

Adirondack Funds IRA APPLICATION

Mail to: Adirondack Funds C/O
Mutual Shareholder Services
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147



For help with this form call:
1(888)686-2729 toll free

ACCOUNT INFORMATION *(please print)*

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

BUSINESS PHONE () _____ HOME () _____

SOCIAL SECURITY _____

DATE OF BIRTH ____/____/____

EMAIL _____

DESIGNATION OF BENEFICIARY

In the event of my death, pay my IRA balance to the primary beneficiary(ies) listed below of whoever survives me.

Beneficiary(ies)

1. _____
Name

Social Security Number Date of Birth

% of Account Relationship

2. _____
Name

Social Security Number Date of Birth

% of Account Relationship

3. _____
Name

Social Security Number Date of Birth

% of Account Relationship

*If no percentage indicated the beneficiaries will share equally.

CONTRIBUTION INFORMATION

Account Type (check one):

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Traditional | <input type="checkbox"/> SEP IRA |
| <input type="checkbox"/> Roth | <input type="checkbox"/> Spouse IRA |
| <input type="checkbox"/> Rollover | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Coverdell Education Savings Account
<i>(formerly Education IRA)</i> | |

Initial Contribution (check one):

- Check payable to the Adirondack Small Cap Fund
Amount \$ _____
for tax year _____

- Direct Rollover
(Attach IRA Transfer Request form)
- Direct Transfer
(Attach IRA Transfer Request form)

AUTOMATIC INVESTMENT PLAN

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

Permits you to initiate automatic transfers to your Adirondack Funds IRA from your bank, savings and loan, or credit union using ACH system. **You must attach a voided check to this application.** Money will be transferred only from the account indicated on the check.

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 Adirondack Funds. The termination request will be effective as soon as Adirondack Funds has had reasonable time to act upon it.

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TELEPHONE PURCHASE OPTION

Telephone Purchase of Shares Option: This option allows you to make additional investments (\$100 minimum purchase) into your Adirondack Small Cap Fund account(s) by phone. Upon your request, we will automatically withdraw the purchase directly from your bank account. To select this option, you must check the box below and attach a voided check to this application.

I accept this option

TELEPHONE REDEMPTION OPTION

Telephone Redemption of Shares Option: You can sell shares of your Fund by phone (\$25,000 maximum per day) and a check will be sent to your address of record. You will not be able to redeem by telephone and have a check sent to your address for a period of 15 days following an address change. You will automatically be granted telephone redemption privileges unless you decline them by checking the box below:

I decline this option. All requests to redeem shares from this account must be submitted in writing.

DUPLICATE CONFIRMATIONS AND STATEMENTS

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

IF BROKER-DEALER/ADVISOR:

REP NAME: _____

BRANCH NUMBER: _____

PHONE: () _____

The USA PATRIOT ACT

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 to 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. This information will be verified to ensure the identity of all persons opening a mutual fund account.

SIGNATURES AND CERTIFICATIONS

By signing below:

I certify that I have received, printed or downloaded and read the current Prospectus for the Adirondack Small Cap Fund and understand its terms are incorporated in this application by reference. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence. I understand that any redemptions made within 30 days of purchase would be subject to a 1% redemption fee. I certify that I am not a Foreign Financial Institution as defined by the USA PATRIOT Act. I understand that the Adirondack Small Cap Fund is not backed or guaranteed by any bank, or insured by the FDIC. I understand the purchase price shall be the net asset value next determined following receipt of the application by the Fund, if the application is accepted. I understand that an \$8 annual maintenance fee may be collected by redeeming sufficient shares from the Adirondack Fund account balance in which I have an IRA. The Custodian may change the fee schedule from time to time.

I certify under the penalty of perjury that my social security number stated above is correct and I agree that the designation of the tax year for my deposit and my election to treat a deposit as a rollover (if applicable) are irrevocable. By signing this application, I hereby authorize and appoint The Huntington National Bank to act as Custodian of my account. I indemnify The Huntington National Bank when making distributions in accordance with my beneficiary designation on file or in accordance with Custodial Account Agreement absent any such designation. I acknowledge that I have received and read the Adirondack Funds IRA Disclosure Statement and Custodial Account Agreement, which is incorporated in this application by reference, and I accept and agree to be bound by the terms and conditions contained in the IRA Custodial Account Agreement.

 Signature

Date: ____/____/____

 Spousal Signature

Date: ____/____/____

 The Huntington National Bank (for bank use only)

Date: ____/____/____