Attorney document originally certified within the last 60 days to establish the account.
  - **Guardian or Conservator** – A court-appointed fiduciary that has care of the person or property of another. A Guardian or Conservator controls the investment; ownership remains with the person who is incapable of carrying out his/her financial affairs. Must provide Letters of Guardianship or Letters of Conservatorship originally certified within the last 60 days to establish the account.
  - **Executor/Estate** – An individual appointed by Will or by the court to administer a descendant’s estate. Must provide Letters, Testamentary, short Certificate, or Order of Appointment originally certified within the last 60 days to establish the account.
4. **Trust Under Agreement or Will** – An agreement that appoints a Trustee to manage property in the best interest of another or to administer a Trust according to the terms of a Will. A complete copy of the Trust Agreement certified within the last 60 days must be provided to establish the account. A notification from the shareholder will be required when the account is redeemed.
5. **Corporation, Partnership or Other Business Entity** – (Must provide a Corporate Resolution or Certificate of Incumbency originally certified within the last 60 days to establish the account.) If publicly traded, you must provide CUSIP Number, Ticker Symbol, and exchange. If not publicly traded, official documentation to verify the entity’s form of organization is required.
  - **Corporation** – The word “Incorporated”, “Corporation”, or the abbreviation “PC” is included in the name of the organization.
  - **Partnership** – The word “Partnership” is included in the name of the organization.
  - **Non-Profit** – Includes charitable, religious and welfare organizations.
  - **Non-Exempt** – Includes clubs, groups and organizations.

### FUND SELECTION AND INITIAL INVESTMENT

Please mark the fund name along with the share class (if applicable). If you invest in more than one fund and send one check, be sure to enter the dollar amount you want to invest in each fund.

### QUESTIONS?

If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-866-626-2672.

**\*\*\* A physical U.S. address and taxpayer identification number as well as a date of birth are required for all accounts.  
P.O. Boxes are not acceptable.**

**Note: To open an Individual Retirement Account, please request an IRA New Account Form.**

# Ancora Trust

## NEW ACCOUNT AGREEMENT

**IMPORTANT:** In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) 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 other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. We will return your application if any of this information is missing. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-866-626-2672.

### PART I: INVESTOR INFORMATION (\* Denotes Required Information)

- To open any ONE of the following type of accounts – Please check the appropriate box.
- **Please do not use this application for an IRA/Roth/SEP-IRA account. A separate IRA/Roth/SEP-IRA account application is available for these account types.**

Individual or  Joint Account (  Joint Tenants with Rights of Survivorship  Tenants in Common  Tenants by the Entirety)

Owner's Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Street Address (Physical Address)\* Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Co-Owner's Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Street Address (Physical Address)\* Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Co-Owner's Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Street Address (Physical Address)\* Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

U.S. Citizen  Resident Alien (Country) \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

*For mailing outside of U.S., provide:*

Country of Residence \_\_\_\_\_ Province \_\_\_\_\_ Foreign Routing/Postal Code \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Uniform Gift to Minor's Act or Uniform Transfer to Minor's Act (UGMA or UTMA)

Custodian's Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Street Address (Physical Address)\* Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Minor's Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Street Address (Physical Address)\* Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**Please provide:**

- Power of Attorney** – Must provide a document originally certified within the past 60 days.
- Executor/Estate** – Must provide a document originally certified within the past 60 days.
- Guardian** – Must provide a document originally certified within the past 60 days.
- Conservator** – Must provide a document originally certified within the past 60 days.

**Trust Under Agreement or Will**

- Required** – A complete copy of the Trust Agreement dated within the past 60 days.
  - This application must be signed and completed for all trustees.
- If you require additional space, please include information on a separate sheet of paper.

Name of Trust*	Date of Trust*	Tax Identification Number*
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Trustee* (First, M.I., Last)	Date of Birth*	Social Security Number*
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Street Address (Physical Address)* Apartment #	City*	State* Zip Code*
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>
Mailing Address (if different from above)	City	State Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>

**Co-Trustee, if any:**

Name of Trustee* (First, M.I., Last)	Date of Birth*	Social Security Number*
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Street Address (Physical Address)* Apartment #	City*	State* Zip Code*
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>
Mailing Address (if different from above)	City	State Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>

**Corporation, Partnership, or Other Business Entity**

- Required** – A certified copy of the corporate resolution dated within the past 60 days.
  - This application must be signed and completed for all corporate officers whose signatures are required under the corporate by-laws and anyone authorized to place transactions on this account.
- If you require additional space, please include information on a separate sheet of paper.

**Type of Entity:**

- Corporation   
  Non-Profit   
  Partnership   
  Non-Exempt   
  Other: (specify) \_\_\_\_\_

If publicly traded, Exchange Number: \_\_\_\_\_ CUSIP: \_\_\_\_\_ Ticker Symbol: \_\_\_\_\_

Name of Corporation, Partnership or Other Entity*	Tax Identification Number*
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Street Address (Physical Address)* Apartment #	City* State* Zip Code*
<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>
Mailing Address (if different from above)	City State Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>
Name of Representative* (First, M.I., Last)	Date of Birth* Social Security Number*
<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>
Street Address (Physical Address)* Apartment #	City* State* Zip Code*
<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>
Name of Representative* (First, M.I., Last)	Date of Birth* Social Security Number*
<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>
Street Address (Physical Address)* Apartment #	City* State* Zip Code*
<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>

**Contact Information (for UGMA, UTMA, Trust, Corporate, or Other Business Entity)**

Name of Contact*	Telephone Number*
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Contact*	Telephone Number*
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Contact*	Telephone Number*
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**PART II: FUND SELECTION AND INITIAL INVESTMENT**

The completion of this section is **REQUIRED**.

**A.** Select the fund(s) you want to invest in now. **B.** Next to the fund name, indicate the amount of your investment. Refer to the prospectus for purchase requirements. **C.** Check if you want your dividend and capital gains distributions paid in cash. Unless noted, it will **AUTOMATICALLY BE REINVESTED** to buy more shares. **D.** Indicate the **TOTAL** amount you are investing. Redemption proceeds of shares purchased by check are not available for 15 calendar days.

A. FUND CHOICE	SHARE CLASS (if applicable)	B. AMOUNT	C. DIVIDENDS		CAPITAL GAINS
			CASH	CASH	CASH
<input type="checkbox"/> Ancora Income Fund	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ancora Equity Fund	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ancora Special Opportunity Fund	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ancora MicroCap Fund	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ancora/Thelen Small-Mid Cap Fund	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. TOTAL</b>		\$ <input type="text"/>			

**Note:** Normally, a check is mailed to the address of record. If you want payments deposited to your bank account instead, check this box  and complete the bank account information section.

**Note: Only applicable for multi-class funds.** (a) Class C shares will be purchased if no share class is indicated. (b) Refer to the prospectus for more information on minimum initial investment amount.

**Payment Method**

You can open your account by either of these methods. Please check your choice:

- By Check** Enclose a check payable to the Ancora Funds for the total shown on Line D above.
- By Wire** For wire instructions call Shareholder Services at 1-866-626-2672.

*(Third party checks, money orders, cashier checks, credit card checks, and cash are not acceptable)*

**PART III: ON DEMAND TELEPHONE INVESTMENT/WITHDRAWAL PROGRAM**

*(Via Automated Clearing House – ACH)*

By checking this box, I authorize Ancora Trust to act upon telephone instructions for investments into or withdrawals from my mutual fund account.

Telephone instructions may be provided by any registered owner or the broker/dealer of record. Telephone requests for investments or withdrawals can be made on any day the Fund(s) are open for business. Requests must be received by the close of trading of the NYSE, normally 4 p.m. (Eastern) (Redemption proceeds of shares purchased by check are not available until payments for those shares are collectible. This may take up to fifteen (15) calendar days.) *Complete Bank Account Information Section Part VI.*

**PART IV: TELEPHONE EXCHANGE & REDEMPTION PRIVILEGE**

By checking this box, I (We) hereby authorize the Ancora Funds to accept and act upon telephone instructions from any registered owner or the broker/dealer of record for the redemption of shares and/or the exchange of shares between one or more of the Funds in the Ancora Funds having identical registrations. In the case of telephone redemptions, a check will be mailed to the address and owners listed on my account. (Redemption proceeds of shares purchased by check are not available until payments for those shares are collectible. This may take up to fifteen (15) calendar days.)

**PART V: SYSTEMATIC INVESTMENT/WITHDRAWAL PROGRAMS**

The completion of this section is optional.

Systematic Investment and Systematic Withdrawal allow you to move money between your bank account and your mutual fund account via ACH (Automated Clearing House) on a scheduled basis. Please refer to your prospectus for transaction minimums and further information.

I AM INTERESTED IN SIGNING UP FOR:  SYSTEMATIC INVESTMENT PROGRAM  SYSTEMATIC WITHDRAWAL PROGRAM

I authorize Ancora Trust to initiate investments into or withdrawals from my mutual fund account in each of the following months:

- Annually       Semi-Annually       Quarterly       Bi-Weekly       Specific Months (specify):  
 January       February       March       April       May       June  
 July       August       September       October       November       December

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

Redemption proceeds of fund shares purchased via ACH are not available for a period of fifteen (15) calendar days. Please provide all of your bank account information **AND** attach a voided check or deposit slip where requested in Part VI.

**PART VI: BANK ACCOUNT INFORMATION**

Bank Name \_\_\_\_\_ ABA number (if known) \_\_\_\_\_

Bank Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name(s) on Bank Account \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Name(s) on Bank Account \_\_\_\_\_

Please attach one voided check or deposit ticket.  Checking  Savings

John and Jane Doe 1003  
 123 Any Street  
 Anytown, USA 12345 Date \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ DOLLARS

Tape your voided check or preprinted  
 deposit slip here.

Please do not use staples to attach it.

BANK NAME \_\_\_\_\_  
 BANK ADDRESS \_\_\_\_\_

MEMO \_\_\_\_\_

0: 123456789: 00 123456789 00 : 1003

**PART VII: DUPLICATE ACCOUNT STATEMENT**

Yes, please send a duplicate account statement to:

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PART VIII: SIGNATURE**

The completion of this section is **REQUIRED**.

By signing this form, I represent and warrant that: (a) I am of legal age in my state of residence and wish to purchase shares of the Fund as described in the current Prospectus; and (b) I have the full right, power and authority to invest in the Fund; and (c) I have received a current Prospectus of the Fund and agree to be bound by its terms; and (d) I understand that no certificates will be issued and that my confirmation statement will be evidence of my ownership of fund shares.

**Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).**

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividend, you are not required to sign the Certification, but you must provide your correct TIN. (See IRS Form W-9, which is available from the Fund, for more information).

Non-U.S. Investors must furnish a social security number or taxpayer identification number. Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are required to furnish corporate resolutions or similar documents providing evidence that they are authorized to effect securities transactions on behalf of the Investor (alternatively, the secretary or designated officer of the organization must certify the authority of the persons signing on the space provided below). In addition, signatures of representatives or fiduciaries of corporations and other entities must be accompanied by a New Technology signature guarantee by a commercial bank that is a member of the Federal Deposit Insurance Corporation, a trust company or a member of a national securities exchange.

**X**  
 \_\_\_\_\_  
 Shareholder, Custodian, Trustee, or Authorized Officer      Date

**X**  
 \_\_\_\_\_  
 Shareholder, Custodian, Trustee, or Authorized Officer      Date

**X**  
 \_\_\_\_\_  
 Shareholder, Custodian, Trustee, or Authorized Officer      Date

**X**  
 \_\_\_\_\_  
 Shareholder, Custodian, Trustee, or Authorized Officer      Date

**FOR DEALER USE ONLY**

Financial Institution Name  
 \_\_\_\_\_

Representative's Full Name  
 \_\_\_\_\_

Address  
 \_\_\_\_\_

Representative's Branch Office Telephone Number  
 \_\_\_\_\_

City  
 \_\_\_\_\_

State  
 \_\_\_\_\_

Zip Code  
 \_\_\_\_\_ - \_\_\_\_\_

Dealer Number  
 \_\_\_\_\_

Branch Number  
 \_\_\_\_\_

Representative Number  
 \_\_\_\_\_

**X**  
 \_\_\_\_\_  
 Representative's Signature

**X**  
 \_\_\_\_\_  
 Supervisor's Signature

**MAILING INSTRUCTIONS**

Please send completed form to: **Regular Mail Delivery or Overnight Delivery**  
 Ancora Funds  
 8000 Town Centre Drive, Suite 400  
 Broadview Heights, OH 44147

# Ancora Funds

## INDIVIDUAL RETIREMENT ACCOUNT (IRA) NEW ACCOUNT AGREEMENT AND ACCOUNT APPLICATION

**IMPORTANT:** In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) 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 other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. We will return your application if any of this information is missing. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-866-626-2672.

**Please note that a \$8.00 annual maintenance/custodian fee will be charged for each type of IRA account.**

Use this form to establish your mutual fund IRA.

To move funds from another plan, complete and return one of the enclosed forms with this New Account Agreement.

- I am enclosing a Request for Transfer Form to move funds from another financial institution.
- I am enclosing a Request for Direct Rollover Form to move funds from an Employer's Qualified Retirement Plan or 403(b) plan.

### PART I: INVESTOR INFORMATION (\* Denotes Required Information)

Owner's Name* (First, M.I., Last)	Date of Birth*	Social Security Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address (Physical Address)*	Apartment #	City*	State*	Zip Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address (if different from above)	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (Country) _____	Daytime Phone	Evening Phone
	<input type="text"/>	<input type="text"/>

*For mailing outside of U.S., provide:*

Country of Residence	Province	Foreign Routing/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

### PART II: ACCOUNT INFORMATION

#### A. Choose IRA Type Below:

- Regular/Spousal IRA Account  
  Transfer  
  Rollover IRA  
  SEP-IRA  
  Roth  
  Conversion (Rollover) from Traditional IRA\*

\* **Roth Conversion IRA** – I intend to keep this contribution in a separate account as a Roth Conversion IRA.    Yes    No

#### B. Type of Contribution:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Regular / Spousal IRA   | <input type="checkbox"/> Rollover from SIMPLE IRA                   | <input type="checkbox"/> SEP IRA (Attach IRS Form 5305) |
| <input type="checkbox"/> Transfer from SIMPLE IRA  | <input type="checkbox"/> Rollover from IRA                          | <input type="checkbox"/> Rollover from QP or TSA        |
| <input type="checkbox"/> Transfer from IRA   | <input type="checkbox"/> Direct Rollover from QP or TSA             | <input type="checkbox"/> Transfer from Roth IRA         |
| <input type="checkbox"/> Roth IRA  | <input type="checkbox"/> Conversion (Rollover) from Traditional IRA |   |
| <input type="checkbox"/> Conduit (Note: If you are moving assets from a qualified plan or TSA and do not want to commingle these with regular IRA contributions select this option.) |   |   |

**For Roth IRA:** 5 Year Holding Period Starting: (specify date) \_\_\_\_\_

*NOTE: To convert an IRA held by another financial institution, complete this New Account Agreement and a Request for Transfer Form.*

#### C. Transfer funds from another financial institution or Custodian (Check only one)

- Transfer of assets from another financial institution *(Complete the Request for Transfer Form).*
- Direct Rollover from a qualified plan or tax shelter *(Complete the Request for Direct Rollover Form).*
- Transfer In Kind – To change the Custodian on your existing IRA, provide the:

Fund Name

Account Number

**PART III: FUND SELECTION AND INITIAL INVESTMENT**

The completion of this section is **REQUIRED**.

A. Select the fund(s) you want to invest in now. B. Next to the fund name, indicate the amount of your investment. Refer to the prospectus for purchase requirements. C. Select the tax year for which you are making a contribution. D. Indicate the **TOTAL** amount that you are investing.

A. FUND CHOICE	SHARE CLASS (if applicable)	B. AMOUNT	C. TAX YEAR
<input type="checkbox"/> Ancora Income Fund		\$	
<input type="checkbox"/> Ancora Equity Fund		\$	
<input type="checkbox"/> Ancora Special Opportunity Fund		\$	
<input type="checkbox"/> Ancora MicroCap Fund		\$	
<input type="checkbox"/> Ancora/Thelen Small-Mid Cap Fund		\$	
<input type="checkbox"/>		\$	
<input type="checkbox"/>		\$	
<input type="checkbox"/>		\$	
<b>D. TOTAL</b>		\$	

**Payment Method**

You can open your account by either of these methods. Please check your choice:

- By Check**                      Enclose a check payable to the Ancora Funds for the total shown on Line D above.
- By Wire**                        For wire instructions call Shareholder Services at 1-866-626-2672.
- Direct Transfer**                Funds will be transferred directly from another IRA, SEP-IRA, or retirement plan.  
If a direct transfer, please also complete and attach the IRA Transfer Request Form.

*(Third party checks, money orders, cashiers checks, credit card checks, and cash are not acceptable)*

**PART IV: BENEFICIARY INFORMATION**

When the Custodian receives proper instructions, your IRA assets will be distributed to the beneficiary you designate in this section. If the primary beneficiary does not survive you, your IRA assets will be distributed to the secondary beneficiary. In the event all beneficiaries are deceased, distribution is made to your estate. If you name more than one beneficiary in a class (primary or secondary), indicate a percentage for each; the percentages must total 100%. All surviving beneficiaries within the class will share equally if you do not indicate percentages.

To name a Trust as your beneficiary, attach a copy of the Trust Agreement to this form. Enter the name, date, and Social Security or Tax Identification Number of the Trust and address of the Trustee below. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested below and indicates whether the beneficiaries are primary or secondary. Sign and date the sheet. You may change your beneficiaries at any time by sending written instructions to the Custodian.

**Note:** *If you live in a marital or community property state, and your spouse is not the sole primary beneficiary, your spouse must sign the consent in Part VII of this form.*

**Primary Beneficiary (Required)**

Name		Relationship to Owner	
<input type="text"/>		<input type="text"/>	
Street Address (P.O. Box is not accepted)			Apartment Number
<input type="text"/>			<input type="text"/>
City		State	Zip Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Date of Birth	Social Security Number	Percentage	Date of Trust (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



**Secondary Beneficiary (Required)**

Name  Relationship to Owner

Street Address (P.O. Box is not accepted)  Apartment Number

City  State  Zip Code

Date of Birth  Social Security Number  Percentage  % Date of Trust (if applicable)

**PART V: ACCOUNT SERVICE OPTIONS FOR YOUR IRA**

**Systematic Investment Program (SIP)** allows regular additions to your account. Make monthly or quarterly automatic investments of at least \$50 to your IRA from any commercial bank, savings bank, or credit union that is an Automated Clearing House (ACH) member. You choose the amount to invest and the date of the transaction. *Important:* Contributions made to your IRA using SIP will be for the current tax year. Keep this in mind for investments made from January 1 through April 15.

**Bank Account Information**

Provide information about your checking or savings account to establish a Systematic Investment Program by ACH. Please select one of the following:

- Attach a voided check or deposit slip for your bank account. *Please use tape; do not staple.*
- Provide information about your bank account below.

**Enter your checking or savings account information:**

Name of Bank  Bank's Phone Number

Bank Address  ABA Routing Number

City  State  Zip Code

Name(s) on Bank Account  Bank Account Number

Account Type:  Checking  Savings

John and Jane Doe 1003  
 123 Any Street  
 Anytown, USA 12345 Date \_\_\_\_\_

Tape your voided check or preprinted deposit slip here.

Please do not use staples to attach it.

PAY TO THE ORDER OF \_\_\_\_\_ \$  DOLLARS

BANK NAME \_\_\_\_\_  
 BANK ADDRESS \_\_\_\_\_

MEMO \_\_\_\_\_

**Systematic Investment Program (SIP)** – I authorize the fund(s) to withdraw money from my bank account and purchase shares for my IRA as follows. I understand this privilege will be effective after the verification process. If the date I choose falls on a weekend, my investment will occur the following business day. If I do not enter a date, the investments will initiate on the 15<sup>th</sup>.

**Account 1**

Fund Name

Share Class or Fund Number

Amount (\$)                      Date  
 /  /

Frequency:  All Months     Twice a Month  
 Other (Check months below)  
 Jan     Feb     Mar     Apr  
 May     June     July     Aug  
 Sept     Oct     Nov     Dec

**Account 2**

Fund Name

Share Class or Fund Number

Amount (\$)                      Date  
 /  /

Frequency:  All Months     Twice a Month  
 Other (Check months below)  
 Jan     Feb     Mar     Apr  
 May     June     July     Aug  
 Sept     Oct     Nov     Dec

**PART VI: INVESTOR'S SIGNATURE**

As the Depositor identified above, I state that by signing this New Account Agreement, I intend to adopt the individual retirement account specified above. I agree to be bound by the U.S. Bank, N.A. Individual Retirement Custodial Account Agreement for the IRA in reference and the Disclosure Statement for the U.S. Bank, N.A. Retirement Custodial Account for the IRA in reference, copies of which have been furnished to me and which are incorporated in this New Account Agreement by reference. I appoint U.S. Bank N.A. as the custodian of my Custodial Account. I represent and certify that I have received the U.S. Bank, N.A. Retirement Custodial Account Agreement for the IRA in reference and the Disclosure Statement for the U.S. Bank, N.A. Individual Retirement Custodial Account for the IRA in reference at least seven days before the date hereof and I certify that I have read both. I also certify that I have been provided and have read the prospectus(es) for the mutual funds listed on this New Account Agreement; I acknowledge that these mutual fund(s) are not obligations of or guaranteed by a financial institution and that my deposits are not insured by the FDIC or any other governmental agency. I certify that the information provided is correct.

  X    
 \_\_\_\_\_  
 Investor's Signature

\_\_\_\_\_  
 Date

**PART VII: SPOUSAL CONSENT**

If you are married and a resident of a community property or marital property state, you need your spouse's consent to designate a beneficiary other than your spouse. It is your responsibility to determine if spousal consent requirements apply to your beneficiary selection. The following spousal consent is provided as an accommodation; the Custodian is not responsible for determining its necessity or validity.

(Community property states: AZ, CA, ID, LA, NV, MN, TX, WA, WI)

I am the spouse of the Depositor identified above. I consent to my spouse's beneficiary designation as set forth in Part IV of this form. I hereby transfer to my spouse and waive all of my right, title and interest in and to the funds and property held in the IRA established under this New Account Form. I understand that I will receive nothing from my spouse's (the Investor's) IRA upon the death of my spouse and that the person or persons designated as primary beneficiary or secondary beneficiary will receive the amounts in the IRA. I understand the legal, economic, and tax consequences of this consent and transfer and have been informed of the nature and extent of my spouse's property, estate and obligations. I have been advised to seek professional advice to the extent needed to provide a fully informed and voluntarily consent, transfer and waiver, and hereby knowledge that this consent and transfer is voluntary.

  X    
 \_\_\_\_\_  
 Signature of Spouse

\_\_\_\_\_  
 Date

  X    
 \_\_\_\_\_  
 Notary Signature

\_\_\_\_\_  
 Date

SEAL

**PART VIII: DUPLICATE ACCOUNT STATEMENT**

Yes, please send a duplicate statement to:

Name

Street Address

City

State

Zip Code

**FOR DEALER USE ONLY**

Financial Institution Name

Representative's Full Name

Address

Representative's Branch Office Telephone Number

City

State

Zip Code

Dealer Number

Branch Number

Representative Number

**X**

Representative's Signature

**X**

Supervisor's Signature

**MAILING INSTRUCTIONS**

Please send completed form to:

**Regular Mail Delivery or Overnight Delivery**

Ancora Funds  
8000 Town Centre Drive, Suite 400  
Broadview Heights, OH 44147

# Ancora Funds

## INDIVIDUAL RETIREMENT ACCOUNT (IRA) REQUEST FOR TRANSFER

**IMPORTANT:** In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) 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 other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. We will return your application if any of this information is missing. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-866-626-2672.

To transfer funds from an IRA with another financial institution, complete a New Account Agreement (unless the proceeds will purchase shares in an existing account) and this Request for Transfer Form. We will establish your IRA and send a letter of acceptance to the financial institution currently holding your IRA to complete the transfer.

### PART I: INVESTOR INFORMATION (\* Denotes Required Information)

Owner's Name* (First, M.I., Last)	Date of Birth*	Social Security Number*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (Physical Address)*	Apartment #	City*	State* Zip Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different from above)		City	State Zip Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (Country) _____	Daytime Phone	Evening Phone	
	<input type="text"/>	<input type="text"/>	
<i>For mailing outside of U.S., provide:</i>			
Country of Residence	Province	Foreign Routing/Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### PART II: INFORMATION ABOUT THE IRA YOU ARE TRANSFERRING

Firm Currently Holding Your IRA	Name on Account
<input type="text"/>	<input type="text"/>
Street Address or Box Number (Include Suite Number)	Account Number
<input type="text"/>	<input type="text"/>
City	State Zip Code
<input type="text"/>	<input type="text"/>
Name of Contact	Contact's Phone Number
<input type="text"/>	<input type="text"/>

### PLEASE ATTACH A STATEMENT FOR THE IRA YOU ARE TRANSFERRING

#### A. Type of IRA (Check only one)

- Traditional IRA     Rollover IRA     SEP-IRA     Roth Contribution IRA     Roth Conversion IRA

#### B. Investment Type (Check only one)

- Transfer of assets from another financial institution (Complete New Account Form).
- Transfer of assets from another financial institution to Roth Conversion IRA (Complete New Account Form and Withholding Instructions section of this form.)
- Transfer In Kind – Regarding your existing IRA, provide the:

Fund Name	Account Number
<input type="text"/>	<input type="text"/>

**PART III: TRANSFER INSTRUCTIONS**

**Check One:**

- This is a new account; a completed New Account Agreement is attached. Allocate my assets as listed below.
- The proceeds of this transfer will purchase shares into my existing account as listed below.

**Transfer Allocation**

List the fund(s) into which proceeds will be transferred. Using whole percentages, the total must add up to 100%. (Class C Shares will be purchased if no share class or fund number is indicated, where applicable.)

A. FUND CHOICE	SHARE CLASS (if applicable)	B. PERCENTAGE
<input type="checkbox"/> Ancora Income Fund	[ ]	[ ] %
<input type="checkbox"/> Ancora Equity Fund	[ ]	[ ] %
<input type="checkbox"/> Ancora Special Opportunity Fund	[ ]	[ ] %
<input type="checkbox"/> Ancora MicroCap Fund	[ ]	[ ] %
<input type="checkbox"/> Ancora/Thelen Small-Mid Cap Fund	[ ]	[ ] %
<input type="checkbox"/>	[ ]	[ ] %
<input type="checkbox"/>	[ ]	[ ] %
<input type="checkbox"/>	[ ]	[ ] %
<b>D. TOTAL</b>		[ ] %

**PART IV: TRANSFER INSTRUCTIONS TO THE FINANCIAL INSTITUTION CURRENTLY HOLDING YOUR IRA**

**Check One:**

- Transfer entire balance
- Transfer only \$ \_\_\_\_\_
- Transfer in kind
- Liquidate Immediately
- Liquidate at Maturity Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*NOTE: If you are transferring a Certificate of Deposit (CD), mail this form at least 14 days, but not more than 21 days before the maturity date.*

**If you choose to wire-transfer your funds, contact Shareholder Services for instructions.**

**PART V: WITHHOLDING INSTRUCTIONS FOR ROTH CONVERSION IRA**

When converting all or a portion of your IRA to a Roth Conversion IRA, the conversion amount is a taxable distribution. IRS regulations require the financial institution currently holding your IRA to withhold federal income tax from the amount you convert unless you do not want withholding to occur. The minimum withholding rate is 10%. Indicate your withholding election below:

- Withhold 10%
- Withhold - \_\_\_\_\_ %
- Do Not Withhold

**IRS Reporting.** For IRS reporting purposes I am (check one):  Less than age 59½  Age 59½ or older

**PART VI: INVESTOR SIGNATURE**

To the Financial Institution currently holding my IRA:

I certify that I have established an IRA with U.S. Bank, N.A. I agree to contact my present Custodian/Trustee that I am transferring from to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold U.S. Bank, N.A. harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that U.S. Bank, N.A. cannot provide legal advice and I agree to consult with my own tax professional for advice.

  X    
Investor's Signature

\_\_\_\_\_  
Date

**PART VII: SIGNATURE GUARANTEE**

A signature guarantee is designed to protect the account from fraud.

Obtain a signature guarantee from a:

- Bank or trust company
- Savings association
- Credit union
- Broker, dealer, or securities exchange member

**Note:** Notarization by a notary public is not a signature guarantee and is not an acceptable substitute.

SIGNATURE GUARANTEE

**PART VIII: CUSTODIAN ACCEPTANCE – TO BE COMPLETED BY THE NEW CUSTODIAN**

U.S. Bank, N. A. accepts appointment as Custodian and the transfer described in this form. Please transfer all or part of the designated account(s) as instructed. Make the check payable to the Ancora Funds and mail to the addresses below.

*Third party checks are not acceptable.*

  X    
Custodian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**MAILING INSTRUCTIONS**

Please send completed form to:

**Regular Mail Delivery or Overnight Delivery**  
Ancora Funds  
8000 Town Centre Drive, Suite 400  
Broadview Heights, OH 44147