

New Account Application (non-IRA) *For a retirement application or help in completing this application call 800.887.8671*

Mail Application and Check to:

Navellier Funds
c/o JPMorgan Chase Bank, N.A.
P.O. Box 5354
Cincinnati, OH 45201-5354
800.622.1386

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, residential address, date of birth, government identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. If we do not receive these required pieces of information, there may be a delay in processing your investment request, which could subject your investment to market risk. If we are unable to immediately verify your identity, the Fund may restrict further investment until your identity is verified. However, if we are unable to verify your identity, the Fund reserves the right to close your account without notice and return your investment to you at the price determined as of 4:00 pm Eastern time on the day in which your account is closed. If we close your account because we are unable to verify your identity, your investment will be subject to market fluctuation, which could result in a loss of a portion of your principal investment.

Registration

Individual _____
First Name Initial Last Name

Individual
(Use lines 1 & 3)

Joint Tenant _____
First Name Initial Last Name
Rights of survivorship will be applied unless otherwise indicated.

Joint Account with Rights of Survivorship
(Use lines 1, 2 & 3)

3. Social Security No. _____ **Date of Birth** _____
Social security # to be used for tax purposes

Joint Tenant's Social Security No. _____ **Date of Birth** _____
Social security # to be used for tax purposes

Joint Account with Tenancy in Common
(Use lines 1, 2 & 3)

4. Uniform Gift to Minor _____
Custodian's Name State

5. _____
Minor's Name Minor's Social Security No. Date of Birth

Gift to Minor
(Use lines 4 & 5)

6. _____
Name of corporation or entity

_____ Tax ID Number

Corporations, Partnerships, Trusts and others
(Use lines 6 & 7)

7. Registration Type CORPORATION PARTNERSHIP UNINCORPORATED ASSOCIATION
 TRUST - DATE OF TRUST _____
Please include a copy of the first and last pages of your trust agreement.

Name(s) of Trustee(s)* _____

Social Security No. _____ **Date of Birth** _____

*For additional signatures, please provide the requested information for each signer on a separate sheet (name, social security number, date of birth).

Mailing Address

Street _____

(P.O. Box not acceptable without street address.) City _____ State _____ Zip _____

Telephone: Daytime _____ Evening _____

E-mail Address

Your Residency: U.S. RESIDENT ALIEN NON-RESIDENT ALIEN Country: _____

Investment Selection

Make check payable to:
Navellier Funds

Minimum initial investment
is \$2,000 (\$500 for IRAs,
call 800.887.8671 for an
IRA application)

Portfolio	Fund #	Amount
<input type="checkbox"/> NAVELLIER FUNDAMENTAL 'A' PORTFOLIO	70	\$ _____

BY CHECK BY WIRE DATE WIRED: _____

Call 800.622.1386 for wiring instructions or consult the prospectus.

Do you currently have a Navellier Mutual Fund Account? Yes No Acct. No. _____

Dividends & Capital Gains Distributions

DIVIDENDS

- REINVEST DIVIDENDS
 PAY DIVIDENDS IN CASH

CAPITAL GAINS

- REINVEST CAPITAL GAINS
 PAY CAPITAL GAINS IN CASH

Dividends and capital gains distributions will be reinvested if no selection is made.

Investor Financial Information

(for suitability purposes only)

Annual Income: \$ _____ Net Worth: \$ _____

Investment Objective: Growth

Broker/Investment Advisor Information

If shares are being purchased
through a Service Agent, Agent
should complete this section.

Firm _____

Mailing Address _____ City _____

State _____ Zip _____ Phone _____

Dealer Code _____ Office Code _____ Rep. Number _____

Agent Name _____ Agent Signature _____

Duplicate statement copies required? Yes No

Signatures

Confirmation of Account Establishment:

Soon after all essential items are received by the custodian, a confirmation statement(s) showing account number(s), amount received, shares purchased, and price paid per share will be sent to the registered shareholder.

Subsequent Payments:

A new application need not be submitted with additional payments to an existing account if a current application is on file with the custodian. Subsequent purchases should be identified by account number and account registration name.

I/We authorize JPMorgan Chase Bank, N.A. as custodian and transfer agent for The Navellier Funds, to honor any requests made in accordance with the terms of this application, and I/we further affirm that, subject to any limitations imposed by applicable law, neither JPMorgan Chase Bank, N.A. nor The Navellier Funds shall be held liable by me/us for any loss, liability, cost, or expense for acting in accordance with this application, or any section thereof. I/We understand that all of the shareholder options described in this application are subject to the terms set forth in the Prospectus.

I/WE CERTIFY THAT I/WE HAVE FULL RIGHT, POWER, AUTHORITY, AND LEGAL CAPACITY TO PURCHASE AND REDEEM SHARES AND AFFIRM THAT I/WE HAVE RECEIVED AND READ THE PROSPECTUS, AGREE TO ITS TERMS, AND HAVE NOT RELIED ON OR MADE MY/OUR DECISION TO INVEST IN THE NAVELLIER FUNDS ON ANY WRITTEN OR ORAL INFORMATION OTHER THAN THE WRITTEN INFORMATION CONTAINED IN THE PROSPECTUS, REGISTRATION STATEMENT AND STATEMENT OF ADDITIONAL INFORMATION.

Under penalties of perjury, I/we certify that:

1. The number shown on this form is my/our correct taxpayer identification number(s), (or I am/we are awaiting for a number to be issued to me/us), and
2. I am/we are not subject to backup withholding because: (a) I am/we are exempt from backup withholding, or (b) I/we have not been notified by the Internal Revenue Service (IRS) that I am/we are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me/us that I am/we are no longer subject to backup withholding, and
3. I am/we are a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions).

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.

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

X

SIGNATURE OF INDIVIDUAL (OR CUSTODIAN) Date

X

SIGNATURE OF JOINT REGISTRANT, CORPORATE OFFICE PARTNER, TRUSTEE, ETC. (if applicable) Date

TITLE

Corporate Resolution

Corporations, organizations and partnerships must complete this certification.

I, _____ of _____, (hereinafter "Organization"), Incorporated or organized under the laws of the state of _____, hereby certify that the following is a true copy of a resolution duly adopted by the Board of Directors or by those with authority to transact business in said Organization on _____, 20____, and that such resolution is now in full force and effect. The following named persons are currently officers/trustees/general partners/other authorized signatories of the Registered Owner and any _____* authorized person(s) is/are authorized to sign or transfer securities of Navellier for the Registered Owner and execute and deliver any instrument necessary to effectuate the authority hereby conferred:

**Insert a number, unless otherwise indicated, the transfer agent may honor instructions of any one of the persons named immediately below.*

Name	Title	Specimen Signature
Name	Title	Specimen Signature

RESOLVED FURTHER that the Fund and the Transfer Agent may, without inquiry, act only on the instructions of ANY PERSON(s) purporting to be (an) Authorized Person(s) as named in the certification form last received by the Transfer Agent and the Fund shall not be liable for any claims, expenses (including legal fees) or losses resulting from Transfer Agent having acted upon any instruction believed to be genuine. Additionally, I certify under penalties of perjury that 1) the tax I. D. number supplied is correct and 2) the Organization is not subject to backing withholding under provisions of Section 3406(a)(1)(C) of the Internal Revenue Code.

Check here if no Corporate Seal (for corporations only)

Signature of Certifying Secretary or Officer

Title

Date