

The Berkshire Funds

Do not use this application to establish a Berkshire Funds IRA Account. To request a Berkshire Funds IRA Application and/or a IRA Transfer Form, please call toll-free 1-877-526-0707 or visit our website at www.berkshirefunds.com. There is a \$5,000 minimum initial investment per Fund unless the account is established using the Automatic Investment Plan. If you have any questions, please contact an Investor Service Representative at 1-877-526-0707.

Shareholder Account Application

To open your new account please mail the completed application to:

The Berkshire Funds
Mutual Shareholder Services, LLC
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147

**BERKSHIRE
FUNDS**

1. Taxpayer Identification Number

Taxpayer Identification Number For joint accounts, provide SSN of first listed owner; For UGMA/UTMA use minor's SSN

Social Security Number or Taxpayer Identification Number

2. Account Registration (Please Print or Type)

Please check only one type of registration below:

Individual (may not be a minor)

Owner's Name (First, Middle, Last) Date of Birth

Joint* (may not be a minor)

Joint Owner's Name (First, Middle, Last) Date of Birth

Joint Owner's Name (First, Middle, Last) Date of Birth

*Joint tenants with right of survivorship, unless otherwise noted

Uniform Gifts/Transfers to Minors Account (UGMA/UTMA)

Custodian (One name only)

As Custodian for (One minor only) Minor's Date of Birth

Trust

Name of Trustee

Name of Trust

Additional Trustee (If applicable) Date of Trust

Corporation or other Entity

Type of Entity: Corp. Partnership Other _____

Name of Corporation, Partnership, Estate, ect.

3. Mailing Address

Street

City, State, Zip Code

() ()

Daytime Telephone

Evening Telephone

Owner's Citizenship:

U.S. Resident alien _____
Country

Non-resident alien - Residence for tax purposes _____
Country
Non-resident aliens with a U.S. address must also submit IRS Form W-8

4. Additional Address or Broker Dealer Information (If Applicable)

To send copies of confirms and statements for this account (optional)

Name

Street

City, State, Zip Code

Broker Dealer Rep Name

Broker Dealer Account Number

5. Your Fund Selection

Minimum Initial Investment Amounts:

- \$5,000 per regular Fund account.
- \$2,500 with an Automatic Investment Plan.
(for this option, also complete Sections 9 and 10)

Payment by Check Please make checks payable to the Fund name.

Purchase by Wire Call 1-877-526-0707 for instructions.

Berkshire Focus Fund \$ _____

6. Distribution Options

All distributions will be reinvested into additional Fund shares unless you indicate otherwise by selecting payment by check:

Reinvest all Income Dividends and Capital Gains into my account.

Pay all Income Dividends and Capital Gains to me by check.

7. Telephone Purchase Option

Telephone Purchase of Shares Option: This option allows you to make additional investments (\$500 minimum per purchase) into your Berkshire 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 complete Section 10.

I accept this option

8. Telephone Redemption Option

Telephone Redemption of Shares Option: You can sell shares of your Fund by phone (\$50,000 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.

Application is continued on the back

9. Automatic Investment Plan

Automatic Investment Program: This option allows you to make automatic monthly or quarterly investments (\$100 minimum per purchase) into your Berkshire Fund account(s) directly from your bank account. To establish a new account with this program you must initially invest at least \$2,500 per account and subsequent investments must be at least \$100 per purchase.

You must also include the bank information in Section 10.

I accept this option

	\$
Fund Name	Amount (\$100 minimum)
	<input type="checkbox"/> 5th or <input type="checkbox"/> 20th*
Begin investment on (month, year)	
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	

	\$
Fund Name	Amount (\$100 minimum)
	<input type="checkbox"/> 5th or <input type="checkbox"/> 20th*
Begin investment on (month, year)	
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	

* If no date is specified, investments will be made on the 20th. Your first automatic investment will occur no sooner than two weeks after receipt of this application.

10. Bank Information

You must complete this section to make additional investments into your Berkshire Fund account(s) by telephone (see Section 7) or to establish an Automatic Investment Plan (see Section 9). Please attach a voided, unsigned check or savings account deposit slip for the bank account you will be using for transfers.

Name of Bank
Address of Bank
City, State, Zip Code
Name(s) on Bank Account
Bank Account Number
ABA Number (Available from your bank)
()
Bank Phone Number
This is a: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account

James A. Sample 123 Main Street Anywhere, USA 12345
Pay to the order of: _____
_____ DOLLARS
VOID
1 1234567890123456789012 0001

11. Signatures(All Account Owners/Trustees Must Sign)

By signing below:

- I certify that I have received and read the current Prospectus for the Fund(s) in which I am investing 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 the Fund(s) are not backed or guaranteed by any bank, or insured by the FDIC.
- I understand that my account(s) will automatically have exchange privileges with other Berkshire Funds. I agree to read the Prospectus for each Fund into which exchanges are made. The terms, representations and conditions of this application will apply to any account established at a later date.
- I authorize the Berkshire Funds and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with procedures described in the Prospectus for this account or any account into which exchanges are made. I agree that neither the Berkshire Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions. Such entities will employ reasonable procedures to confirm that instructions communicated by phone are genuine, and may be liable for losses due to unauthorized or fraudulent instructions only if such procedures are not followed.

By completing Section 10 and signing below:

I authorize debits from the bank account referenced in conjunction with the account options selected. I agree that the Berkshire Funds shall be fully protected in honoring any such transaction. I also agree that the Berkshire Funds may make additional attempts to debit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.

Under penalty of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this application is correct.
2. I am not subject to backup withholding because: (a) I am exempt from backup 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 notified me that I am no longer subject to backup withholding.

Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

All Owners/Trustees Must Sign. For UGMA/UTMAs, Custodian Should Sign.

X	
Signature of Individual Owner, Trustee, or Custodian	Date
X	
Signature of Joint Owner, Trustee, or Custodian (If applicable)	Date
X	
Additional Owner's Signature (If applicable)	Date

If you have any questions, please call: 1-877-526-0707

Please return applications to:
 The Berkshire Funds
 c/o Mutual Shareholder Services, LLC
 8000 Town Centre Drive, Suite 400
 Broadview Heights, OH 44147