

INDIVIDUAL RETIREMENT ACCOUNT APPLICATION

ADAMS HARKNESS SMALL CAP GROWTH FUND

Please complete this form to establish an IRA.

You must complete a separate application for each IRA you wish to establish.

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 Adams Harkness Small Cap 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. IRA REGISTRATION (Please print)

_____	_____	_____
Name	Birth Date	Social Security Number
_____		_____
Address: Number and Street (Required)		Mailing Address (If different)
_____	_____	_____
City	State	Zip Code
_____		_____
E-mail		Telephone (Day)
_____		_____
E-mail		Telephone (Evening)
_____		_____

The Adams Harkness Small Cap Growth Fund (Minimum \$2,000) \$ _____

Check enclosed for \$ _____

I have telephoned the Transfer Agent to make wire arrangements
(See instructions in Section 12).

My initial investment wire is \$ _____

By ACH for \$ _____
(Please enter your Bank Account Information in Section 6).

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 Fund does 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. IRA TYPE AND DESCRIPTION

Please indicate below the type of IRA you would like to establish. An application cannot be processed if it attempts to establish more than one IRA. Please read the Funds' Universal IRA Disclosure Statement for information to help determine the appropriate type of IRA for your account or consult a qualified tax professional.

Type of IRA

(Check one box only)

Regular IRA

Qualified Plan Rollover

SEP-IRA

Roth IRA

3. SOURCE OF CONTRIBUTIONS (Check one box that applies)

Annual Contribution

You are making a contribution for the current or prior tax year. **Please complete Section 5.**

Transfer

You are transferring assets directly from your Traditional or Roth IRA at another institution. **You must also complete an IRA Retirement Asset Transfer/Rollover Form.** If you are transferring an IRA to an existing Adams Harkness Small Cap Growth Fund IRA, you need not complete a new IRA Account Application.

Rollover

You are contributing assets distributed to you from a qualified retirement plan or from another IRA or you are contributing assets directly from a qualified retirement plan. **Please complete Section 5.**

4. CUSTODIAL FEE

I have enclosed \$15.00 for the Annual Custodial Fee.

Please deduct the Annual Custodial Fee from my account.

5. INVESTMENT SELECTION (Do not use for IRA transfers)

If the tax year is not specified, the investment will be made for the year in which this application is received.

Tax Year _____ Contribution: \$ _____

Annual Custodial Fee: \$15.00

Tax Year _____ Contribution: \$ _____

Total of Your Check

Rollover or Qualified Plan Rollover: \$ _____

(Payable to Adams Harkness Small Cap Growth Fund) or Wire: \$ _____

6. BANK ACCOUNT INFORMATION

(Complete only if you have elected certain shareholder privileges in Section 10 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

Checking Savings

Account Number _____ Account Type _____
(If Checking Account, please attach a voided check.)

Bank Address: Number and Street _____

City _____ State _____ Zip Code _____

7. 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 _____

8. DUPLICATE STATEMENT ADDRESS (Optional)

Name _____

Address: Number and Street _____

City _____ State _____ Zip Code _____

9. BENEFICIARY DESIGNATION (Attach additional sheets if necessary)

Primary Beneficiary(ies) (Percentages must total 100%)

Name _____ Address _____

Percentage _____ Birth Date _____ Social Security Number _____ Relationship _____

Name _____ Address _____

Percentage _____ Birth Date _____ Social Security Number _____ Relationship _____

Secondary Beneficiary(ies) (Percentages must total 100%)

Name _____ Address _____

Percentage _____ Birth Date _____ Social Security Number _____ Relationship _____

Name _____ Address _____

Percentage _____ Birth Date _____ Social Security Number _____ Relationship _____

Shareholders are advised to check the requirements of state law concerning spouse's beneficiary rights.

10. SHAREHOLDER PRIVILEGES (Subject to terms set forth in the prospectus)

Telephone Authorization

Unless the following is checked, I authorize and direct the Transfer Agent to accept and act upon telephone instructions for exchanges involving the account with corresponding registration. I also agree that neither the Fund nor the Transfer Agent will be liable for any loss, cost or expense for acting on any telephone instructions if they follow reasonable procedures to verify that the telephone requests are genuine.

I do not authorize telephone exchanges.

Systematic Investment Plan (\$2,000 Minimum). Please complete Section 6.

Investment Frequency (Please select one and complete):

A Single Monthly Investment Amount of \$ _____ (\$100 Minimum) to be invested on the _____ day of the month.*

OR

A Twice Monthly Investment Amount of \$ _____ (\$100 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).

Systematic Investments will be credited to the year in which the investment is made. You may change this amount at any time by contacting the Transfer Agent at either the phone number or address provided in Section 12 of this application.

Please note that this privilege will be effective 7 business days after the Fund receives 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 either the phone number or address provided in Section 12 of this application.

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 6)

A Monthly amount of \$ _____ (\$250 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).

Wire Redemption (\$5,000 minimum) Please complete Section 6.

Unless the following is checked, I authorize and direct the Transfer Agent to send redemption proceeds by Federal Funds Wire.

I do not authorize redemption by Federal Funds Wire.

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.**

11. ACCEPTANCE AND SIGNATURE (You must sign to establish an IRA)

The Depositor acknowledges having read and agrees to be bound by the terms, as may be amended from time to time, of the Fund's Traditional or Roth IRA Disclosure Statement and the relevant Fund Prospectus. Under penalties of perjury, the Depositor certifies that the Social Security Number on this form is true, correct and complete and that I am a U.S. person (including a U.S. resident alien). I understand that the Custodian will deduct from my account or collect separately an Annual Custodial Fee of \$15 for each account.

By my signature below, I certify that:

(1) I am 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 me in this application is true and correct and any documents provided herewith are genuine.

Signature: _____ Date: _____

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

12. INITIAL INVESTMENT AND MAILING INSTRUCTIONS

(1) If making your initial IRA investment by check, complete this IRA Account Application form and mail it with your check, payable to “**Adams Harkness Small Cap Growth Fund**”

to:

**Adams Harkness Small Cap Growth Fund
Attn: Transfer Agent
Atlantic Fund Administration, LLC
P.O. Box 588
Portland, ME 04112**

or for Overnight Delivery to:

**Adams Harkness Small Cap Growth Fund
Attn: Transfer Agent
Atlantic Fund Administration, LLC
Three Canal Plaza, Ground Floor
Portland, ME 04101**

(2) If making your initial IRA investment by bank wire or having your qualified retirement plan wire funds (for rollovers and transfers), call the Transfer Agent, Atlantic Fund Administration, LLC, at (800) 441-7031. We will ask you to fax the completed application and we will assign you an account number.

The Funds will mail each Depositor a Statement confirming the establishment of their IRA.

If you have questions, please call (800) 441-7031 (toll-free)