



# Manor Investment Funds, Inc.

c/o Mutual Shareholder Services  
8000 Town Centre Drive, Suite 400  
Broadview, OH 44147  
800-663-4851

## New Account Application

Use this form for individual, custodial, trust, profit sharing or pension plan accounts.  
For any additional information please contact the Fund at 610-722-0900 or 800-787-3334.

### 1. Investments:

**Initial Investment:** \$ \_\_\_\_\_  
Minimum initial investment \$ 1,000

**Make your check payable to:**  
Manor Investment Funds, Inc.

**Fund Selection:** (must total 100%)

**Manor Fund:** \_\_\_\_\_ %

**Growth Fund:** \_\_\_\_\_ %

**Bond Fund:** \_\_\_\_\_ %

### 2. Registration: (please print)

Individual

\_\_\_\_\_  
First Name MI Last Name Social Security No. Birthdate

Joint Owner \*

\_\_\_\_\_  
First Name MI Last Name Social Security No. Birthdate

\* Registration will be Joint Tenancy with Rights of Survivorship (JTWROS) unless otherwise specified.

Gift to Minors

\_\_\_\_\_  
Custodian's First Name MI Last Name

\_\_\_\_\_  
Minor's First Name MI Last Name

\_\_\_\_\_  
Minor's Social Security # Minor's Birthdate State of Residence

Corporation  
Trust, Estate  
Pension Plan \*\*

\_\_\_\_\_  
Corporate Name

\_\_\_\_\_  
Name of Trustees (If to be included in registration)

Partnership

Other Entity

\_\_\_\_\_  
Social Security No. or Tax ID No. Date of Agreement

\*\*Corporate Resolution is required., additional documentation and certification may be required.

### 3. Mailing Address: (please print)

\_\_\_\_\_  
Street Suite or Apt. No.

\_\_\_\_\_  
City State Zipcode

\_\_\_\_\_  
Daytime Phone No. Evening Phone No.

Application continued on next page.

#### **4. Distribution Options**

Dividends and capital gains will be reinvested if no option is selected.

\_\_\_\_\_ Pay all income in cash.                      \_\_\_\_\_ Pay all capital gains in cash.

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#### **5. Signature and Certification**

##### **Required by the Internal Revenue Service**

Neither the Fund nor its transfer agent will be responsible for the authenticity of transaction instructions received by telephone, provided that reasonable security procedures have been followed.

**Under the penalty of perjury, I certify that (1) the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, and (2) I am not subject to backup withholding either as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. The IRS does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.**

\_\_\_\_\_  
Signature of Owner or Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Owner

\_\_\_\_\_  
Date

If shares are to be registered in (1) joint names, both persons should sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided below.

\_\_\_\_\_  
Print name and title of officer signing for a corporation or other entity

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#### **6. Automatic Deposit Authorization**

I authorize Manor Investment Funds, Inc. to instruct my bank/savings institution to make withdrawals from the account listed below to be deposited in my account with the Fund. I understand this authorization may be revoked by me at any time by providing Manor Investment Funds, Inc. with a written notice to discontinue my automatic payments.

Amount: \_\_\_\_\_

Monthly  
 15<sup>th</sup> day of the month

Quarterly  
 Last business day of the month

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Bank Phone Number

\_\_\_\_\_  
Your Account Number

\_\_\_\_\_  
Bank Routing Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please include a voided check.**