

Ancora Funds

USA PATRIOT ACT Supplemental Insert for Applications

This form must be completed and returned along with an application.

In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account or others who may be authorized to act on 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. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. We may also ask to see your driver's license or other identifying documents. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes.

If you have any questions please call Shareholder Services at 1-866-626-2672.

Required Information

PART A: REGISTERED OWNER #1

Name (co-owner, custodian, trustee, authorized signer on corporate accounts, or power of attorney)		Home Phone Number	
<input type="text"/>		<input type="text"/>	
Residential Address (street address required; P.O. Boxes are not accepted)	Apt Number	Daytime Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (Country) _____	Date of Birth	Social Security Number	
	<input type="text"/>	<input type="text"/>	

PART B: REGISTERED OWNER #2

Name (co-owner, custodian, trustee, authorized signer on corporate accounts, or power of attorney)		Home Phone Number	
<input type="text"/>		<input type="text"/>	
Residential Address (street address required; P.O. Boxes are not accepted)	Apt Number	Daytime Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (Country) _____	Date of Birth	Social Security Number	
	<input type="text"/>	<input type="text"/>	

PART C: REGISTERED OWNER #3

Name (co-owner, custodian, trustee, authorized signer on corporate accounts, or power of attorney)		Home Phone Number	
<input type="text"/>		<input type="text"/>	
Residential Address (street address required; P.O. Boxes are not accepted)	Apt Number	Daytime Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (Country) _____	Date of Birth	Social Security Number	
	<input type="text"/>	<input type="text"/>	

If there are additional owners on the account, please provide the necessary information on a separate sheet attached to this form.

PART D: SIGNATURE

By signing this form, I certify that the information provided is accurate and I acknowledge that Shareholder Services will use this information to attempt to verify my identity. Shareholder Services is requesting a copy of the articles of incorporation, partnership document, trust agreement or other similar documents solely for the purpose of allowing us to verify the identity as required by federal law. Shareholder Services is not assuming any responsibility for monitoring, maintaining, interpreting, or enforcing any terms or provisions of those documents.

All owners must sign.

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

X _____
Shareholder, Custodian, Trustee, or Authorized Officer Date

X _____
Shareholder, Custodian, Trustee, or Authorized Officer Date

MAILING INSTRUCTIONS

Please send this completed form and application to:

Regular Mail Delivery or Overnight Delivery
Ancora Funds
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147