



The Arbitrage Funds

ADVISED BY WATER ISLAND CAPITAL

ACCOUNT OPTIONS FORM

SECTION 1: Account Information

Account Number

Owner's Name (First, Middle, Last)

Owner's Social Security Number Date of Birth (MM/DD/YY)

Joint Owner's Name (First, Middle, Last) (if applicable)

Joint Owner's Social Security Number Date of Birth (MM/DD/YY)

Check here if new address

Address of Residence - (P.O. Box not accepted)

City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

() ()
Day Phone Evening Phone

Check here if new phone number

E-mail Address

Check here if new e-mail address

SECTION 2: Name Change Instructions

Please Provide:

Account Number

Print and sign both your former name and new name to verify that they represent one and the same person.

Former Name (Print)

Signature of Former Name

One and the same as:

New Name (Print)

Signature of New Name

In Section 9, sign your name exactly as it appears on your account. Your signature must be guaranteed in Section 10.

SECTION 3: Change Transfer on Death Beneficiaries

If more than two beneficiaries are designated, please continue on a separate sheet.

Complete all information requested to designate new/additional beneficiaries.

Primary Contingent

Beneficiary's Name (First, Middle, Last)

Beneficiary's Social Security Number Date of Birth (MM/DD/YY)

Relationship

Primary Contingent

Beneficiary's Name (First, Middle, Last)

Beneficiary's Social Security Number Date of Birth (MM/DD/YY)

Relationship

SECTION 4: Automatic Investment Plan

Applicable for Class I and R only.

An automatic investment plan deposits money directly into this account from your checking or savings account on a monthly, quarterly or annual basis.

Please complete this section if you would like to:

Establish Modify or Discontinue an automatic investment plan

There is a \$100 requirement per term per fund.

Fund Name and Share Class	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Amount	\$ _____

How often would you like automatic investments?

Monthly Quarterly Annually

- 15th day of the month or (previous business day)
- Last day of the month or (previous business day)
- Both the 15th and last day of the month

If no date is specified, investments will be made on the 15th day of the month or previous business day.

- Please provide **bank information** in Section 8, if applicable.
- Please Note:

- The minimum automatic investment is \$100.
- For IRA accounts (including Coverdells), contributions made through an automatic investment plan will be considered contributions for the year in which shares are purchased.
- A signature guarantee is required if shares are redeemed within 30 days of adding or changing bank information.

SECTION 5: Systematic Withdrawal Plan

A systematic withdrawal plan automatically withdraws money from this account on a monthly, quarterly, or annual basis. An account balance of at least \$10,000 is required.

Please complete this section if you would like to:

Establish Modify or Discontinue a systematic withdrawal plan.

There is a \$500 requirement per term per fund.

Fund Name and Share Class	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Amount	\$ _____

How often would you like automatic withdrawals?

Monthly Quarterly Annually

On or about which date? (e.g., 2nd, 15th) _____

If no date is specified, investments will be made on or about the 15th of each monthly.

Money is to be sent by: ACH Check

■ Please provide **bank information** in Section 8.

SECTION 6: Distribution Options

Please complete this section if you would like to change your current distribution option.

Dividend distribution: Cash Reinvest
Capital Gains distribution: Cash Reinvest

Check here if you would like cash distributions deposited directly to your bank account. Please complete Section 8 if you do not have bank information listed on your account.

SECTION 7: Telephone Privileges

Telephone privileges allow transactions to be placed via the telephone with a Shareholder Services Representative.

Telephone privileges: Add Remove
Exchange privilege: Add Remove

Adding telephone transaction privileges with purchase and redemption capabilities requires **bank information**. Please complete Section 8 if you do not have bank information listed on your account.

SECTION 8: Bank Information

Please provide bank information if you are establishing or modifying any of the following: an automatic investment plan, a systematic withdrawal plan, telephone transaction privileges, wire transfer capabilities, and/or are having cash distributions deposited into your account.

I would like to **add** bank information to this account to authorize purchase and redemptions via: ACH transfer and/or Wire transfer. I understand this authorization will allow me to make such transactions via telephone with a Shareholder Services Representative.

I would like to **modify** my current bank information on this account for purchases and redemptions via: ACH and/or Wire transfer.

I would like to **remove** bank information on this account for purchases and redemptions via: ACH and/or Wire transfer.

Account type: Checking Savings

Name on Bank Account

Bank Name

ABA Routing Number (First 9 digits at the bottom of the check or deposit slip)

Bank Account Number (Second set of numbers at the bottom of check or deposit slip)

Please attach a voided check or savings deposit slip from the specified bank account.

I authorize the Arbitrage Funds to initiate credit and debit entries to my account at the bank that I have indicated. I further agree that the Arbitrage Funds will not be held accountable for any loss, liability, or expense for acting upon my instructions. It is understood that this authorization may be terminated by me at any time by written notification to the Arbitrage Funds. The termination request will be effective as soon as the Arbitrage Funds has had reasonable time to act upon it.

SECTION 9: Signatures

I authorize the Arbitrage Funds to make the changes indicated to my account.

I authorize the Arbitrage Funds and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither the Arbitrage Funds nor its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

ALL owners of this account must sign below:

Signature Date (MM/DD/YY)

Signature (if applicable) Date (MM/DD/YY)

SECTION 10: Signature Guarantee (If Required)

A signature guarantee is required if redeeming within 30 days of changing bank information or address, in addition to sending wires, ACHs and checks to instructions other than that on record for this account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

- Eligible guarantor's:
- Commercial Banks
 - Credit Unions
 - Member Firms of a domestic stock exchange
 - National Securities Exchange & Savings
(STAMP, SEMP, NYSE-MSP participation)
 - Savings Associations
 - Trust Companies

Medallion Signature Guarantee Stamp *(ID Required)*

Bank or Dealer Firm

Officer's Title

Officer's Signature

Date *(MM/DD/YY)*

[STAMP]

Please mail completed form to:

Mailing Address
The Arbitrage Funds
P.O. Box 219842
Kansas City, MO 64121-9842

Overnight Address
The Arbitrage Funds
C/O DST Systems, Inc.
430 West 7th Street
Kansas City, MO 64105

If you have any questions, please contact an Investor Service Representative at 1-800-295-4485 or visit www.arbitragefunds.com.