



Meridian Funds, Inc. Account Application

For more information, call (800) 446-6662

Do not use this form for IRAs

www.arrowmarkpartners.com/meridian/

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 allows us to identify you. This information will be verified to ensure identity of all individuals opening a mutual fund account.

IMPORTANT INFORMATION – PLEASE READ

- Please complete the investment selection and account information sections. Please use blue or black ink. For assistance call 1-800-446 6662 from 8 a.m. to 6 p.m. Eastern time, Monday through Friday.
- The New Account Application must be signed, or it will be returned as required by Federal Law. Be sure to review and sign section 4. To invest via wire transfer:
 1. Call 1-800-446-6662 to obtain an account number and wire instructions.
 2. Send completed account application via overnight mail to the address listed below.
- Overnight to: Meridian Funds, Attn: 534452, 500 Ross Street 154-0520, Pittsburgh, PA 15262
- Regular Mail to: Meridian Funds, P.O. Box 534452, Pittsburgh, PA 15253-44524
- Meridian does not accept foreign accounts.

1. ACCOUNT REGISTRATION (Check one box)

INDIVIDUAL OR JOINT ACCOUNT

Joint Owner's Name (First, Middle Initial, Last)*	Social Security Number*	Date of Birth*
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Joint Owner's Name (First, Middle Initial, Last)*	Social Security Number*	Date of Birth*
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Joint Accounts will be registered joint tenants with the right of survivorship, unless otherwise indicated

I am a:

- US Citizen
- Resident Alien
- Non-Resident Alien (specify Country): _____

GIFT OR TRANSFER TO MINOR

Custodian's Name (One name only: First: Middle Initial, Last)* Social Security Number* Date of Birth*

Minor's Name (One name only: First, Middle Initial, Last)* Social Security Number* Date of Birth*

Under the _____ State's Uniform Gifts / Transfers to Minors Act _____

TRUST

(Attach a copy of the entire Trust Agreement and a list that includes the full name, signature, social security number, date of birth, and address for each additional trustee)

Trustee(s) Name (First, Middle Initial, Last)* Social Security Number* Date of Birth*

As Trustee of (Name of Trust) For the benefit of (Beneficiary's Name)

Taxpayer ID Number Date of Trust Agreement

CORPORATION, PARTNERSHIP OR OTHER ENTITY (Attach a copy of the certified Articles of Incorporation and/or business license for a corporation, or the partnership agreement)

Name of Corporation, Partnership or Other Entity*

Taxpayer ID Number*

Authorized person or Fiduciary Name (First, Middle Initial, Last)*

Date of Birth*

Please provide the Authorized Person's / Fiduciary's Social Security Number OR Home Street Address*

Items marked with an asterisk () are required for your application to be accepted and will be verified as required by the USA Patriot Act.

1. CIP Verification:

Check if this account is exempt from verification due to:

Publicly traded corporation. Symbol: _____

Bank regulated by a State bank regulator

Financial Institution regulated by a federal functional regulator**

Is your company any of the following? (If yes, please provide business classification): a bank organized and located outside the United States; a foreign office, agent or branch of a U.S. covered financial institution**, money transmitter, currency dealer or exchange; or a company that if located in the United States would be required to register as a mutual fund, securities broker-dealer or a futures commission merchant?

No _____ Yes, please explain _____

**A US covered financial institution is generally any of the following: a bank; a credit union; a savings association; a corporation acting under Section 25A of the Federal Reserve Act; a trust bank or company; a securities broker-dealer; a futures commission merchant; and introducing broker; or a mutual fund.*

2. Tax Verification:

Indicate Federal Income Tax Classification (for Corporations, Partnerships, or Other Entities)
(For Disregarded Entity: Please indicate below the income tax classification of the Owner)

- S Corporation
- C Corporation
- Partnership

3. 22c-2 Verification:

Are you a FINANCIAL INTERMEDIARY and will this account be omnibus?

- Yes
- No

If yes, you will also be required to enter into an Information Sharing Agreement with Meridian Funds with respect to opening this account.

If no, present and warrant that if you become a financial intermediary with respect to this or other Meridian Funds accounts at any time in the future, you will immediately notify Meridian Funds, and will take steps to comply with the requirement to enter into an Information Sharing Agreement pursuant to SEC Rule 22c-2.

4. FINRA Customer Due Diligence (CDD) Verification

This information is required by federal regulations as a means to identify and document information for individuals who own and/or control a legal entity.

Authorized Controlling Individual

Provide information for one individual with significant responsibility for managing the legal entity (ex: CEO, CFO, managing member, general partner, president, treasurer, etc.).

Name:

Residence Address:

Date of Birth:

Taxpayer ID Number:

Certification of Beneficial Owners for Legal Entity Clients

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. A legal entity 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 of America or a foreign country. A legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

- Check this box if the account owner is publically traded on an exchange or subject to ERISA.

Beneficial Owners

Identify each individual who owns—directly or indirectly through any agreement, arrangement, understanding, relationship, or otherwise—25% or more of the equity interests of the legal entity.

Check this box if no individual owns 25% or more of the legal entity and that you will inform the Fund if/when an individual assumes 25% or more ownership.

Beneficial Owner 1:

Name:

Residence Address:

Date of Birth:

Taxpayer ID Number:

Beneficial Owner 2:

Name: _____

Residence Address: _____

Date of Birth: _____ Taxpayer ID Number: _____

Beneficial Owner 3:

Name: _____

Residence Address: _____

Date of Birth: _____ Taxpayer ID Number: _____

Beneficial Owner 4:

Name: _____

Residence Address: _____

Date of Birth: _____ Taxpayer ID Number: _____

Attach a separate list for additional Beneficial Owner including full name, title, signature, date of birth and taxpayer ID

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: _____

Legal Entity Identifier (Optional): _____

2. YOUR ADDRESS

Daytime Phone Number:

E-Mail Address:

*Mailing Address:

*City:

*State:

*Zip:

(If mailing address is a Post Office Box a street address is required by the USA Patriot Act)

*Street Address:

*City:

*State:

*Zip:

**Items marked with an asterisk (*) are required for your application to be accepted and will be verified as required by the USA Patriot Act.*

3. PERSONS AUTHORIZED TO CONDUCT TRANSACTIONS

The following persons ("Authorized Persons") are currently officers, trustees, general partners or other authorized agents of the Shareholder. Any _____* of the Authorized Persons is, by lawful

and appropriate action of the Shareholder, a person entitled to give instructions regarding purchases and redemptions or to make inquiries regarding the Account.

**If this space is left blank, any one Authorized person is authorized to give instructions and make inquiries. Oral instructions will be accepted from any one Authorized Person. Written instructions will require signature of the number of Authorized persons indicated in this space:*

Name:

Title:

Signature:

Street Address:

Date of Birth:

Name:

Title:

Signature:

Street Address:

Date of Birth:

Name: _____ Title: _____ Signature: _____

Street Address: _____ Date of Birth: _____

Name: _____ Title: _____ Signature: _____

Street Address: _____ Date of Birth: _____

Attach separate list for additional Authorized Persons including full name, title, signature, social security number and date of birth.

The signature appearing to the right of each Authorized Person is that person's signature that Meridian Funds may without inquiry, act upon the instructions (whether oral, written, or provided by wire, telecommunication, or any other process) of any person claiming to be an Authorized Person. Neither the Fund, nor any entity on behalf of which the Meridian Funds is acting, shall be liable for any claims or expenses (including legal fees) for any losses resulting from actions taken upon any instructions believed to be genuine. The Funds may continue to rely on the instructions made by a person claiming to be an Authorized Person until it is informed by amended Application that the person is no longer an Authorized Person and it has a reasonable period of time (not to exceed one week) to process the amended Application. Provisions of this application shall be equally applicable to any successor to Meridian Funds.

Your account may be transferred to the appropriate state if no activity occurs in your account within the time period specified by state law.

4. CERTIFICATION

By execution of this application, the investor represents and warrants that (i) he has the full right, power and authority to make the investment applied for and (ii) he is a natural person of legal age in his State of residence and that all of the information on this application is true and correct. The investor certifies that the taxpayer identification number and tax status set forth in this application is correct. The person or persons, if any, signing on behalf of the investor represent and warrant that they are duly authorized to sign this application and purchase or redeem shares of the fund on behalf of the investor. Each person named in the registration must sign below.

I have read the applicable prospectus(es) and agree to all their terms. I also agree that any shares purchased now or later are and will be subject to the terms of the Funds' current as in effect from time to time.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; 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. citizen or other U.S. person (defined in the instructions); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Cross out Line 2 if you have been notified by the IRS that backup withholding applies

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

Name: _____ Title: _____ Signature: _____ Date: _____

Name: _____ Title: _____ Signature: _____ Date: _____

FOR PARTNERSHIPS AND TRUSTS (even if you are the sole Trustee)

The undersigned certify that they are all the general partner/trustees of the Shareholder and that they have done the following under the authority of the Shareholder's Partnership Agreement/Trust Instrument: (1) empowered the general partner/trustee executing this application (or amendment) to do so on behalf of the Shareholder; (2) empowered the above-named Authorized Person(s) to execute securities transactions for the Shareholder on the terms described above, and (3) authorized the Secretary to certify, from time to time, the names of the general partners/trustees of the Shareholder and to notify Meridian Funds when changes in general partners/trustees occur.

Name: _____ Title: _____ Signature: _____ Date: _____

Name: _____ Title: _____ Signature: _____ Date: _____

5. FUND AND SHARE CLASS SELECTION OPTION

	INVESTMENT AMOUNT & SELECTED SHARE CLASS
Meridian Growth Fund*^	\$ _____
Meridian Contrarian Fund*	\$ _____
Meridian Enhanced Equity Fund*^^	\$ _____
Meridian Small Cap Growth Fund*^	\$ _____
Total Investment	\$ _____

*Legacy Share Class is closed to new investors.

^Class A, Class C, and Investor Share Classes are closed to new investors.

^^Formerly known as Meridian Equity Income Fund.

Purchase will be made by:

Check: Make check payable to Meridian Funds Inc. and send to the address on the last page of this form.

Wire: Prior to wiring funds, call (800) 446-6662 for information on establishing a new account and wire instructions. Please note: Without an account number and specific fund identification, wire transfers cannot be completed.

6. TELEPHONE TRANSACTION OPTIONS

NOTE: You must complete Section 9 of this application to fully enable the telephone purchase/redemption options

Purchases, redemptions and exchanges can be made by telephone. Once initiated, telephone transactions cannot be cancelled. Unless declined, the following telephone transaction options will be added to your account. To decline these options, check the boxes below:

Telephone Purchase

Purchases can be made by telephone to an existing account and will be added to your account on the first business day following your call.

Purchases CANNOT be made on the same day your call is placed. Purchases will be deducted from your checking account by electronic transfer.

Decline Telephone Purchase

Telephone Redemption

You can redeem up to \$100,000 over the telephone. Larger redemptions must be made in writing and require a Medallion Signature Guarantee. Telephone redemptions can only be sent to the existing address of record or bank instructions.

- Decline Telephone Redemption

Telephone Exchange

You can exchange up to \$100,000 over the telephone between Fund accounts with identical registrations. Exchanges greater than \$100,000 must be made in writing and require a Medallion Signature Guarantee.

- Decline Telephone Exchange

7. DIVIDEND & CAPITAL GAIN DISTRIBUTIONS

Dividends

- Reinvested
- Cash

Capital Gains

- Reinvested
- Cash

(ALL DISTRIBUTIONS WILL BE REINVESTED IF NO BOX IS MARKED)

If cash:

- By check to the address on the application
- By wire to the bank in Section 9

8. AUTOMATIC INVESTMENT PLAN (Attach a voided check)

- All contributions invested using the Automatic Investment Plan will be current year contributions.
- We will establish your banking instructions using the voided check attached in the space provided below.
- Our minimum automatic investment is \$100 per transaction.

I would like to automatically invest from my bank account to my Meridian Funds account on the following basis. If you do not indicate a frequency, then we will default to monthly.

Monthly
Quarterly
Semi-Annually
Annually

My contribution to the funds marked below will take place on the (i.e., 15th) of the month, beginning in the month of (i.e., April). If you do not indicate a date of the month, we will default to the 15th of the month.

INVESTMENT AMOUNT

Meridian Growth Fund	\$	_____
Meridian Contrarian Fund	\$	_____
Meridian Enhanced Equity Fund	\$	_____
Meridian Small Cap Growth Fund	\$	_____

9. BANK AND WIRE INSTRUCTIONS

Complete this information to receive cash payments by wire or set up an Automatic Investment Plan:

Bank Name: _____ ABA #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

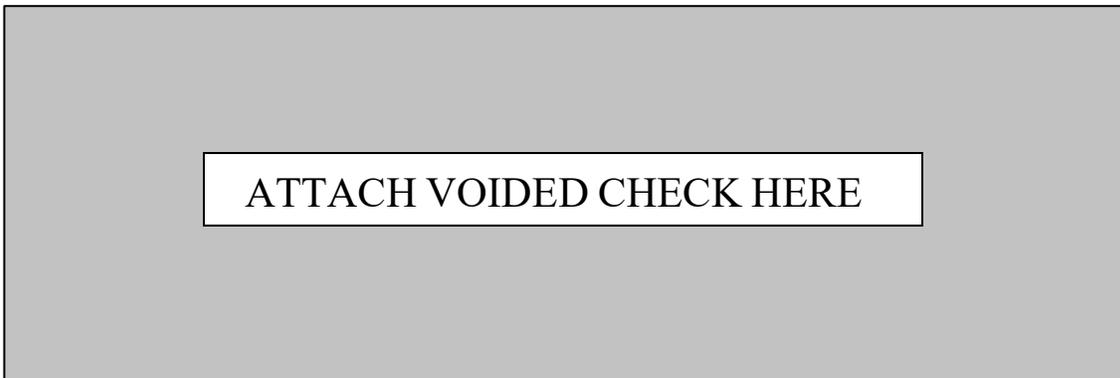
Name(s) on the Account: _____

Account # _____

Account Type (check one)

- Checking
- Savings

BANKING INSTRUCTIONS FOR AUTOMATIC INVESTMENT PLAN



10. COST BASIS TAX REPORTING

The Meridian Funds is responsible for tracking and reporting to the IRS your realized gains and losses on covered shares. In general, these are shares acquired on or after January 1, 2012.

The Fund's default tax lot identification method is Average Cost (AC). If you do not wish to use Average Cost, you may change to another method below.

Note: IRS Regulations do not permit the change of the method on a settled trade. I choose a method other than Average Cost, as follows:

- FIFO (FI) – First in, First out
- HIFO (HI) – Highest in, First out
- LIFO (LI) – Last in, First out
- LOFO (LO) – Lowest Cost, First Out
- HILT (H1) - Highest Cost Long Term, First Out
- HIST (H2) – Highest Cost Short Term, First Out
- LILT (L1) – Lowest Cost Long Term, First Out
- LIST (L2) – Lowest Cost Short Term, First Out
- Specific Identification (SL) – I will identify the type of cost basis at the time of redemption

If no option is selected above, your account will use the Fund's default of Average Cost. If you are unsure of which tracking method is right for your personal tax situation, please consult a tax adviser.

PRIVACY POLICY

The privacy of your personal financial information is extremely important to us. When you open an account with us, we collect a significant amount of information from you in order to properly invest and administer your account. We take very seriously the obligation to keep that information private and confidential, and we want you to know how we protect that important information. We collect nonpublic personal information about you from applications or other forms you complete and from your transactions with us or our affiliates. We do not disclose information about you, or our former clients, to our affiliates or to service providers or other third parties, except as permitted by law. We share only the information required to properly administer your accounts, which enables us to send transaction confirmations, monthly or quarterly statements, financials and tax forms. Even within Meridian Funds and its affiliated entities, a limited number of people who actually service accounts will have access to your personal financial information. Further, we do not share information about our current or former clients with any outside marketing groups or sales entities. To ensure the highest degree of security and confidentiality, Meridian Funds and its affiliates maintain various physical, electronic and procedural safeguards to protect your personal information. We also apply special measures for authentication of information you request or submit to us on our web site. If you have questions or comments about our privacy practices, please call us at 1-800-446-6662.

FOR DEALER USE ONLY

If you do not have a Dealer or Advisor assisting you with this transaction, please leave this section blank.

Firm Name:

Firm Number:

Representative's Name:

Telephone:

Rep. Number:

Branch Address:

Branch Number:

Signature – REQUIRED (by each owner)

By signing this application, I also certify that:

- I have received and read the prospectus for the Fund and I agree to its terms. I have the authority and legal capacity to purchase mutual fund shares, am of legal age and believe each investment to be suitable for me.
- I understand that this Fund is not a bank, and Fund shares are not backed or guaranteed by any bank nor insured by the FDIC.
- I ratify any instructions, including telephone instructions, given on this account. I understand that the Fund(s) or Meridian will employ reasonable procedures to verify my identity and to confirm the genuineness of my instructions. I agree that neither the Fund(s) nor Meridian will be liable for any loss, cost, or expense for following the Funds' anti-money laundering procedures and/or following reasonable procedures designed to prevent unauthorized transactions.
- 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 Meridian Funds, Note: Trustee(s) must immediately notify Meridian Funds, Inc. if the trust becomes a foreign trust.
- For entities, the following persons are, and will continue to be, authorized _____ (insert #) authorized signature(s) are required to execute transactions. If left blank, one authorized signer may execute transactions.

SIGNATURE OF OWNER, CUSTODIAN, TRUSTEE / AUTHORIZED SIGNER

PRINT NAME

DATE

SIGNATURE OF OWNER, CUSTODIAN, TRUSTEE / AUTHORIZED SIGNER

PRINT NAME

DATE

SIGNATURE OF OWNER, CUSTODIAN, TRUSTEE / AUTHORIZED SIGNER

PRINT NAME

DATE

SEND COMPLETED APPLICATION AND CHECK TO

By regular mail:

Meridian Funds, Inc.
P.O. Box 534452
Pittsburgh, PA 15253-4452

By express mail or overnight courier:

Meridian Funds, Inc.
Attn: 534452
500 Ross Street 154-0520
Pittsburgh, PA 15262

Items delivered to the P.O. Box are not deemed “received” until they arrive at Meridian Funds, Inc. for processing. Time critical items requiring proof of receipt should be sent to the overnight address.

**ANY QUESTIONS? CALL TOLL-FREE 1-(800) 446-6662. VISIT
OUR WEBSITE: www.arrowmarkpartners.com/meridian/**