



INCOME FUND • VALUE FUND

Send completed forms to:
Mutual Shareholder Services, LLC
Attn: Croft Funds
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147

Account Application:

For individual, custodial, trust, profit-sharing or pension plan accounts. Do not use this form for IRA's--a special form is available from the Funds. For information call 1-800-746-3322

ACCOUNT REGISTRATION

Name of Owner(s) (Individual, Joint, Custodian, Company, or Trustee)

Mailing Address

City State Zip Code Daytime Telephone Number

Social Security Number(s) or Taxpayer Identification Number(s) * (Required to Open Account) Date of Birth*

*For Joint accounts social security number and date of birth required for both parties

Citizen and permanent resident of USA? Yes No (Open to US residents only)

FUND SELECTION

Amount

<input type="checkbox"/> Croft Value Fund.....	\$ _____
<input type="checkbox"/> Croft Income Fund	\$ _____
Total	\$ _____

INVESTMENT

Please indicate the amount you wish to invest (\$2,000 minimum)

By check(s) made payable to Croft Value Fund or Croft Income Fund\$ _____

Via U.S. Mail or Overnight Delivery (i.e. Federal Express)
Mutual Shareholder Services, LLC
Attn: Croft Funds
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147

By wire* to\$ _____

U.S. Bank,
ABA #0420-0001-3
Attn: Croft-Leominster Income Fund or Value Fund
DDA #481701340

*The name of the fund, shareholder's name and account number must be specified in the wire.

DISTRIBUTIONS

Distributions will be reinvested in additional shares unless one of the following boxes is checked:

<i>Value</i>	<i>Income</i>	
<i>Fund</i>	<i>Fund</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Send me a check for all dividends and distributions.
<input type="checkbox"/>	<input type="checkbox"/>	Send me a check for dividends, but reinvest capital gains distributions.

SIGNATURES AND CERTIFICATION

I represent that I am of legal age and have legal capacity to make this purchase and have received and read current prospectus of the Fund(s). I certify under penalty of perjury that:

- The social security or other taxpayer identification number stated above is correct.
- I am not subject to backup withholding because**
 - A. The IRS has not informed me that I am subject to backup withholding.
 - B. The IRS has notified me that I am no longer subject to backup withholding.

** Check the appropriate box. If this statement is not true and you are subject to backup withholding, strike out section 2.

I understand that if I fail to furnish a correct social security number or taxpayer identification number, I may be subject to a penalty of \$50 for each failure and my account(s) may be subject to backup withholding on distribution and redemption proceeds.

Signature of Owner, Trustee, or Custodian (All owners/trustees must sign) Date