

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.

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*

Name of Trustee* (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-Trustee, if any:

Name of Trustee* (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

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*

Street Address (Physical Address)*

Apartment #

City*

State*

Zip Code*

Mailing Address (if different from above)

City

State

Zip Code

Name of Representative* (First, M.I., Last)

Date of Birth*

 - -

Social Security Number*

 - -

Street Address (Physical Address)*

Apartment #

City*

State*

Zip Code*

Name of Representative* (First, M.I., Last)

Date of Birth*

 - -

Social Security Number*

 - -

Street Address (Physical Address)*

Apartment #

City*

State*

Zip Code*

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

Name of Contact*

Telephone Number*

Name of Contact*

Telephone Number*

Name of Contact*

Telephone Number*

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	
<input type="checkbox"/> Ancora Income Fund	<input type="text"/>	\$ <input type="text"/>	<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"/> Ancora/Thelen Small-Mid Cap Fund	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> Ancora Dividend Value Equity Fund	<input type="text"/>	\$ <input type="text"/>	<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="text"/>	\$ <input type="text"/>	<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="text"/>	\$ <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>	
D. TOTAL		\$ <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 (1st, 15th, 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 _____

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 _____

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