



Forester Discovery Fund

GENERAL ACCOUNT APPLICATION

U.S. Mail and Overnight:

Forester Discovery Fund
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147
Toll Free 1-800-388-0365

This form must be completed and signed in order to establish an account in the Forester Discovery Fund. Please do not use this application for an IRA or SEP-IRA account. A separate IRA/SEP account application is available for these account types. If you have any questions regarding this application or how to invest, please call Shareholder Services toll free at 1-800-388-0365. Thank you.

1 INVESTMENT INFORMATION Please select Fund(s) and fill in amount(s).

Forester Discovery Fund: \$ _____

2 YOUR ACCOUNT REGISTRATION Please check a box: 18 or older Yes No

INDIVIDUAL or JOINT APPLICATION

(Joint accounts are registered as "joint tenants with right of survivorship" unless you specify otherwise)

Owner's Name (First, Initial, Last)

Social Security Number

Joint Owner's Name (First, Initial, Last)

Joint Owner's Social Security Number

CORPORATION, PARTNERSHIP OR OTHER ENTITY (Please attach a corporate/non-corporate resolution)

Name of Entity

Taxpayer Identification Number

Check Appropriate Box:

Corporation

Partnership

Foundation

Endowment

Non-Profit

Other _____

TRUST (Please attach a trust resolution)

Trustee's Name

Social Security Number

Name of Trust Agreement

Date of Trust Agreement

Beneficiary's Name

Taxpayer Identification Number

GIFT or TRANSFER TO MINOR

Minor's Name (First, Initial, Last)

Date of Birth

Social Security Number

Custodian's Name (First, Initial, Last)

Under the _____

(Specify State)

Uniform Gifts/Transfer to Minor's Act

3 MAILING ADDRESS OF REGISTERED OWNER(S)

Street or P.O. Box

City, State and Zip Code

U.S. Citizen Yes No

Country

4 INCOME AND CAPITAL GAIN PAYMENT ELECTION

(_____) _____
Business Phone Number

(_____) _____
Home Phone Number

(_____) _____
Fax Number

Reinvest all income dividends and capital gains

Pay all income dividends and capital gains in cash by check

Pay all income dividends in cash by check and reinvest capital gains

(If you wish to have your distributions paid in cash by ACH Transfer to your bank, please complete the bank information section above, and **attach a voided check** from the bank account you wish to use.)

5 TELEPHONE REDEMPTIONS (Shares may be redeemed by calling toll free 1-800-388-0365; see instructions in prospectus.)

Please check one: (If no box is checked, the telephone redemption option will be declined.)

- Yes, I would like to elect telephone redemptions. No, I decline the telephone redemption option.

Please check all that apply:

- All redemption checks mailed to the address of record. Redemption proceeds wired by Federal Reserve wire to the bank listed below.
 Redemption proceeds sent via Automated Clearing House (ACH).

(For ACH transfers or Fed Wires, please provide the information below and **attach a voided check** from the bank account you wish to use.)

_____	_____
Name in which bank account is registered	Bank Account Number
_____	_____
Bank Name	ABA Routing Number
_____	(_____)
Bank Address	Bank Telephone Number

6 DUPLICATE ACCOUNT STATEMENTS

Please send a duplicate account statement to the party below: (If more than one duplicate desired, then attached additional names and addresses)

_____	(_____)
Name	Telephone Number
_____	_____
Street Address	City, State and Zip

By signing this form, I represent and warrant that: (a) I am of legal age in my state of residence and wish to purchase shares of the Fund as described in the current Prospectus; and (b) I have the full right, power and authority to invest in the Fund; and (c) I have received a current Prospectus of the Fund and agree to be bound by its terms; and (d) I understand that no certificates will be issued and that my confirmation statement will be evidence of my ownership of fund shares.

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: (i) I am exempt from backup withholding, or (ii) 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 (iii) 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).

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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividend, you are not required to sign the Certification, but you must provide your correct TIN. (See IRS Form W-9, which is available from the Fund, for more information).

Non-U.S. Investors who do not furnish a social security number or taxpayer identification number must complete IRS Form W-8 and attach it to this registration form. Form W-8 is also available from the Fund. Persons signing as representatives or fiduciaries of corporations, partnerships, trusts or other organizations are required to furnish corporate resolutions or similar documents providing evidence that they are authorized to effect securities transactions on behalf of the Investor (alternatively, the secretary or designated officer of the organization may certify the authority of the persons signing on the space provided below). In addition, signatures of representatives or fiduciaries of corporations and other entities must be accompanied by a signature guarantee by a commercial bank that is a member of the Federal Deposit Insurance Corporation, a trust company or a member of a national securities exchange.

_____	_____	_____
Signature (Owner, Trustee, Etc.)	Please Print Name	Date

_____	_____	_____
Signature (Joint Owner, Co-Trustee, Etc.)	Please Print Name	Date

BROKER DEALER INFORMATION - To be completed by broker/dealer

Name of Institution: _____	Dealer Number: _____
Address of Institution: _____	Branch Number: _____
_____	Representative Number: _____
Representative Name: _____	Authorized Signature: _____