



Do not use this application to establish an Individual Retirement Account. Please print all items clearly (except signature). To avoid having your application returned, please be sure to complete Steps 1, 2 & 9.

Please return completed application and check made payable to the applicable Fund(s)

Regular Mail:
The Chartwell Funds
P.O. Box 46707
Cincinnati, Ohio 45246-0707

Overnight:
The Chartwell Funds
225 Pictoria Drive, Suite 450
Cincinnati, Ohio 45246

1 ACCOUNT REGISTRATION

1A. Check All that Apply

- Individual** **Joint Account** *(cannot be a minor)* Joint owners have rights of survivorship, unless state laws regarding community property apply.
- Joint Other: (Specify)** _____ (i.e., tenants in common, community property)
(If no account type is specified, account will be established as joint tenants with right of survivorship)

Owner's Legal Name _____

Owner's Social Security ID Number _____ Owner's Date of Birth _____

Joint Owner's Name (if applicable) _____ Relationship to Owner Spouse Non-Spouse
(If no election, relationship to owner will be considered Non-Spouse)

Joint Owner's Social Security ID Number _____ Joint Owner's Date of Birth _____

- Trust, Corporation, Partnership or other Legal Entity** Please attach a copy of the appropriate bylaws, articles of incorporation, resolutions or trust documents establishing authority to open this account and the existence of the entity.

To help the government fight financial crime, Federal regulation requires certain financial institutions, including mutual funds, to obtain, verify, and record information about the beneficial owners of legal entity customers.

Please complete section entitled "**Certification Regarding Beneficial Owners of Legal Entity Customers**" if the account is to be established on behalf of a legal entity, which includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

- Government Entity/Plan or Program of Government Entity**

Name of Trust, Corporation, Partnership or other Entity _____

- C-Corporation not subject to IRS reporting by the Funds

Taxpayer Identification Number _____ Trust Date _____

Name of Trustee(s) or Authorized Individual(s) _____

Social Security ID Number of Trustee(s) or Authorized Individual(s) _____ Date of Birth for Trustee(s) or Authorized Individual(s) _____

- Gift/Transfer to a Minor (UGMA/UTMA)**

_____ as a custodian for _____ under the _____ UGMA/UTMA.

Custodian's Name (only one permitted) _____ Minor's Name (only one permitted) _____ State _____

Minor's Social Security Number _____ Minor's Date of Birth _____

Custodian's Social Security Number _____ Custodian's Date of Birth _____

1B. Mailing Address and Telephone Number

Number and Street or P.O. Box _____ City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____ E-mail Address _____

1C. Legal Address (Physical Address) Only needed if different from mailing address. No P.O. Boxes.

Number and Street _____ City _____ State _____ Zip _____

2 INVESTMENT SELECTION

Invest the Assets in the following manner:

- 51 – Berwyn Income Fund (BERIX) \$ _____ or _____ %
- 52 – Chartwell Mid Cap Value Fund (BERCX) \$ _____ or _____ %
- 121 – Chartwell Small Cap Value Fund (CWSIX) \$ _____ or _____ %
- 123 – Chartwell Short Duration High Yield Fund (CWFIX) \$ _____ or _____ %
- 124 – Chartwell Small Cap Growth Fund (CWSGX) \$ _____ or _____ %

* The Fund does not accept third party checks, starter checks, traveler's checks, cashiers checks below \$10,000 or money orders. The minimum initial investment for each fund is \$1,000.

3 REDEMPTION AND DISTRIBUTION OPTIONS

You can sell shares of your Fund having a value of \$50,000 or less by phone and have the money sent to you unless you decline this option.

Decline telephone redemption plan

Your dividends and capital gains will be automatically reinvested into your account unless you indicate otherwise below.

	Distribution Method		Payment Method	
	Reinvest	Cash*	ACH**	Check
Capital Gains	<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/>
Dividends	<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/>

* Must choose a payment method

** Automated Clearing House sent to bank account listed in Step 7

4 COST BASIS SELECTION

Cost basis calculation method for all accounts established by this application:

- First-In, First-Out (FIFO)* (Default method, if not specified)
- Average Cost
- Last-In, First-Out (LIFO)*
- Highest-Cost, First-Out (HIFO)*
- Specific Share Identification **

* If you have any questions, please contact our shareholder services group at 1-888-995-5505 for assistance.

** If Specific Share Identification is selected and no instruction is provided as to which shares should be redeemed, First-In, First-Out (FIFO) will be used.

5 DUPLICATE STATEMENTS AND CONFIRMATIONS

Please send duplicate statements and confirmations to an address other than that listed in Step 1B (optional):

Name _____ Company Name _____

Street Address or P.O. Box _____ City _____ State _____ Zip _____

6 ACCOUNT SERVICE OPTIONS

6A. Special Plan Options

Automatic Investment Plan* Yes No

Permits you to automatically invest in your Fund account through your bank account (you must complete Step 7.) Please indicate the amount and interval. Minimum requirement of \$100 for each monthly investment.

Automatic Withdrawal Plan Yes No

(Minimum \$1,000 account balance to participate.)

Please redeem sufficient shares from this account at the then current net asset value, in accordance with the instructions below. (Subject to a minimum \$100 per distribution).

Frequency:

Choose one*: Monthly or Quarterly Choose one*: 5th 10th 15th 20th or 25th Begin date (month/year): _____

* If no time frame or date is specified investments will be made monthly on the 15th. Your first automatic investment will occur no sooner than 15 days after receipt of this application.

Investment Information:

Fund Name: _____ Amount (\$): _____

6B. Redemption Option

By Electronic Transfer Yes Decline
(to your bank account)

If yes, you must complete bank information in Step 7 and select method of transfer.

- (ACH) Automated Clearing House (\$100 minimum)
- WIRE** (\$1,000 minimum)

** A \$20 wire fee applies.

7 ELECTRONIC FUNDS TRANSFER INSTRUCTIONS

By providing banking instructions below and signing Step 8, I authorize credits/debits to/from this bank account in conjunction with the account options selected. I understand for the selected options involving wire transactions, my bank may charge me wire fees. I agree that the Fund(s) and its agents may make additional attempts to debit/credit my account if the initial attempt fails and that I will be liable for any associated costs. All account options selected shall become part of the terms, representations and conditions of this application.

This is a: checking account savings account

Name of
Bank Account Owner _____

Name of
Co-Bank Account Owner _____

Bank Name _____

Bank Address _____

Account # _____

Routing # _____

Jane Smith	0123	
1245 Main Street	Date _____	
Anywhere, US 12345		
_____	\$ _____	
For _____		
123456789	1234567890	0123

Routing #

Account #

8 PRIVACY NOTICE

The Funds collect non-public information about you from the following sources:

- Information we receive about you on the application form or other forms;
- Information you give us orally; and/or
- Information about your transactions with us or others.

We do not disclose any non-public personal information about our shareholders or former shareholders without the shareholder's authorization, except as permitted by law or in response to inquiries from governmental authorities. We may share information with affiliated and unaffiliated third parties with whom we have contracts for servicing the Fund. We will provide unaffiliated third parties with only the information necessary to carry out their assigned responsibilities. We maintain physical, electronic and procedural safeguards to guard your non-public personal information and require third parties to treat your personal information with the same high degree of confidentiality. In the event that you hold shares of the Fund through a financial intermediary, including, but not limited to a broker-dealer, bank, or trust company, the privacy policy of your financial intermediary would govern how your non-public personal information would be shared by those entities with unaffiliated third parties.

9 SIGNATURES AND CERTIFICATIONS

By signing below, I certify that:

- I have received and read the current prospectus(es) of The Chartwell Funds (the "Fund Company") in which I am investing. I certify that I have the authority and legal capacity to make this purchase in this account, and that I am of legal age in my state of residence.
- I authorize the Fund Company 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 transfers are made. I authorize the registered representative assigned to my account to have access to my account and to act on my behalf with respect to my account. I agree that neither the Fund Company nor any of its agents will be liable for any loss, cost or expense for acting on such instructions.
- The Fund Company can redeem shares from my account(s) to reimburse for any loss due to non-payment or other indebtedness.
- I understand that my property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law. This process is governed by the escheatment laws of your state.

Under penalty of perjury, I certify that:

1. I am a U.S. person (including a U.S. resident alien) as defined on IRS Form W-9.
2. The Social Security Number or Taxpayer Identification Number shown on this application is correct.
3. 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.

Cross out item 3 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.

Each Account Owner Must Sign Here

Signature of Owner, Trustee, Custodian or Authorized Individual

Date

Signature of Joint Owner, Co-Trustee or Authorized Individual

Date

Fund Shares are not deposits or obligations of, or guaranteed or endorsed by, any financial institution and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board or any other agency.

IMPORTANT INFORMATION ABOUT PROCEDURES 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 for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Please remember that any documents or information we gather in the verification process will be maintained in a confidential manner. We appreciate your investment in The Chartwell Funds.

10 INVESTMENT BROKER/DEALER

Important: To be completed by broker/dealer representative. (Broker/Dealer must have approved agreement with the Fund distributor and/or Fund Company).

Broker/Dealer Firm Name	Dealer #	Branch Name	
Representative's Name	Rep #	Branch #	Rep Telephone Number
Rep Office Street Address		Rep Office City/State/Zip	
Authorized Signature (Registered Representative)			

Thank you for your investment. You will receive a confirmation showing your Fund account number, dollar amount, shares purchased and price paid per share.

For assistance with this or other forms, please call 1-888-995-5505

11 CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

In compliance with the Customer Due Diligence requirements issued by the Financial Crimes Enforcement Network (FinCEN), financial institutions must identify and verify the identity of the beneficial owners of all legal entity customers.

This form must be completed by the person opening a new account on behalf of a legal entity customer. For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by filing a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening account on their own behalf.

This form requires you provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of non-U.S. Persons) for the following individuals (i.e., the beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. **Regardless of the number of individuals identified in section (i), you must provide the identifying information of one individual under section (ii).** It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of ACME, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

CERTIFICATION OF BENEFICIAL OWNER(S) - Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

b. Name, Type (select below), and Address of Legal Entity for Which the Account is Being Opened:

- Corporation
 Limited Liability Company
 Limited Partnership
 General Partnership
 Business Trust
 Other entity created by filing with a state office

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number

(If no individual meets this definition, please write, "Not Applicable")

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

Name	Date of Birth	Address (Residential or Business Street Address)	<i>For U.S. Persons:</i> Social Security Number	<i>For Non-U.S. Persons:</i> Social Security Number, Passport Number and Country of Issuance, or other similar identification number

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____

Date: _____