

**THE CHESAPEAKE GROWTH FUND  
GENERAL ACCOUNT APPLICATION – CLASS A SHARES**

**THE CHESAPEAKE FUNDS**

**U.S. Mail:**  
The Chesapeake Growth Fund  
c/o Shareholder Services  
P.O. Box 46707  
Cincinnati, Ohio 45246-0707  
Toll Free 1-800-430-3863

**Overnight:**  
The Chesapeake Growth Fund  
c/o Ultimus Fund Solutions, LLC  
225 Pictoria Drive, Suite 450  
Cincinnati, Ohio 45246  
Toll Free 1-800-430-3863

This form must be completed and signed in order to establish an account with The Chesapeake Growth Fund. Please do not use this application for IRA, SEP-IRA, Roth IRA, or Educational IRA accounts. Separate applications are available for these account types. If you have any questions regarding this application and how to invest, or need another form, please call Shareholder Services toll free at **1-800-430-3863**.

**1 INVESTMENT INFORMATION Please fill in amount(s) and make check(s) payable to The Chesapeake Growth Fund.  
(minimum aggregate initial investment of \$25,000 per fund)**

The Chesapeake Growth Fund – Class A Shares: \$ \_\_\_\_\_

The Fund does not accept cash, drafts, “starter checks”, travelers checks, credit card checks, post-dated checks, cashier’s checks under \$10,000 or money orders.

**2 YOUR ACCOUNT REGISTRATION Please check a box.**

**INDIVIDUAL** or  **JOINT APPLICATION**  
(Joint accounts are registered as “joint tenants with right of survivorship” unless you specify otherwise)

Owner's Name (First, Initial, Last) _____	Social Security Number _____	Date of Birth _____
Joint Owner's Name (First, Initial, Last) _____	Joint Owner's Social Security Number _____	Date of Birth _____

**CORPORATION, PARTNERSHIP OR OTHER ENTITY** (Please attach a corporate/non-corporate resolution as well as a copy of documents showing the existence of the entity, such as a certified copy of the Articles of Incorporation or Organization or Partnership Agreement.)

Name of Entity _____	Taxpayer Identification Number _____
Authorized Signature _____	Authorized Signer's Date of Birth _____
	Authorized Signer's Social Security Number _____

Check Appropriate Box:     Corporation             Partnership             Foundation             Endowment  
    Non-Profit             Other \_\_\_\_\_

**TRUST (Please attach the trust document)**

Name of Trust Agreement _____	Date of Trust Agreement _____
Beneficiary's Name _____	Taxpayer Identification Number _____
Trustee's Name _____	Trustee's Date of Birth _____
	Trustee's Social Security Number _____

**GIFT or TRANSFER TO MINOR**

Minor's Name (First, Initial, Last) _____	Minor's Date of Birth _____	Minor's Social Security Number _____
Custodian's Name (First, Initial, Last) _____	Under the _____ Uniform Gifts/Transfer to Minors Act (Specify State of Domicile of Minor)	
Custodian's Date of Birth _____	Custodian's Social Security Number _____	

**3 MAILING ADDRESS OF REGISTERED OWNER(S)**

Street Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_  
Employer Name and Address \_\_\_\_\_  
Occupation \_\_\_\_\_

U.S. Citizen?     Yes     No    \_\_\_\_\_  
Country \_\_\_\_\_  
  
(\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone Number                      E-Mail address \_\_\_\_\_  
  
Are you an associated person of an NASD member?     Yes     No  
  
Mother's Maiden Name (for identification purposes) \_\_\_\_\_

*You must be a U.S. Citizen or U.S. resident with a valid Social Security Number to invest in the Funds.*

**4 AUTOMATIC INVESTMENT/WITHDRAWAL OPTION**

The Chesapeake Growth Fund also offer an Automatic Investment/Withdrawal Plan for regular interval purchases or withdrawals. Please call toll free **1-800-430-3863** for more information.



**7 INCOME AND CAPITAL GAIN PAYMENTS** (Both will be reinvested unless indicated otherwise)

**Income Dividends**  reinvested  paid in cash **Capital Gains Distributions**  reinvested  paid in cash

(If you wish to have your distributions paid in cash by ACH Transfer to your bank, please complete the bank information section below, and **attach a voided check** from the bank account you wish to use.)

**8 TELEPHONE TRANSACTIONS** (Shares may be redeemed by calling toll free 1-800-430-3863; see prospectus for limitations, fees and other instructions.)

**Please check one: (If no box is checked, the telephone redemption option will be accepted.)**

Yes, I would like to allow telephone redemptions.  No, I decline the telephone transaction option.

**Please select a redemption method:**

All redemption checks mailed to the address of record.  Redemption proceeds wired by Federal Reserve wire to the bank listed below.  
 Redemption proceeds sent via Automated Clearing House (ACH) to the bank listed below.

(For ACH transfers or Fed Wires, please provide the information below and **attach a voided check** from the bank account you wish to use.)

\_\_\_\_\_  
Name in which bank account is registered  
  
\_\_\_\_\_  
Bank Name  
  
\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
Bank Account Number  
  
\_\_\_\_\_  
ABA Routing Number  
(\_\_\_\_\_)\_\_\_\_\_  
Bank Telephone Number

**9 DUPLICATE ACCOUNT STATEMENTS**

Please send a duplicate account statement to the party below: (If more than one duplicate desired, please attach additional names and addresses)

\_\_\_\_\_  
Name  
  
\_\_\_\_\_  
Street Address

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number  
  
\_\_\_\_\_  
City, State and Zip

**10 CERTIFICATION AND SIGNATURE(S)**

**(YOUR SIGNATURE MUST APPEAR BELOW IN ORDER TO ESTABLISH AN ACCOUNT)**

By signing this form, the Investor represents and warrants that: (a) the Investor is of legal age in the state of his/her/its residence and wishes to purchase shares of the Fund(s) as described in the current Prospectus; and (b) the Investor has the full right, power and authority to invest in the Fund(s); and (c) the Investor has received a current Prospectus of the Fund(s) and agrees to be bound by its terms; and (d) the Investor understands that no certificates will be issued and that Investor's confirmation will be evidence of Investor's ownership of Fund shares.

**Under penalties of perjury, the Investor certifies that: (1) the Investor is a U.S. person (including a U.S. resident alien); and (2) the number shown on this form is the Investor's correct social security number or taxpayer identification number; and (3) the Investor is not subject to backup withholding because: (i) the Investor has not been notified by the Internal Revenue Service (IRS) that the Investor is subject to backup withholding as a result of a failure to report all interest or dividends, or ii) the IRS has notified the Investor that the Investor is no longer subject to backup withholding. (Note: If part (3) of this sentence is not true in your case, please strike out that part before signing. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

The Investor hereby certifies, under penalties of perjury, by signing this form that the Investor is exempt from backup withholding. Retirement plans, corporations, common trust funds, charitable organizations and financial institutions generally are exempt from backup withholding. (See IRS Form W-9, which is available from the Funds, for more information).

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. In addition, signatures of representatives or fiduciaries of corporations and other entities must be accompanied by a signature guarantee by a participant in the STAMP Medallion signature guarantee program.

\_\_\_\_\_  
Signature (Owner, Trustee, Etc.)

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Joint Owner, Co-Trustee, Etc.)

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Joint Owner, Co-Trustee, Etc.)

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions 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 to see your driver's license or other identifying documents.

Please remember that any documents or information we gather in the verification process will be maintained in a confidential manner.

We appreciate your investment in The Chesapeake Growth Fund.