Mail application to:

Matthew 25 Fund c/o Mutual Shareholder Services, LLC 8000 Town Centre Drive, Suite 400 Broadview Heights, OH 44147

MATTHEW 25 FUND SHARE PURCHASE APPLICATION

Please select one of the following four types of accounts and fill in accordingly:

1) Individual Account or IRA	4				
First Name	MI	Last Name	Social Security #	Birth date	
2) Joint Account					
First Name	MI	Last Name	Social Security #	Birth date	
First Name	MI	Last Name	Social Security #	Birth date	
3) Custodial Account					
Custodian's First Name	MI	Custodian's Last Name	Social Security # of Custodian	Birth date	
Minor's First Name	MI	Minor's Last Name	Social Security # of Minor	Birth date	
4) All Other Accounts (Corp	oorate, Tru	st, QRP, and Other)		tion #	
Account Title			rax identifica	uon #	
(This line is for Account Title i	f additiona	I space is necessary.)			
Biographical and other info	rmation a	bout the new account:			
Full Address:					
Number & Street				· · · · · · · · · · · · · · · · · · ·	
City			State Zip Code	e	
Citizen of		Home Phone	Bus Phone		
Dividend Direction: Reinvest all distributions			Pay in Cash		
Signature of Owner, Trust	tee or Cust	odian:		· · · · · · · · · · · · · · · · · · ·	
Signature of Joint Owner	(if joint acc	count):			
Please make check payable t	to: MATTH	EW 25 FUND			
Amount of Investment Attached \$			(Minimum initial purchase \$10,000)		

Please continue to the next page.

Form (Rev. August 2013) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Nar	ne (as shown on your income tax return)			
Bus	siness name/disregarded entity name, if different from above			
I	eck appropriate box for federal tax classification: Individual/sole proprietor C Corporation S Corporation Partnership	Trust/estate	Exemptions (see instructions):	
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partner	Exempt payee code (if any) Exemption from FATCA reporting code (if any)		
1	Other (see instructions) ▶			
Add	dress (number, street, and apt. or suite no.)	Requester's name a	nd address (optional)	
City	v, state, and ZIP code			
List	account number(s) here (optional)			
Part I	Taxpayer Identification Number (TIN)	0	curity number	
to avoid be resident al	TIN in the appropriate box. The TIN provided must match the name given on the "Name ackup withholding. For individuals, this is your social security number (SSN). However, fo lien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i> ge 3.	ra		
Note. If th number to	e account is in more than one name, see the chart on page 4 for guidelines on whose enter.	Employer	Employer identification number	
Part II	Certification			
•	nalties of perjury, I certify that:			
1. The nu	mber shown on this form is my correct taxpayer identification number (or I am waiting for	a number to be is:	sued to me), and	
Service	ot subject to backup withholding because: (a) I am exempt from backup withholding, or (b e (IRS) that I am subject to backup withholding as a result of a failure to report all interest per subject to backup withholding, and			
3. I am a	U.S. citizen or other U.S. person (defined below), and			
4. The FAT	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportin	g is correct.		
because y interest pa generally, instruction	ion instructions. You must cross out item 2 above if you have been notified by the IRS the ount have failed to report all interest and dividends on your tax return. For real estate translaid, acquisition or abandonment of secured property, cancellation of debt, contributions to payments other than interest and dividends, you are not required to sign the certification as on page 3.	actions, item 2 doe o an individual reti	es not apply. For mortgage rement arrangement (IRA), and	
Sign Here	Signature of U.S. person ▶ Da	ite ▶		