

**1. ACCOUNT REGISTRATION (Please print in blue or black ink)**

Identity Verification Procedures Notice. The USA PATRIOT Act requires financial institutions, including mutual funds, to adopt certain policies and programs to prevent money-laundering activities, including procedures to verify the identity of all investors opening new accounts. When completing the Account Application, you will be required to supply the Funds with certain information for all persons owning or permitted to act on an account, which will assist the Funds in verifying your identity. This includes name, date of birth, taxpayer identification number and street address. Until such verification is made, the Funds may temporarily limit additional share purchases. In addition, the Funds may limit additional share purchases or close an account if it is unable to verify a customer's identity. As required by law, the Funds may employ various procedures, such as comparing the information to fraud databases or requesting additional information or documentation from you, to ensure that the information supplied by you is correct.

**Individual or Joint Account**  Mr.  Mrs.  Miss  Ms.

Individual Owner's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Joint Owner's Name (if applicable) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Gift or Transfer to a Minor** \_\_\_\_\_, as a custodian for \_\_\_\_\_

Custodian's Name (only one) \_\_\_\_\_ Minor's Name \_\_\_\_\_

Custodian's Social Security Number \_\_\_\_\_ Custodian's Date of Birth \_\_\_\_\_

under the \_\_\_\_\_ State UGMA/UTMA (circle one) \_\_\_\_\_

Minor's Social Security Number \_\_\_\_\_ Minor's Date of Birth \_\_\_\_\_

**Trust Account** (Please include trust agreement.)

Trustee(s) \_\_\_\_\_ Name of Trust \_\_\_\_\_

Trust Date \_\_\_\_\_ Trust's Taxpayer Identification Number \_\_\_\_\_

**Corporation, Partnership or Other Entity** (Please include completed corporate resolution and/or appropriate operating agreement.)

Name of Corporation, Partnership, Association or Other Entity \_\_\_\_\_

Type of Entity \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_

Name of Authorized Person \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please attach a separate list for additional Authorized Persons including full name, social security number and date of birth.

**2. FINANCIAL INTERMEDIARY INQUIRY**

Is this account for a **financial intermediary**\* as defined by SEC Rule 22c-2?  Yes  No

If yes, you will be required to enter into a Shareholder Information Agreement with Stratton Management Co. with respect to the opening of this account. If no, you represent and warrant that if you become a **financial intermediary**\* with respect to this or other Stratton Mutual Fund accounts at any time in the future, you will immediately notify Stratton Management Co., and will take steps to comply with the requirement to enter into a Shareholder Information Agreement pursuant to SEC Rule 22c-2.

\* **Financial intermediary** generally refers to any broker, dealer, bank, or other person that holds shares in nominee name for other investors (i.e., omnibus accounts). The term may also include a unit investment trust, employee benefit/retirement plan, plan administrator, or any person that maintains plan participant records. It does **not** include individual investors.

**3. ADDRESS**

Street Address (P.O. Boxes are not acceptable) \_\_\_\_\_

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

Mailing Address (if different than above) \_\_\_\_\_

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

Day Telephone Number \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**PRIVACY NOTICE**

Stratton Mutual Funds and Stratton Management Co. respect your right to privacy. We do not sell personal information to anyone. In order to provide you with additional information about our Funds, to open an account for you, or to process a transaction, we collect information about you from your account application and other forms that you may deliver to us. We do not disclose any nonpublic personal information about you or our former customers to anyone, except as permitted by law. We restrict access to your nonpublic personal and account information to appropriate employees for the purpose of providing products and services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

**4. INVESTMENT SELECTION (Minimum \$2,000)**

- Stratton Multi-Cap Fund, Inc. (029) \$ \_\_\_\_\_
- Stratton Real Estate Fund, Inc. (036) \$ \_\_\_\_\_
- Stratton Small-Cap Value Fund (037) \$ \_\_\_\_\_
- By Check: Please make your check payable to **Stratton Mutual Funds**. Third-party checks, starter checks, credit cards, credit card checks and cash and cash equivalents—such as traveler’s checks, cashier’s checks, certified checks and money orders—cannot be accepted to purchase shares.
- By wire: Funds were wired on \_\_\_\_\_ Date \_\_\_\_\_ to account # \_\_\_\_\_  
Number assigned by PNC Global Investment Servicing

**5. DISTRIBUTION OPTIONS**

All distributions will be reinvested, unless noted below:

- Income Dividends (check one box only)  reinvested  paid in cash
- Capital Gains Distributions (check one box only)  reinvested  paid in cash

**6. AUTOMATIC INVESTMENT PLAN**

- I have read the terms and conditions of the Automatic Investment Plan set forth in the Prospectus. I wish to invest on a monthly/quarterly basis, directly from my checking account into the Fund. Please designate the amount you would like invested each month/quarter \$ \_\_\_\_\_. **Please provide banking information under Section #8 and attach a voided check.** (\$100 minimum after initial investment)
- monthly  quarterly (check one)
- To begin on the 10th, 15th, 20th (circle one) of the period.

**7. TELEPHONE TRANSACTIONS**

Unless indicated below, I authorize PNC Global Investment Servicing to accept instructions to exchange or redeem shares in my account(s) by telephone, in accordance with the procedures and conditions set forth in the current Prospectus. Neither the Fund nor PNC Global Investment Servicing will be liable for properly acting upon telephone instructions believed to be genuine.

- I do **NOT** want the telephone exchange privilege  I do **NOT** want the telephone redemption privilege

**8. BANK & WIRE INSTRUCTIONS**

- Federal Wire (Please note there may be a fee charged for a Federal Wire.)
- ACH (Automated Clearing House. There will be no charge for ACH transactions. Please note, they may take longer than a Federal Wire to be deposited.)

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

Bank Address \_\_\_\_\_

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

Names on Account \_\_\_\_\_

Account # \_\_\_\_\_  Checking or  Savings**9. MAILING INSTRUCTIONS**

Please make your check payable to **Stratton Mutual Funds** and mail in the enclosed postage-paid envelope to:  
 (U.S. mail) Stratton Mutual Funds, c/o PNC Global Investment Servicing, P.O. Box 9801, Providence, RI 02940-5214  
 (Overnight mail) Stratton Mutual Funds, c/o PNC Global Investment Servicing, 101 Sabin Street, Pawtucket, RI 02860-1427

**10. SIGNATURE AND CERTIFICATION**

I have received, read and agree to the terms of the current Prospectus of the Funds. I have the authority and legal capacity to purchase shares of the Funds and I am of legal age in my state. I authorize PNC Global Investment Servicing, its affiliates, and the Funds to act on any instructions believed to be genuine for any service authorized on this form. I agree that they will not be liable for any resulting loss or expense.

Under penalties of perjury, I certify that the social security or taxpayer identification number entered above is correct and that I have not been notified by the IRS that I am subject to backup withholding.

If you are subject to backup withholding check here:

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

**Please sign here:**

Signature of Owner, Trustee, or Custodian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner (if any) \_\_\_\_\_ Date \_\_\_\_\_

**11. HOUSEHOLDING CONSENT**

- I hereby consent to the delivery of a single copy of the Funds’ financial reports, prospectuses, proxy statements and other similar documents to all investors with whom I share a post office box or residential street address; and who either have my same last name or are a member of my family.

Signature \_\_\_\_\_

If you later decide that you would like individual delivery of the documents, you may contact us at (800) 472-4266, and individual delivery of the documents will begin within 30 days of your request. Otherwise, delivery of a single copy of the documents to multiple investors will continue indefinitely.