

DF DENT PREMIER GROWTH FUND

ACCOUNT NUMBER _____ (if previously established)

IMPORTANT INFORMATION FOR OPENING YOUR ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires 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, social security number and other information or documents that will allow us to identify you. This information will be subject to verification.

By signing and submitting this application, you give the DF Dent Premier Growth Fund (the "Fund") and its agents permission to collect information about you from third parties, including information available in public and private databases such as consumer reports from credit reporting agencies, which will be used to help verify your identity.

If you do not provide the information, we may not be able to open your account. If we open your account but are unable to verify your identity, we reserve the right to take such other steps as we deem reasonable, including closing your account and redeeming your investment at the net asset value next calculated after the Fund decides to close your account. Please see the Fund's Statement of Additional Information for further information.

I. INITIAL INVESTMENT
 DF Dent Premier Growth Fund (\$100,000 minimum) \$ _____

 Check enclosed for \$ _____

 I have telephoned the Transfer Agent to make wire arrangements (See instructions in Section 10).

My initial investment wire is \$ _____

 By ACH for \$ _____ (Please enter your Bank Account Information in Section 7).

All investments must be made by check, ACH or wire. All checks must be payable in U.S. dollars and drawn on U.S. financial institutions. The Funds do not accept purchases made by credit card check, starter check, cash or cash equivalents (for instance, you may not pay by money order, cashier's check, bank draft or traveler's check).

2. REGISTRATION (Please print)
 INDIVIDUAL, SOLE PROPRIETORSHIP OR JOINT ACCOUNTS*

Investor's Name _____	Birth Date _____	Social Security Number _____
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Joint Investor's Name _____	Birth Date _____	Social Security Number _____
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(Right of survivorship presumed unless tenancy in common is indicated).

 GIFTS OR TRANSFERS TO MINORS (UGMA, UTMA)

Custodian's Name (Only one permitted) _____	Custodian's Birth Date _____	Custodian's Social Security Number _____
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as custodian for _____ under the _____ State Uniform Gifts/Transfers to Minors Act.

Minor's Name (Only one permitted) _____	State _____
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Minor's Birth Date _____	Minor's Social Security Number _____
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 CORPORATION/OTHER* (Certified articles of incorporation, a government-issued business license or other document that reflects the existence of the entity must be attached. Enclose a corporate resolution or secretary's certificate listing the person(s) authorized to conduct transactions in the account.)

Name of Corporation (If a publicly-traded corporation, also provide symbol.) _____

Taxpayer Identification Number _____

Authorized Trader Name _____	Birth Date _____	Social Security Number _____
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- PARTNERSHIP* (A copy of the Partnership Agreement must be attached or a certificate from a government authority stating the identity and existence of the partnership).

Partnership Name _____ *Partner Name _____ First _____ Middle _____ Last _____

Partner's Social Security Number _____ Partner's Birth Date _____

- TRUSTS* (including corporate pension plans) (Please include the first and signature pages of the Trust Instrument.)

_____ as Trustee(s) for _____
Trustee(s) Name(s) or Authorized Trader _____ Name of Trust _____

Trustee's Birth Date _____ Trustee's Social Security Number _____ Date of Trust Instrument _____ Taxpayer Identification Number _____

* Attach a separate list for additional investors, trustees, authorized traders, and general partners of a partnership, including full name, social security number, home street address, and date of birth.

Documents provided in connection with your application will be used solely to verify your identity. The Fund will have no obligation to enforce or observe the terms of any such document.

3. MAILING/RESIDENCY ADDRESS

(If Joint Account with more than one required address, attach a separate sheet listing required address.)

CITIZENSHIP: U.S. Resident Alien* Non-Resident Alien** (Country of Citizenship): _____

Address: Number and Street (Required) _____ Mailing Address (If different) _____

City _____ State _____ Zip Code _____ Telephone (Day) _____

E-mail _____ Telephone (Evening) _____

* Must have a U.S. Taxpayer Identification Number and domestic address.

** For non-resident aliens, a copy of an un-expired U.S. government-issued photo ID must be included with the application.

4. DUPLICATE STATEMENT ADDRESS (Optional)

Name _____

Address: Number and Street _____

City _____ State _____ Zip Code _____

5. SHAREHOLDER PRIVILEGES (Subject to terms set forth in the Prospectus)

Systematic Investment Plan (\$100,000 Minimum initial investment)

Please complete Section 7.

Investment Frequency (Please select one and complete:)

- A Single Monthly Investment Amount of \$ _____ (\$1,000 Minimum)
to be invested on the _____ day of the month.*

OR

- A Twice Monthly Investment Amount of \$ _____ (\$1,000 Minimum)
to be invested on the _____ and _____ days of the month.*

(*If a day selected falls on a weekend or holiday, your investment will occur on the next business day.)

You may change this amount at any time by contacting the Transfer Agent at the phone number and address provided in Section 10 of this application.

Please note that this privilege will be effective 7 business days after the Funds receive this application. This service is governed by the terms set forth in the prospectus, which may be amended from time to time, and the rules of the Automated Clearing House ("ACH"). The Systematic Investment Plan has been established solely for the investor's convenience and may be terminated or modified by the funds at any time without notice. To stop the Systematic Investment Plan, please contact the Transfer Agent at the number listed on the bottom of the application.

5. SHAREHOLDER PRIVILEGES (Subject to terms set forth in the Prospectus, continued)

Systematic Withdrawal Plan

For shareholders electing Systematic Withdrawal Plan, redemption proceeds as specified below, will be: **(Please select one)**

- Mailed to the Address of Record or Made by ACH deposit. (Please complete Section 7.)
 Federal funds wire (\$5,000 minimum for wire redemptions and please complete Section 7.)

A Monthly amount of \$_____ (\$500 Minimum) to be redeemed on the _____ day of the month.*

(*If a day selected falls on a weekend or holiday, your redemption will occur on the next business day.)

Telephone Authorization

Unless telephone exchanges and/or redemptions are declined below, I (we) hereby authorize and direct the Transfer Agent to accept and act upon telephone instructions for exchanges and/or redemptions involving an account with corresponding registration. I (we) also agree that neither the Fund nor the Transfer Agent will be liable for any loss, cost or expense for acting upon any telephone instructions if it follows reasonable procedures in order to verify that telephone requests are genuine.

- I (We) do not authorize telephone exchanges.
 I (We) do not authorize telephone redemptions.

If you have selected Telephone Authorization privileges and would like to have your redemption proceeds sent via ACH or by Federal Funds Wire, you must complete section 7. The account name(s) in Section 7 must match exactly at least one name in Section 2. A blank, voided check or deposit slip is necessary to provide account and bank routing information and must accompany this application. There is a \$5,000 minimum on wire redemptions. Check the following box if you decline wire redemption privileges.

- I (We) decline wire redemption privileges.

Signature Guarantee

The Transfer Agent will need written instructions signed by all registered shareholders, with a signature guarantee for each shareholder, for the following: • Written requests to redeem \$100,000 or more • Changes to a shareholder's record name • Redemptions from an account for which the address or account registration has changed within the last 30 days • Sending redemption and distribution proceeds to any person, address or financial institution account, not on record • Sending redemption and distribution proceeds to an account with a different registration (name or ownership) from your account • Adding or changing ACH or wire instructions, telephone redemption or exchange options, or any other election in connection with your account. **The Transfer Agent reserves the right to require signature guarantees on all redemptions.**

6. INCOME AND CAPITAL GAIN DISTRIBUTION PAYMENT OPTIONS (Check one)

- Full Reinvestment: Reinvest all income and capital gain distributions when paid.
 Capital Gain Reinvestment: Reinvest capital gain distributions when paid; pay income in cash.
 Income Reinvestment: Reinvest income when paid; pay capital gain distributions in cash.
 Cash: Pay all income and capital gain distributions in cash.

(Note: If none of the boxes are checked, shareholders are assigned the Full Reinvestment option.)

7. BANK ACCOUNT INFORMATION

(Complete only if you have elected certain shareholder privileges in Section 5 or purchasing your initial investment by ACH in Section 1 or would like the ability to use this bank account for future transactions)

Name of Bank	ABA Routing Number
Registration on Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number	Account Type (If Checking Account, please attach a voided check.)
Bank Address: Number and Street	
City	State Zip Code

8. DEALER INFORMATION

(For Broker/Dealer use only)

Dealer Firm Name
Representative's Name Representative's Broker Number
Branch Address: Number and Street
City State Zip Code
Dealer's Authorized Signature

9. SIGNATURE AND TAX CERTIFICATIONS

I am of legal age in the state of my residence and wish to purchase shares of the Fund as described in the current Fund's Prospectus (a copy of which I have received). By executing this Account Application, the undersigned represents and warrants that I have full right, power and authority to make this investment and the undersigned is duly authorized to sign this Account Application and to purchase or redeem shares of the Funds on behalf of the Investor. Under the penalties of perjury, I certify:

- I am a U.S. person (either a U.S. citizen or resident alien)
- The Social Security Number (SSN) or Taxpayer Identification Number (TIN) provided on this form is correct, or if I have not provided a Social Security Number (SSN) or Taxpayer Identification Number (TIN), I am waiting for a number to be assigned to me. I understand that if I fail to provide an SSN or TIN within 60 Days my account will be subject to backup withholding on all dividend, capital gain and redemption payments until one is provided.
- I am not subject to backup withholding because:
- (a) I am exempt from withholding, or
 - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - (c) the IRS has informed me that I am no longer subject to backup withholding

***Cross out this item if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.**

- Non-U.S. Citizen Taxpayer:

If I am not a U.S. person (including a U.S. resident alien), I am submitting the applicable Form W-8 with this application to certify my foreign status and, if applicable, claim tax treaty benefits.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:

- (1) **The investor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and**
- (2) **The information provided by the investor in this application is true and correct and any documents provided herewith are genuine.**

* Signature of Investor/Custodian/Trustee

Date

* Signature of Joint Investor/Co-Trustee

Date

* Corporate Officer (Name)

Title

* Signature of Corporate Officer

Date

* If your legal name has changed in the past 12 months, please provide former name: _____

10. INITIAL INVESTMENT AND MAILING INSTRUCTIONS

(1) If making your initial investment by check, complete this Account Application form and mail it with your check, payable to **"DF Dent Premier Growth Fund"**

to:

**DF Dent Premier Growth Fund
Attn: Transfer Agent
Atlantic Fund Administration, LLC
P.O. Box 588
Portland, ME 04112**

or for Overnight Delivery to:

**DF Dent Premier Growth Fund
Attn: Transfer Agent
Atlantic Fund Administration, LLC
Three Canal Plaza, Ground Floor
Portland, ME 04101**

(2) If making your initial investment by bank wire, call the Transfer Agent, Atlantic Fund Administration, LLC, at (866) 233-3368. We will ask you to fax the completed application and we will assign you an account number.

If you have questions, please call (866) 233-3368 (toll-free)