

Account Application

Do not use this application to establish an Individual Retirement Account.

Please print clearly all items except signature.

To avoid having your application returned, please be sure to complete steps 1, 2 & 8.

Return completed form with payment to the Stralem Fund:

P.O. Box 46707, Cincinnati, Ohio 45246-0707 **Overnight:** 225 Pictoria Drive, Suite 450, Cincinnati, Ohio 45246

For assistance with other forms, please call us at 1-866-822-9555.



Step 1: Account Registration

1A. Check One

Individual Joint Account (cannot be a minor)

Joint owners have rights of survivorship, unless state laws regarding community property apply.

Owner's Legal Name

Owner's Social Security ID Number

Owner's Date of Birth

Joint Owner's Name (if applicable)

Joint Owner's Social Security ID Number

Joint Owner's Date of Birth

Trust, Corporation, Partnership or other Entity

Please attach a copy of the appropriate bylaws, articles of incorporation, resolutions or trust documents establishing authority to open this account and the existence of the entity.

Name of Trust, Corporation, Partnership or other Entity

Taxpayer Identification Number

Trust Date

Name of Trustee(s) or Authorized Individual(s)

Date of Birth for Trustee(s) or Authorized Individual(s)

Social Security ID Number of Trustee(s) or Authorized Individual(s)

Gift/Transfer to a Minor (UGMA/UTMA)

_____ as a custodian for
Custodian's Name (only one permitted)

_____ under the _____ UGMA/UTMA.
Minor's Name (only one permitted) State

Minor's Social Security Number

Minor's Date of Birth

Custodian's Social Security Number

Custodian's Date of Birth

1B. Mailing Address and Telephone Number

Number and Street or P.O. Box

City

State

Zip

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Telephone Number

Fax Number

E-mail Address

1C. Legal Address (Physical Address)

Only needed if different from mailing address, No P.O. Boxes

Number and Street

City

State

Zip

Step 2: Initial Investment

Indicate the amount and enclose a check for the amount of your investment.

Amount

Stralem Equity Fund Institutional Shares (\$250,000 min.) \$ _____

Stralem Equity Fund Adviser Shares (\$1,000 min.) \$ _____

The Funds do not accept cash, drafts, "starter" checks, traveler's checks, credit card checks, third party checks, post-dated checks, non-U.S. financial institution checks, cashier's checks under \$10,000 or money orders.

Step 3: Redemption and Distribution Options

Please check one: (If no box is checked, telephone redemptions will be permitted in accordance with the prospectus.)

Yes, I would like to allow telephone redemptions.

No, I decline the telephone redemption option.

Your dividends and capital gains will be automatically reinvested into your account unless you indicate otherwise below.

Distribution Method

Payment Method

Reinvest Withdrawal*

ACH**

Check

Capital Gains or

or

Income Dividends or

or

*must choose a payment method

** Automated Clearing House
Sent to bank account listed in Step 7

The Fund imposes a 1% redemption fee on any redemption of shares with 60 days of purchase.

Step 4: Duplicate Statements and Confirmations

Please send duplicate statements and confirmations to an address other than that listed in Section 1B (optional):

Name

Company Name

Street Address or P.O. Box

City

State

Zip

