



# MUTUAL FUND APPLICATION

This application will open any type of Meridian account except an IRA. Please complete all information exactly as you wish it to appear on the account.

To help the U.S. government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies persons opening accounts. To comply, we require your name, address, date of birth and government-issued identification number (generally, a Social Security Number) and other information that may help us identify you. We may ask for copies of related documentation and we may consult third-party databases to help verify your identity.

**Register your account (Choose A, B or C).**

Individual or  Joint Tenants or  Other \_\_\_\_\_

Owner Name \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
(First, Middle, Last)

Citizenship:

U.S. Citizen  Resident Alien  Non-Resident Alien – \_\_\_\_\_  
(Gov't. ID #) (Gov't. ID Type) (Country of Issuance)

Joint Owner Name \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
(First, Middle, Last) (Joint tenancy is assumed unless otherwise specified)

Citizenship:

U.S. Citizen  Resident Alien  Non-Resident Alien – \_\_\_\_\_  
(Gov't. ID #) (Gov't. ID Type) (Country of Issuance)

or  Gift to a Minor

Custodian's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
(First, Middle, Last)

Citizenship of Custodian:

U.S. Citizen  Resident Alien  Non-Resident Alien – \_\_\_\_\_  
(Gov't. ID #) (Gov't. ID Type) (Country of Issuance)

Minor's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
(First, Middle, Last)

Citizenship of Minor:

U.S. Citizen  Resident Alien  Non-Resident Alien – \_\_\_\_\_  
(Gov't. ID #) (Gov't. ID Type) (Country of Issuance)

Minor's State of Residence \_\_\_\_\_  
(Please designate only one custodian and one minor per account)

or  Trust  Corporation  Partnership  Other \_\_\_\_\_

Entity Name \_\_\_\_\_ Tax ID # \_\_\_\_\_ Date of Trust \_\_\_\_\_

Trustee \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
(First, Middle, Last)

Citizenship of Trustee:

U.S. Citizen  Resident Alien  Non-Resident Alien – \_\_\_\_\_  
(Gov't. ID #) (Gov't. ID Type) (Country of Issuance)

Please provide documents to evidence the existence of the entity such as certified articles of incorporation, partnership or trust agreement etc.

**Residency Address:** (No P.O. Boxes Acceptable)

Residency Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(No P.O. Boxes Acceptable)

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

Joint Tenant, Minor or Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

**Any questions? Call toll-free 1-800-446-6662.**  
**Visit our website: [www.meridianfund.com](http://www.meridianfund.com)**

**Select a Fund.**

Please make your check payable to **Meridian Growth Fund** or **Meridian Value Fund** or **Meridian Equity Income Fund** (\$1,000 minimum.)

**Meridian Growth Fund**

\$ \_\_\_\_\_ Check enclosed  
 \$ \_\_\_\_\_ wired from Bank \_\_\_\_\_  
Date \_\_\_\_\_ Wire# \_\_\_\_\_

**Meridian Value Fund**

\$ \_\_\_\_\_ Check enclosed  
 \$ \_\_\_\_\_ wired from Bank \_\_\_\_\_  
Date \_\_\_\_\_ Wire# \_\_\_\_\_

**Meridian Equity Income Fund**

\$ \_\_\_\_\_ Check enclosed  
 \$ \_\_\_\_\_ wired from Bank \_\_\_\_\_  
Date \_\_\_\_\_ Wire# \_\_\_\_\_

**Select dividend and distribution methods.**

	<b>Meridian Growth Fund</b>	<b>Meridian Value Fund</b>	<b>Meridian Equity Income Fund</b>
Income Dividends	<input type="checkbox"/> reinvested <input type="checkbox"/> paid in cash	<input type="checkbox"/> reinvested <input type="checkbox"/> paid in cash	<input type="checkbox"/> reinvested <input type="checkbox"/> paid in cash
Capital Gains Distributions	<input type="checkbox"/> reinvested <input type="checkbox"/> paid in cash	<input type="checkbox"/> reinvested <input type="checkbox"/> paid in cash	<input type="checkbox"/> reinvested <input type="checkbox"/> paid in cash

**Please sign application, enclose your check and mail to:**

Meridian Fund, Inc. c/o PFPC, Inc.  
P.O. Box 9792, Providence, RI 02940

Overnight to: Meridian Fund, Inc. c/o PFPC, Inc.  
101 Sabin Street, Pawtucket, RI 02860-1427

I/we have full authority to purchase shares in Meridian Fund, Inc. and have received a current prospectus for the Fund.

**The following is required by Federal Tax Law to avoid backup withholding: "By signing below, I certify under penalties of perjury that I am a U.S. person (including U.S. resident alien). I also certify that the social security number or TAX I.D. number entered above is correct (or I am waiting for a number to be issued to me) and that I have not been notified by the IRS that I am subject to backup withholding unless I have checked this box."**

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

**Owner or Custodian** \_\_\_\_\_ Date \_\_\_\_\_

**Joint Owner (if any)** \_\_\_\_\_ Date \_\_\_\_\_

**Corporate Officers or Trustees**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Complete only if you are authorizing telephone redemption or exchanges.  
Please read the prospectus for full details governing this option.**

**If shares have been purchased by check, this option is available only after 21 days from the date the shares were purchased.**

I/we whose signature(s) appear above, authorize PFPC, Inc. acting as our attorney in fact, to surrender for redemption any or all shares of Meridian Fund, Inc. held for our account pursuant to any telephone, telex, telegram or other request without a signature guarantee, whether from us or from any other person, directing redemption or exchange provided, however, that the proceeds of the transactions are to be sent only as directed below.

I/we and our assigns and successors release PFPC, Inc. and Meridian Fund, Inc. and their respective officers and employees from any and all liability for acting under this authorization.

I/we also agree that the certifications, authorization, appointments, and restrictions herein will continue until PFPC, Inc. receives written notice of any change thereof, which change, with the exception of termination, will require a signature Guarantee. It is also agreed that PFPC, Inc. can cease to act as such attorney and agent upon ten days notice in writing to us at the address noted herein or on any amendment.

Signature/Date \_\_\_\_\_

Mail Funds to my address of record.  Wire funds as directed below:

Your Bank Name \_\_\_\_\_ ABA# \_\_\_\_\_

Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account \_\_\_\_\_

**PLEASE REMEMBER TO ATTACH A VOIDED CHECK**