



Regular Application New Account

Do not use this form for IRA accounts.

Mail To: The Merger Fund
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: The Merger Fund
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., 3rd Floor
Milwaukee, WI 53202-5207

For additional information please call toll-free 1-800-343-8959.

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **Full Name, Date of Birth, Social Security Number and Permanent Address.** Corporate, trust and other accounts require additional documentation. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

1. Investment

\$2,000.00
MINIMUM INVESTMENT

- By check: Make check payable to The Merger Fund. Amount \$ _____
- By wire: Call 1-800-343-8959 to indicate amount of wire. \$ _____
(Completed application must be sent in advance of wire.)

2. Investor Information – Select one

Individual

_____ <i>FIRST NAME</i>	_____ <i>M.I.</i>	_____ <i>LAST NAME</i>	_____ <i>SOCIAL SECURITY #</i>	_____ <i>BIRTHDATE (Mo/Dy/Yr)</i>
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Joint Owner

_____ <i>FIRST NAME</i>	_____ <i>M.I.</i>	_____ <i>LAST NAME</i>	_____ <i>SOCIAL SECURITY #</i>	_____ <i>BIRTHDATE (Mo/Dy/Yr)</i>
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Registration will be Joint Tenancy with Rights of Survivorship (JTWROS), unless otherwise specified.

Gift to Minors

_____ <i>CUSTODIAN'S FIRST NAME (ONLY ONE PERMITTED)</i>	_____ <i>M.I.</i>	_____ <i>LAST NAME</i>	_____ <i>SOCIAL SECURITY #</i>	_____ <i>BIRTHDATE (Mo/Dy/Yr)</i>
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_____ <i>MINORS FIRST NAME (ONLY ONE PERMITTED)</i>	_____ <i>M.I.</i>	_____ <i>LAST NAME</i>	_____ <i>SOCIAL SECURITY #</i>	_____ <i>BIRTHDATE (Mo/Dy/Yr)</i>
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STATE OF RESIDENCE

Corporation/
Trust*

NAME OF TRUST/CORPORATION/PARTNERSHIP AND STATE OF ORGANIZATION

Partnership*

NAME OF TRUSTEE(S) (IF TO BE INCLUDED IN REGISTRATION)

Other Entity*

SOCIAL SECURITY #/TAX ID#

DATE OF FORMATION (Mo/Dy/Yr)

* You must supply documentation to substantiate existence of your organization. (i.e., Articles of Incorporation/Formation/Organization, Trust Agreements, Partnership Agreement or other official documents.)

Remember to include a separate sheet detailing the Full Name, Date of Birth, Social Security Number and Permanent Street Address for all authorized individuals.

3. Distribution Options

Capital gains & dividends will be reinvested if no option is selected.

Capital Gains & Dividends Reinvested

Capital Gains & Dividends in Cash*

Capital Gains Reinvested & Dividends in Cash*

*Unless otherwise indicated, cash distributions will be mailed to the address in Section 4.

4. Permanent Street Address (P.O. Box is not acceptable) (Residential Address or Principal Place of Business)

_____ STREET	_____ APT/SUITE
_____ CITY	_____ STATE
_____ DAYTIME PHONE #	_____ EVENING PHONE #

Duplicate Confirmation to:

_____ FIRST NAME	_____ M.I.	_____ LAST NAME
_____ STREET	_____ APT/SUITE	
_____ CITY	_____ STATE	
_____ CITY	_____ ZIP	

5. Telephone Options

Your signed application must be received at least 15 business days prior to initial transaction.

- Redemption** (\$1,000 minimum) – permits the transfer of funds via:
- Check to address in Section 4
 - Federal wire to your bank account below (\$15.00 charge for each wire)*
 - EFT, at no charge, to your bank below (funds are typically credited within two days after redemption)*
- Purchase (EFT)** (\$100 minimum) – permits the on-demand purchase of shares from your bank account.*
- I do not want Telephone Redemption privileges on my account**

** If you selected any of these options, please attach a voided check or a preprinted savings deposit slip to this application. We are unable to draft or credit your account via EFT if it is a mutual fund or pass-through account.*

6. Automatic Investment Plan

Your signed Application must be received at least 15 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account monthly. Please attach a voided check or preprinted savings deposit slip to Section 8 of this application. We are unable to debit mutual fund or pass-through (“for further credit”) accounts.

There is a \$25.00 fee if the automatic purchase cannot be made (assessed by redeeming shares from your account. Participation in the plan will be terminated upon redemption of all shares

	Amount per Draw (\$100 Minimum)	AIP Start Month	AIP Start Day
<input type="checkbox"/> The Merger Fund	\$ _____	_____	_____

7. Systematic Withdrawal Plan

Your signed application must be received at least 15 business days prior to initial transaction.

Systematic Withdrawal Plan (\$500 minimum and \$10,000 account value minimum) – permits the automatic withdrawal of funds.

- Payments will be mailed to address in Section 4

-OR-

- Payments will be deposited directly into your bank account. Please attach a voided check or preprinted savings deposit slip to Section 8 of this application. We are unable to credit mutual fund or pass-through (“for further credit”) accounts.

Make payments Monthly Quarterly Annually starting with the month given here:

	Amount per Withdrawal (\$500 Minimum)	SWP Start Month	SWP Start Day
<input type="checkbox"/> The Merger Fund	\$ _____	_____	_____

8. Voided Check for Bank Information

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions or a systematic withdrawal plan, please attach a voided check or preprinted savings deposit slip in this space. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

PLEASE ATTACH
VOIDED CHECK OR
PREPRINTED SAVINGS
DEPOSIT SLIP HERE

9. Signature and Certification Required by the Internal Revenue Service

I have received and understood the prospectus for The Merger Fund (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for the Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its' transfer agent shall not be liable if I fail to notify the Fund within such time period. I represent that I am of legal age and have legal capacity to make this purchase.

The Fund, its' transfer agent and any officers, directors, employees, or agents of these entities (collectively "The Merger Fund"), will not be responsible for banking system delays beyond their control. By signing section 5, 6 or 7, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, National Association, on behalf of the applicable Fund. The Merger Fund will not be liable for acting upon instructions believed genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed personally by me. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had a reasonable amount of time to act upon a written notice of revocation.

Under the penalty of perjury, I certify that (1) the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, and (2) I am not subject to backup withholding either as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (3) I am a U.S. person (including a U.S. resident alien).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE OF OWNER*	DATE (Mo/Dy/Yr)
SIGNATURE OF JOINT OWNER, if any	DATE (Mo/Dy/Yr)
PRINT NAME AND TITLE OF OFFICER SIGNING FOR A CORPORATION OR OTHER ENTITY	

*If shares are to be registered in (1) joint names, both persons should sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on space provided below.

10. Dealer Information

(Please be sure to complete representative's first name and middle initial.)

DEALER NAME	REPRESENTATIVE'S LAST NAME	FIRST NAME	MI
DEALER HEAD OFFICE	REPRESENTATIVE'S BRANCH OFFICE		
ADDRESS	ADDRESS		
CITY/STATE/ZIP	CITY/STATE/ZIP		
()	()		
TELEPHONE NUMBER	TELEPHONE NUMBER	REP'S A.E. NUMBER	

Before you mail, have you:

Completed all PATRIOT Act required information?

Social Security or Tax ID Number in section 2?

Birth Date in section 2?

Full Name in section 2?

Permanent Street Address in section 4?

Enclosed additional documentation, if applicable?

Enclosed your check made payable to The Merger Fund?

Included a voided check, if applicable?

Signed your application in section 9?