

CONESTOGA FUNDS

Account Application - Investors Shares

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 & 10.

Please return completed application and check made payable to:
Conestoga Funds

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

Overnight:
Conestoga 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 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 Number _____

Joint Owner's Date of Birth _____

Trust, Corporation, Partnership or other 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 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 INITIAL INVESTMENT

Indicate the amount and enclose a check for the amount of your investment.

The Funds do not accept cash, drafts, "starter" checks, traveler's checks, credit card checks, third party checks, post-dated checks, non-U.S. financial institution checks, cashier's checks under \$10,000 or money orders.

	Amount
Conestoga Small Cap Fund - Investors Shares (\$2,500 min.)	\$ _____
Conestoga SMid Cap Fund - Investors Shares (\$2,500 min.)	\$ _____
Conestoga Mid Cap Fund - Investors Shares (\$2,500 min.)	\$ _____
Conestoga Micro Cap Fund - Investors Shares (\$2,500 min.)	\$ _____

3 REDEMPTION AND DISTRIBUTION OPTIONS

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"/>	or <input type="checkbox"/>
Dividends	<input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>	or <input type="checkbox"/>

* Must choose a payment method

** Automated Clearing House sent to bank account listed in Step 8

4 COST BASIS SELECTION

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

- Average Cost (Default method, if not specified)
- First-In, First-Out (FIFO)*
- 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 1-800-494-2755 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 TELEPHONE PRIVILEGES

As a shareholder, you will automatically have access to your account(s) via our automated telephone service unless you specifically decline below.

- I DO NOT want any telephone transaction privileges

6 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 _____

7 ACCOUNT SERVICE OPTIONS

7A. Purchase Options

Automatic Investment Plan* Yes No

Permits you to automatically invest in your Fund account through your bank account (you must complete Step 8). Please indicate the amount and interval (quarterly or monthly on the 15th and/or the last day of each month/quarter). Minimum requirement of \$500 for each investment pertains to the Micro Cap Fund, Small Cap Fund and SMid Cap Fund only.

Automatic Withdrawal Plan Yes No

(Minimum \$2,500 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 \$250 per redemption).

Please make my automatic investment or withdrawal on:

- the last business day of each month/quarter
- the 15th day of each month/quarter

Frequency

- Monthly Beginning in the month of _____
- Quarterly

Funds

	Amount
Conestoga Small Cap Fund - Investors Shares	\$ _____
Conestoga SMid Cap Fund - Investors Shares	\$ _____
Conestoga Mid Cap Fund - Investors Shares	\$ _____
Conestoga Micro Cap Fund - Investors Shares	\$ _____

* This plan involves continuous investment, regardless of share price levels, and does not assure a profit or protect against a loss in declining markets.

7B. Redemption Option

By Electronic Transfer Yes Decline
(to your bank account)

If yes, you must complete bank information in Step 8 and select method of transfer.

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

8 ELECTRONIC FUNDS TRANSFER INSTRUCTIONS

By providing banking instructions below and signing Step 9, 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 Funds 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
 Anywhere, US 12345 Date _____

_____ \$ _____

For _____

123456789 1234567890 0123

↑ ↑

Routing # Account #

9 SIGNATURES AND CERTIFICATIONS

By signing below, I certify that:

- I have received and read the current prospectus of the Conestoga Funds (the "Fund Company"). 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. If Step 10 is completed 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 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:

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

10 INVESTMENT BROKER/DEALER

Important: To be completed by broker/dealer representative (broker/dealer must have approved agreement with the Fund's 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 us at 1-800-494-2755.

I. GENERAL INSTRUCTIONS/DEFINITIONS

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.

II. 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)	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

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: _____

CONESTOGA FUNDS

PRIVACY NOTICE

This notice is being provided to you in accordance with the Securities and Exchange Commission's rule regarding the privacy of consumer financial information ("Regulation S-P"). Please take the time to read and understand the privacy policies and procedures that we have implemented to safeguard your nonpublic personal information.¹

INFORMATION WE COLLECT

The Conestoga Funds must collect certain personally identifiable financial information about its customers to ensure that it offers the highest quality financial services and products. The personally identifiable financial information which we gather during the normal course of doing business with you may include:

1. information we receive from you on applications or other forms;
2. information about your transactions with us, our affiliates, or others;
3. information collected through an Internet "cookie" (an information collecting device from a web server); and,
4. information we receive from a consumer reporting agency.

INFORMATION WE DISCLOSE

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. In accordance with Section 248.13 of Regulation S-P, we may disclose all of the information we collect, as described above, to certain nonaffiliated third parties such as attorneys, accountants, auditors and persons or entities that are assessing our compliance with industry standards. We enter into contractual agreements with all nonaffiliated third parties that prohibit such third parties from disclosing or using the information other than to carry out the purposes for which we disclose the information.

CONFIDENTIALITY AND SECURITY

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide financial products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

¹ Nonpublic personal information means personally identifiable financial information and any list, description or other grouping of consumers that is derived using any personally identifiable financial information that is not publicly available.