



THE ARBITRAGE FUND

P.O. Box 219842  
Kansas City, MO 64121-9842  
(800) 295-4485

# Purchase Application

Please print or type.

**Mail to:** The Arbitrage Fund, c/o DST Systems Inc., P.O. Box 219842, Kansas City, MO 64121-9842

**Overnight Express Mail to:** The Arbitrage Fund, c/o DST Systems Inc., 430 West 7th Street, Kansas City, MO 64105

Use this form for individual, custodial, trust, profit sharing or pension plan accounts for the Class R Shares. For Class I Shares, see prospectus for eligibility requirements. Do not use this form for The Arbitrage Fund sponsored IRA or SEP IRA accounts. For any additional information please call The Arbitrage Fund at **800-295-4485** 8:30AM-8PM EST.

## IMPORTANT INFORMATION FOR OPENING A NEW ACCOUNT

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, social security number and other information that will allow us to identify you. This information will be verified to ensure the identity of all individuals opening a mutual fund account. Any documents that we request (i.e. drivers license) will be used solely to attempt to establish your identity. **Please make sure to provide all this required information. Incomplete information will delay your investment. The Funds will not process your investment until all required information has been provided.**

### 1 Investment

By check made payable to The Arbitrage Fund.\* Amount \$ \_\_\_\_\_

By wire: Call 800-295-4485. Indicate total amount and date of wire \$ \_\_\_\_\_ Date \_\_\_\_\_

\* The Funds do not accept cash, credit card checks, money orders, travelers checks, third party checks, or bearer forms securities of any kind.

### 2 Account Registration (Required)

Individual     Joint Owner     Gift to Minors     Corporation/Trust\*     Partnership\*     Other Entity\*

FIRST NAME                      M.I.                      LAST NAME                      SOCIAL SECURITY #                      BIRTHDATE (Mo/Dy/Yr)

FIRST NAME                      M.I.                      LAST NAME                      SOCIAL SECURITY #                      BIRTHDATE (Mo/Dy/Yr)

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

CUSTODIAN'S FIRST NAME (ONLY ONE PERMITTED)    M.I.    LAST NAME    SOCIAL SECURITY #    BIRTHDATE (Mo/Dy/Yr)

MINOR'S FIRST NAME (ONLY ONE PERMITTED)    M.I.    LAST NAME

MINOR'S SOCIAL SECURITY #    MINOR'S BIRTHDAY (Mo/Dy/Yr)    STATE OF RESIDENCE

NAME OF TRUSTEE(S) (IF TO BE INCLUDED IN REGISTRATION)

NAME OF TRUST/CORPORATION/PARTNERSHIP\*

SOCIAL SECURITY #/TAX ID #    DATE OF AGREEMENT (Mo/Dy/Yr)

NAME OF AUTHORIZED TRADER

SOCIAL SECURITY #    BIRTHDATE (Mo/Dy/Yr)

TRADER ADDRESS

\*Corporate Resolution required for corporation. First/last page of Trust required for Trust. Partnership agreement is required. Additional documentation and certification may be requested. Please call 1-800-295-4485 to learn more.

### 3 Distributions – Capital gains and dividends will be reinvested if no option is selected.

- Capital Gains & Dividends Reinvested     Capital Gains & Dividends in Cash  
 Capital Gains in Cash & Dividends Reinvested     Capital Gains Reinvested & Dividends in Cash

Unless otherwise indicated, cash distributions will be mailed to the address in Section 4.

#### 4 Mailing Address/Other Information (Required)

You must check one:  U.S. Citizen  Resident Alien (must have U.S. tax identification number and domestic address)

Non-Resident Alien – Country of Citizenship: \_\_\_\_\_  
(please enclose the appropriate W-8 form and a copy of your passport or government-issued I.D.)

STREET ADDRESS (If mailing address is a Post Office Box, a street address is also required by the USA Patriot Act) CITY STATE ZIP

MAILING ADDRESS CITY STATE ZIP

DAYTIME PHONE # EVENING PHONE #

JOINT OWNER ADDRESS

Duplicate Confirmation to: FIRST NAME M.I. LAST NAME

STREET ADDRESS CITY STATE ZIP

Are you an associated person of an NASD member?  Yes  No

#### 5 Telephone Redemption Options

Your signed Application must be received at least 15 business days prior to initial transaction.

An unsigned voided check (for checking accounts) or a savings deposit slip is required with your Application.

- Check to address shown on your account.
- Via federal wire to your bank account below (\$15.00 charge for each wire transfer)
- Via EFT, at no charge, to your bank account below  
(funds are typically credited within two days after redemption)

NAME(S) ON BANK ACCOUNT

BANK NAME ACCOUNT NUMBER

BANK ADDRESS BANK ROUTING/ABA #

#### 6 Automatic Investment Plan

Your signed Application must be received at least 15 business days prior to initial transaction.

An unsigned voided check (for checking accounts) or a savings deposit slip is required with your Application.

Please start my Automatic Investment Plan as described in the prospectus beginning:

- 15th day of the month (or previous business day)
- last day of the month (or previous business day)
- both the 15th day and the last day of the month

I hereby instruct DST Systems, Inc. Transfer Agent for The Arbitrage Fund to automatically transfer \$\_\_\_\_\_ (minimum of \$100.00) directly from my checking, NOW, or savings account named below. I understand that I will be assessed a \$25 fee if the automatic purchase cannot be made due to insufficient funds, stop payment, or for any other reason.

NAME(S) ON BANK ACCOUNT

BANK NAME ACCOUNT NUMBER

BANK ADDRESS BANK ROUTING/ABA #

SIGNATURE OF BANK ACCOUNT OWNER SIGNATURE OF JOINT OWNER

#### 7 Systematic Withdrawals

An unsigned voided check (for checking accounts) or a savings deposit slip is required with your Application.

I would like to withdraw from The Arbitrage Fund \$\_\_\_\_\_ (\$500 minimum) as follows:

- I would like to have payments made to me each month, or
- I would like payments made to me each quarter
- To have payments automatically deposited to your bank account. Complete bank account information below.  
(A check will be mailed to the address in Section 4 if this box is not checked.)

NAME(S) ON BANK ACCOUNT

BANK NAMES ACCOUNT NUMBER

BANK ADDRESS BANK ROUTING/ABA #

## 8 Signature and Certification Required by the Internal Revenue Service

I have received and read the Prospectus for The Arbitrage Fund (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the Prospectus. I am of legal age in my state of residence and have full authority to purchase shares of the Fund and to establish and use any related privileges. 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.

By selecting the options in Section 5, 6, and/or 7, I hereby authorize the Fund to initiate credits and debits to my account at the bank indicated and for the bank to credit or debit the same to such account through the Automated Clearing House ("ACH") system.

I/we are not involved in any money laundering schemes, and the source of this investment is not derived from any unlawful criminal activities; the information provided on this form and the documents submitted are true and correct.

**(Note to Foreign Investors: Please enclose the appropriate W-8 form and a copy of your passport or government-issued I.D.)**

**Under the penalty of perjury, I certify that (1) I am a U.S. person (including a U.S. resident alien), (2) the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, and (3) 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. I recognize that the IRS does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.**

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SIGNATURE OF OWNER\*

DATE (Mo/Dy/Yr)

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SIGNATURE OF JOINT OWNER, IF ANY

DATE (Mo/Dy/Yr)

*\*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 space provided below.*

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PRINT NAME AND TITLE OF OFFICER SIGNING FOR A CORPORATION OR OTHER ENTITY

## 9 Dealer Information

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DEALER NAME

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REPRESENTATIVE'S LAST NAME FIRST NAME M.I.

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DEALER HEAD OFFICE

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REPRESENTATIVE'S BRANCH OFFICE

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ADDRESS

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ADDRESS

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CITY/STATE/ZIP

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CITY/STATE/ZIP

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TELEPHONE NUMBER

---

TELEPHONE NUMBER

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REP'S A.E. NUMBER