

Mail to: Archer Capital Management Group
300 Delaware Avenue,
Suite 210Wilmington, Delaware 19801

Fax to: +1 (302) 394-6931
Email: support@archerfund.com

For additional information please call toll-free: +1 (888) 740-8210 or visit us in the web at www.archerfund.com

To help the government fight the funding of terrorism and money-laundering activities We need to verify and record information that identifies each person who opens an account. We will ask for your name, address, date of birth, SSN or government issued ID number and other information that will allow us to identify you. This information will be verified to ensure the identity of all individuals opening an account. Any documents that we request (i.e., a driver's license) will be used solely to attempt to establish your identity. If the account is being opened on behalf of a trust, corporation, partnership or other entity, we will require further information about individuals with authority or control over the account. Please make sure to provide all the required information. Incomplete information will delay your investment. Archer Fund will not process your investment until all required information has been provided and this form has been signed.

1 Investor Information | Select Type of Account

Individual _____

Owner's Name (First, M.I., Last)

*Social Security Number/ID Number

Date of Birth (MM/DD/YYYY)

Joint Owner _____

Joint Owner's Name (First, M.I., Last)

Joint Social Security Number/ID Number

Date of Birth (MM/DD/YYYY)

Registration will be Joint Tenancy with Rights of Survivorship (JTROS) unless otherwise specified

Gift to Minor _____

Adult Custodian's Name (First, M.I., Last)

*Custodian's Social Security Number/ID Number

Date of Birth (MM/DD/YYYY)

Minor's Name (First, M.I., Last)

*Minor's Social Security Number/ ID Number

Date of Birth (MM/DD/YYYY)

Trust _____

Name of Trust

Tax ID

Date of Trust

Trustee's Name

*Trustee's Social Security Number/ID Number

Trustee's Date of Birth

You must supply documentation to substantiate existence of your trust such as your Trust Agreement (including the powers and limitations section(s)), or Certificate of Trust.

Please select one _____

- U.S. Citizen (must attach copy of Drive License or Passport)
- Resident Alien (must attach copy of Alien ID, Green Card or Passport)
- non-U.S. resident (must attach copy of Government Issued ID, Drive License or Passport)

*for non-U.S. resident please put your Government issued ID number

2 Permanent Street Address

Residential Address or Principal Place of Business. P.O. Boxes are not allowed.

Street, Apt/Suite

City, State, Zip

Country

Daytime Phone

Evening Phone

Mailing Address (if different from Permanent Address)*

If complete, this address will be used as the Address of Record for all statements, check and required mailings.

Street, Apt/Suite

City, State, Zip

Country

* A P.O. Box may be used as the mailing address

3 Investment Options

By wire:

Call: 888 740 8210

Email: support@archerfund.com

Note: A completed application is required in advance of a wire

By check:

Call: 888 740 8210

Email: support@archerfund.com

Note: A completed application is required in advance of a check

Archer Growth Fund

\$ 5,000 min

\$

Investment Amount

4 Electronic Delivery and Online Account Access

You can sign up to receive quarterly reports, Fund prospectuses, special announcements, and proxies via electronic delivery. You can also access your account information and make transactions online. *

Email

* You will receive your login and temporary password by email once account is established.

If you Do Not Want Online Privileges, Check the Box Below:

I do not want online privileges. (I understand that to make any transactions in my account, I will need to contact Archer Capital Management Group by mail/phone.) Archer Capital Management Group employs reasonable procedures to confirm that instructions communicated by online are genuine and is not liable for losses due to unauthorized or fraudulent instructions.

Please Note: If you check the above box, you will not have the option to make online transactions.

Redemption Options

You may also select one or more of the following methods of receiving your proceeds:

- We will mail a check to the address to which your account is registered.
- We will wire the proceeds to a pre-authorized bank account for a \$25.00 fee.

Your bank may assess an additional charge.

5 Signature – Required By Each Owner

I certify that:

1. The SSN/U.S. tax ID number shown on this form is my/our correct taxpayer identification number, and
2. I am/we are not subject to backup withholding because (a) I am/we are exempt from backup withholding or (b) I/we have not been notified by the Internal Revenue Service (IRS) that I am/we are subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me/us that I am/we are no longer subject to backup withholding; and

Check here if you are subject to backup withhold

By signing this application, I/we also certify that:

- I/we have received, read and agree to the terms.
- I/we understand that Archer Capital Management Group are not a bank or guaranteed by any bank nor insured by the FDIC.
- I/we ratify any instructions, including telephone/online instructions, given on this account. I/we understand that Archer Capital Management Group will employ reasonable procedures to verify my/our identity and to confirm the genuineness of my/our instructions. I/we agree that neither Archer Capital Management Group will be liable for any loss, cost or expense for following Archer Capital Management Group anti-money laundering procedures and/or following reasonable procedures designed to prevent unauthorized transactions.
- I/we are not involved in any money-laundering schemes, and the source of this investment is not derived from any unlawful criminal activities. The information provided on this form and the documents submitted are true and correct.

Signature(s) of Investor(s) (Joint accounts require both signatures)

Signature of Individual, Custodian or Trustee	Title	Date (MM/DD/YYYY)
Signature of Joint Owner (if any)	Title	Date (MM/DD/YYYY)

APPLICATIONS THAT ARE UNSIGNED OR INCOMPLETE WILL BE RETURNED WITHOUT THE ACCOUNT BEING ESTABLISHED.