

**THE CHESAPEAKE GROWTH FUND
GENERAL ACCOUNT APPLICATION - INSTITUTIONAL 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 initial investment of \$1,000,000)**

The Chesapeake Growth Fund – Institutional 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 _____	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Country _____	<i>You must be a U.S. Citizen or U.S. resident with a valid Social Security Number to invest in the Fund.</i>
City, State and Zip Code _____	(_____) _____ Daytime Phone Number E-Mail address _____	
Employer Name and Address _____	Are you an associated person of an NASD member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation _____	Mother's Maiden Name (for identification purposes) _____	

4 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.)

5 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

6 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

7 BROKER/DEALER USE ONLY

Broker/Dealer *Dealer #*

Branch Name *Branch #* *Representative's Name* *Rep #* *Rep Telephone Number*

Rep Office Street Address *Rep Office City/State/Zip*

Authorized Signature

8 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 as described in the current Prospectus; and (b) the Investor has the full right, power and authority to invest in the Fund; and (c) the Investor has received a current Prospectus of the Fund 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 Fund, 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.