



Application to Buy Shares

Mail To:

The Archer Funds
Mutual Shareholder Services
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147

Minimum Investment:

Initial: \$2,000 Subsequent: \$100

Need Help Call:

(800) 238-7701 (toll free)

1 Registration of Shares (Please Print)

Owner (Individual, Corporation, Trustee or Custodian)

Joint Owner (if applicable)

Address

Owner's Social Security or Tax ID Number

City State Zip

Daytime Phone Number

Date of Birth Owner

Date of Birth Joint Owner (if applicable)

2 Investment Information

This investment represents an:

- Initial investment payable to: Archer Balanced Fund \$ _____
 Initial investment payable to: Archer Stock Fund \$ _____
 Initial investment payable to: Archer Income Fund \$ _____

3. Dividend & Telephone Options

All income dividends and capital gains distributions will be reinvested in additional shares as stated in the Prospectus unless the box below is checked. You elect to have telephone redemption privileges unless you check the box below:

- Please pay all income dividends and capital gains distributions in cash.
 I do not want telephone redemption privileges

4. Taxpayer Information

If you do not have a Social Security number or a Taxpayer ID number, you must complete a Form W-8 which is available by calling the above phone number:

Citizenship: U.S. Citizen Resident Alien Non-Resident Alien

The Internal Revenue Service (IRS) requires each taxpayer to provide a Social Security or Taxpayer Identification Number and to make the following certifications. I certify under penalty of perjury that:

- 1) The Social Security or Tax ID number stated above is correct.
 - 2) I am not subject to backup withholding because: *
 - A - The IRS has not informed that I am subject to backup withholding
 - B - The IRS has notified me that I am no longer subject to backup withholding
- *If this statement is not true you are subject to backup withholding, cross out line 2



Application – Page 2

5 Signature and Agreement

I/We, the undersigned, have received, printed or downloaded a copy of the current Prospectus of the Archer Funds and are purchasing shares in accordance with its provisions. I/We further certify that the undersigned is of legal age and has full legal capacity to make this purchase. The purchase price shall be the net asset value next determined following receipt of the application by the Fund, if the application is accepted. This application cannot be processed unless accompanied by payment. *The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

I/We understand that the Fund is not backed or guaranteed by a bank or insured by the FDIC. I/We authorize the Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with procedures described in the Prospectus. I/We agree that neither the Fund, nor the Transfer Agent will be liable for any loss, cost or expense of acting on such instructions. Such entities will employ reasonable procedures to confirm that instructions communicated by phone are genuine and will not be liable for acting upon instructions believed to be genuine.

Signature of Owner

Date

Signature of Joint Owner

Date

6 Automatic Investment Plan

YES, I/we want to institute the Automatic Investment Plan.

Permits you to initiate automatic transfers to your Archer Fund from your bank, savings and loan, or credit union using the ACH system. You must attach a voided check to this application. Money will be transferred only from the account indicated on the check. Financial institution account number: _____, phone number: _____.

AMOUNT \$ _____ (MINIMUM \$100)

FREQUENCY:

MONTHLY BI-MONTHLY QUARTERLY

DAY FOR INVESTMENT:

5TH 20TH

It is understood that this authorization may be terminated by me/us at any time by written notification to The Archer Funds. The termination request will be effective as soon as The Archer Funds has had reasonable time to act upon it.

7 Duplicate Confirmations and Statements

Please send duplicate confirmations and statements to:

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

IF BROKER-DEALER/ADVISOR:

REP NAME: _____

BRANCH/REP #: _____

PHONE: _____