

**Please send your signed and completed application to Stratton Funds in the enclosed postage-paid business reply envelope.**

*Regular Mailing Address*  
Stratton Mutual Funds  
P.O. Box 9801  
Providence, RI 02940

*Overnight Mailing Address*  
Stratton Mutual Funds  
4400 Computer Dr.  
Westborough, MA 01581

**Please call 1-800-472-4266 with any questions, Monday through Friday, 9:00 a.m. – 7:00 p.m. (ET).**

**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, street address, date of birth, social security number and other information that will allow us to identify you (including a state issued driver's license or other government issued identification). This information will be verified to ensure the identity of all individuals opening a mutual fund account. Until you provide the information we need, we may not be able to open an account to effect any transactions for you.

**1 ACCOUNT REGISTRATION** Please print or type. Check ONE box only.

- Individual
- Joint Account (Joint Owners have rights of survivorship, unless you indicate otherwise)
- Uniform Gifts to Minors (UGMA) or Uniform Transfers to Minors (UTMA)  
State \_\_\_\_\_
- Transfer on Death (TOD)
- Trust/Estate (Please attach the initial page(s) of the trust agreement identifying the parties to the trust and the signature page(s). Foreign trusts are not permitted to have shareholder accounts.)
- Corporation (A copy of the certified articles of incorporation and business license of the corporation must be attached.)  
\_\_\_\_ S-Corporation  
\_\_\_\_ C-Corporation

- Partnership, Limited Liability Company or Other Entity not listed above (A copy of the partnership agreement, LLC Agreement or other organizational document must be attached.)
- Indicate Federal Income Tax Classification  
\_\_\_\_ S-Corporation  
\_\_\_\_ C-Corporation  
\_\_\_\_ Partnership  
\_\_\_\_ Disregarded Entity (Indicate Federal Income Tax Classification of Owner \_\_\_\_\_)
- Type of Entity under State Law, if different \_\_\_\_\_
- Government sponsored 403b, 457 or 529 Plan
- Check here if you are a government entity or are affiliated with a government entity.

**Check below if exempt from verification due to:**

- Financial Institution regulated by a federal functional regulator
- Bank regulated by a state bank regulator
- Publicly traded corporation  
Symbol \_\_\_\_\_
- Retirement plan covered by ERISA

**Name of Individual, Custodian (one per account), Corporation, or Trust**

A copy of the first and last page of the Trust Agreement must be attached and a list that includes the full name, signature, social security number, date of birth, and address for each additional trustee, as well as for authorized traders.

- Male  Female

\_\_\_\_\_  
First Name or Name of Entity Middle Initial

\_\_\_\_\_  
Last Name or Name of Primary Trustee (Line 1)

\_\_\_\_\_  
Last Name or Name of Primary Trustee (Line 2)

**Citizenship** For non-U.S. citizens, one of the following must be provided: Taxpayer ID, Alien ID or passport number with country of issuance.

- U.S.  Resident Alien

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Social Security Number Alien ID or Passport Number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Date of Birth Tax Identification Number

Are you an existing Stratton Shareholder?  Yes  No  
If yes, please list **ONE** of your Stratton Funds' Account Numbers

**Name of Joint Owner, Minor (one per account), Trustee(s), Beneficiary**

(for TOD accounts only) For additional trustees, please attach a separate piece of paper.

- Male  Female

\_\_\_\_\_  
First Name Middle Initial

\_\_\_\_\_  
Last Name (Line 1)

\_\_\_\_\_  
Last Name (Line 2)

**Citizenship** For non-U.S. citizens, one of the following must be provided: Taxpayer ID, Alien ID or passport number with country of issuance.

- U.S.  Resident Alien

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Social Security Number Alien ID or Passport Number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Date of Birth Tax Identification Number

\_\_\_\_\_

# 1

## ACCOUNT REGISTRATION (Continued)

### Individual, Custodian, Corporation, or Trust Mailing Address

### Joint Owner, Minor, Trustee(s) Mailing Address

(Only required if different from owner's street address)

Address Street or P.O. Box (APO and FPO addresses will be accepted.)

Address Street or P.O. Box (APO and FPO addresses will be accepted.)

Address If the above address is a P.O. Box, you must also provide a street address.

Address If the above address is a P.O. Box, you must also provide a street address.

City State Zip Code

City State Zip Code

E-Mail Address

E-Mail Address

Day Time Phone Number Evening Phone Number

Day Time Phone Number Evening Phone Number

### 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 (e.g., 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. Financial intermediary does **not** include individual investors.

# 2

## INVESTMENT SECTION

Be sure to read the current prospectus carefully before investing. The minimum investment per fund is \$2,000.

### FUND NAME

### AMOUNT

**Stratton Multi-Cap Fund** (029)

\$ | | | | | | | | | |

**Stratton Real Estate Fund** (036)

\$ | | | | | | | | | |

**Stratton Small-Cap Value Fund** (037)

\$ | | | | | | | | | |

Please indicate payment method below (U.S. dollars only):

Check made payable to the name of the fund you are investing in, or to Stratton Mutual Funds if investing in more than one fund.

Wire assets directly. (See prospectus for wire instructions.) Wire date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please Note:** We will not accept payment in the following forms: travelers' checks, cashier's checks, money orders, official checks, credit card convenience checks, cash, starter checks, or third party checks (i.e. any checks not made payable directly to Stratton Mutual Funds).

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## TAX COST BASIS ELECTION

### Cost Basis Election

The Funds are required to report to the IRS any realized gains and losses on fund shares acquired after January 1, 2012. If you don't specifically elect a cost basis method you want us to use, the Funds are required to use their default method outlined below. Please select your preferred cost basis method below.

- [H1] Highest Cost Long-Term, First-Out (HILT)\*
- [FI] First In, First Out (FIFO)
- [HI] Highest Cost, First Out (HIFO)
- [H2] Highest Cost Short-Term, First Out (HIST)
- [L2] Lowest Cost Short-Term, First Out (LIST)

- [AC] Average Cost [AC]\*\*
- [LI] Last In, First Out (LIFO)
- [LO] Lowest Cost, First Out (LOFO)
- [L1] Lowest Cost Long-Term, First Out (LILT)
- [SL] Specific Lot Depletion

\* The Funds' default method is HILT, which means your long-term tax lots, in order of highest to lowest cost, are depleted first then your short-term tax lots, in order of highest to lowest cost, are depleted next.

\*\* Any election or revocation by you of the Average Cost method must be made in writing.

# 4 TELEPHONE OPTIONS

These services allow you to redeem, or exchange by telephone or web among your identically registered accounts. You will also have access to your account through the Integrated Voice Response System and the Internet. See prospectus for details. These services will be automatically added to your account unless you check **No** below.

Telephone Options  **No**

Please **remove** the **telephone and online exchange** feature from my account.

Please **remove** the **telephone and online redemption** feature from my account.

Proceeds of telephone redemption requests are paid by check and mailed to the address of record unless a wire to your bank account of record is requested. **If you want redemption proceeds wired to your bank, you must enclose a voided check from your bank account.** Exchanges must be between identically registered accounts.

# 5 BANK INFORMATION

You must complete this section if you requested Telephone Redemption via ACH or wire, or the Automatic Investment Plan.

Type of Account  Checking  Savings

\_\_\_\_\_  
Name of Primary Account Owner

\_\_\_\_\_  
Name of Joint Account Owner

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
ABA Routing Number

\_\_\_\_\_  
Bank Phone Number

\_\_\_\_\_  
Account Number

**YOU MUST ATTACH A VOIDED BANK CHECK OR PRE-PRINTED SAVINGS DEPOSIT SLIP.  
Your initial investment check cannot be used.**

# 6 HOUSEHOLDING CONSENT

In an effort to keep fund expenses down, Stratton Funds will deliver a single copy of the funds' financial reports, prospectuses, proxy statements and other similar documents to all investors with whom you share a post office box or residential street address and who have your same last name. This service will be automatically added to your account unless you check **No** below.

**No**

# 7 DISTRIBUTION OPTIONS

Unless you choose an option below, all dividends and capital gains will be reinvested.

**Dividends in Cash**

**Capital Gains in Cash**

# 8 AUTOMATIC INVESTMENT PLAN

If you would like to participate in our Automatic Investment Plan, the minimum investment per fund is \$100. Please indicate below the amount to invest, the frequency, the first month to begin debiting your account, and the time interval. Investments occur on either the 1st **OR** 15th. It takes up to 10 days to initiate this service. **(Please also complete Section 5.)**

FUND NAME	FUND CODE	AMOUNT	FREQUENCY		START DATE (MONTH)	TIME INTERVAL	
			MONTHLY	QUARTERLY		1ST OF THE MONTH	15TH OF THE MONTH
_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

# 9

## SIGNATURE

By signing this form, I certify that I have received, read, and agree to the terms of the prospectus for the Stratton Funds. I have the full authority and legal capacity to purchase shares of Stratton Funds, am of legal age in my state to purchase such shares, and believe each investment is suitable.

I authorize Stratton Funds and their agents to act for any service authorized on this Account Application on any instructions that they believe to be genuine and that are received from me or any person claiming to act as my representative who can provide my account registration. The Stratton Funds use reasonable procedures (including Shareholder identity verification) to confirm that instructions given by telephone are genuine and are not liable for acting on these instructions. If these procedures are not followed, the Stratton Funds may be liable for losses due to unauthorized or fraudulent transactions.

**Under penalties of perjury, I certify that: (1) the number shown on this form is my correct Taxpayer Identification Number, (or I am waiting for a number to be issued to me), and (2) 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, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). If I am a Nonresident Alien, I am required to complete the appropriate IRS form W-8 to certify my foreign status. Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.**

I agree that Stratton Funds can redeem shares from my account(s) to reimburse a fund for any loss due to nonpayment or lack of money.

I understand that for joint tenant accounts, "I" refers to all Shareholders, and each of the Shareholders agrees that any Shareholder has authority to act on the account without notice to the other Shareholders. Stratton Funds, in its sole discretion, and for its protection, may require the written consent of all Shareholders prior to acting upon the instructions of any Shareholder.

Corporations or other entities must submit an original or certified resolution authorizing that the individual signing this form has the legal capacity to sign and act on behalf of the corporation/entity.

Trustee(s) Certification: I am/We are the currently acting Trustee(s) and am/are authorized by the trust agreement to purchase shares of the Stratton Funds. All services are subject to conditions set forth in the Stratton Funds Prospectus.

**Note:** Trustee(s) must immediately notify Stratton Funds if the trust becomes a foreign trust.

I understand that, if no activity occurs in my account within the time period specified by applicable state law, the assets in my account may be considered abandoned and transferred (also known as "escheated") to the appropriate state regulators. I understand that the escheatment time period varies by state.

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

<b>PLEASE SIGN HERE</b> (Exactly as it appears in Section 1)	
<b>X</b>	
Signature (Owner, Custodian, or Trustee, etc.)	Date
<b>X</b>	
Signature (Joint Owner or Co-Trustee, etc.)	Date

### Broker/Dealer or Investment Adviser Authorization

The undersigned Dealer/Adviser agrees to all applicable provisions in this Application, and guarantees the genuineness of the signature on the Application. If the shareholder does not sign this Application, the Dealer/Adviser warrants that this Application is completed in accordance with the shareholder's instructions and agrees to indemnify the Funds, the Funds' Adviser, Distributor and BNY Mellon for any loss or liability from acting or relying upon such instructions.

_____	_____
Firm's Name	Representative's/Adviser's Name & Number
_____	
Branch Address	
_____	
Authorized Signature	

## PRIVACY NOTICE

Stratton Mutual Funds respects your right to privacy. We also know that you expect us to conduct and process your business in an accurate and efficient manner. To do so, we must collect and maintain certain personal information about you. This is the information we collect from you on applications or other forms and from the transactions you make with us, our affiliates, or third parties. We do not disclose any information about you or any of our former shareholders to anyone, except to our affiliates (which may include the Funds' Distributor), service providers and appropriate governmental agencies. To protect your personal information, we permit access only by authorized employees. Be assured that we maintain physical, electronic and procedural safeguards that comply with federal standards to protect your personal information from unauthorized use.