

New Account Application

Regular Mail:

Jacob Funds, Inc. c/o U.S. Bank Global Fund Services PO Box 219252 Kansas City, MO 64121-9252 **Overnight Mail:**

Jacob Funds, Inc. c/o U.S. Bank Global Fund Services 801 Pennsylvania Ave Suite 219252 Kansas City, MO 64105-1307

For additional information please call toll-free 1-888-522-6239 or visit us on the web at www.jacobmutualfunds.com.

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number, and permanent street address. Trust accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value. **Please do not use this application for IRA or Entity accounts.**

Investor Inf	ormation Select one			
■ Individual		1		$\neg \vdash$
	FILL LEGAL FIDOT NAME!	┚┞┈	LAST NAME	DATE OF DIDTH (AMAIDDAGGA)
	FULL LEGAL FIRST NAME ¹	M.I.	LAST NAIWE	DATE OF BIRTH (MM/DD/YYYY)
	SOCIAL SECURITY NUMBER			
- 6		- —	_,	
■ Joint Owner				
	FULL LEGAL FIRST NAME ¹	М .І.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
☐ Transfer to Minor	CUSTODIAN'S FULL LEGAL FIRST NAME ¹ (ONLY ONE)	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
	CUSTODIAN'S SOCIAL SECURITY NUMBER	t 		
	MINOR'S FULL LEGAL FIRST NAME ¹ (ONLY ONE)	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
	MINOR'S SOCIAL SECURITY NUMBER	UTMA	STATE (list state's law that governed the initial transfer)*	AGE OF TERMINATION**2

"Minor" means an UTMA account owner (customer) who has not reached the age of termination (age the custodianship terminates, which is designated at the time of transfer and governed by state law). This means that depending on the applicable state, a minor could be older than 18 or 21.

Upon reaching the age of termination, the custodian must remove themself as custodian (and their authority over the account) so that the UTMA account owner can complete a new application solely in their name and under their control. The custodian will no longer be able to act on the account after the minor reaches the age of termination. Please note, transfers to a minor are irrevocable. Additionally, at the age of termination, U.S. Bank Global Fund Services as transfer agent for Jacob Funds, Inc. reserves the right to restrict purchases and redemptions and reinvest any dividends and/or capital gains set to pay out in cash until the former minor completes a New Account Application.

*In the event that the custodian does not complete the "UTMA State" field above, the custodian hereby directs U.S. Bank to establish the UTMA state using the state from the Permanent Street Address provided in the Address section as the UTMA state. This designation shall permanently remain as the designated state for this account.

**In the event that the custodian does not complete the "Age of Termination" field above, the custodian hereby directs U.S. Bank to establish the account using the default age of termination for custodial property transferred by gift under the "UTMA State's" law.

Note that electing an age of termination beyond the default age, such as 25 if permissible for a particular state, may result in the loss of any annual exclusion for federal gift tax purposes. By entering an age of termination that is different than the state laws governing the gift or transfer, you represent and warrant that you have consulted with your tax and legal advisors on (i) the permissibility of the age selected under the governing state's law, and (ii) the state and federal tax consequences of the designated age of termination.

¹ If a full legal first name is not provided, a copy of a government issued document is required to accompany this application.

1 Investor I	nformation continued		
☐ Trust			
	NAME OF TRUST		
	NAME(S) OF TRUSTEE(S)		
	SOCIAL SECURITY NUMBER /	TAX I.D. NUMBER	DATE OF AGREEMENT (MM/DD/YYYY)
	You must supply documentati section(s)), or Certificate of Tr	on to substantiate existen ust.	ce of your trust such as your Trust Agreement (including the powers and limitations
2 Address			
Permanent St Foreign addresses a	reet Address nd PO Boxes are not allowed.		Mailing Address* (if different from Permanent Street Address) If completed, this address will be used as the Address of Record for all statements, checand required mailings. Foreign addresses are not allowed.
STREET	7.	APT / SUITE	STREET APT / SUITE
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE
			* A PO Box may be used as the mailing address.
DAYTIME PHONE N	IUMBER EVENING PHO	ONE NUMBER	
EMAIL ADDRESS			
LIVIAILADDINESS			
Minor's Ad	dress address is the same as the custodian's	s address. If not please prov	vide the minor's address helow
	address to the same as the sustaining	address: ii liet, piedes pre	1
STREET		APT / SUITE	
CITY	STATE	ZIP CODE	
Duplicate State Complete only if you duplicate statements	wish someone other than the account	owner(s) to receive	Duplicate Statement #2 Complete only if you wish someone other than the account owner(s) to receive duplicate statements.
COMPANY NAME			COMPANY NAME
NAME			NAME
STREET	1	APT / SUITE	STREET APT / SUITE
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE

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3 Investment Options					
■ By check: Make check payable to the Jacob Fund: Note: All checks must be in U.S. Dollars drawn on a domestic not accept post-dated checks or any conditional order or payr checks, credit card checks, traveler's checks, or starter check	bank. The Fund will not accept nent. To prevent check fraud, th	t payment in ne Fund will	cash or mon not accept th	ey orders. The Fu ird party checks, T	nd does reasury
☐ By wire: Call 1-888-522-6239. Note: A completed application is required in advance of a wire.					
\$1,000 Minimu \$100,000 Minimu		Capital (einvest	Cash*	Dividend Reinvest and dividends will b	Cash*
☐ Jacob Internet Fund Investor Class Shares (705) \$					
☐ Jacob Small Cap Growth Fund Investor Class Shares (706) \$					
☐ Jacob Small Cap Growth Fund Institutional Class Shares (1499)					
☐ Jacob Discovery Fund Investor Class Shares (1487) \$					
Jacob Discovery Fund Institutional Class Shares (1518)					
*If cash distribution should be paid, please select one: Check to Address of Record ACH to Bank of Record - Valid Voided Check or Saving		e Bank Info	rmation sec	tion	

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4 Cost Basis Method

The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation. If you do not elect a Cost Basis Method, your account will default to Average Cost.

Primary Method (Select only one)
☐ Average Cost – averages the purchase price of acquired shares
☐ First In, First Out – oldest shares are redeemed first
☐ Last In, First Out – newest shares are redeemed first
☐ Low Cost – least expensive shares are redeemed first
☐ High Cost – most expensive shares are redeemed first
☐ Loss/Gain Utilization – depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares
☐ Specific Lot Identification – you must specify the share lots to be sold at the time of a redemption (This method requires
you elect a Secondary Method below, which will be used for systematic redemptions and in the event the lots you designate for
a redemption are unavailable.)
Secondary Method – applies only if Specific Lot Identification was elected as the Primary Method (Select only one)
☐ First In, First Out
☐ Last In, First Out
☐ Low Cost
☐ High Cost
☐ Loss/Gain Utilization
Note: If a Secondary Method is not elected, First In, First Out will be used.

5 Telephone and Internet Options

You have the ability to make telephone and/or internet purchases*, redemptions*, or exchanges per the prospectus by checking the box below. See the prospectus for minimum and maximum amounts.

* You must provide bank instructions and a voided check or savings deposit slip in the Bank Information section.

☐ I accept telephone and/or internet transaction privileges.

Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information.

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6 Automatic Investment Plan (AIP)

Your signed application must be received up to 7 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to the Bank Information section of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP (cl	neck one	,	,	nually
\$100 minimum		it no option is selected, the	frequency will default to monthly.	
☐ Jacob Internet Fund Investor Shares	or Class (705)	AMOUNT DED DDAW	AID CTART MONTH	AID CTART DAY
☐ Jacob Small Cap Growth Fu Investor Class Shares	ınd (706)	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
_	,	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
☐ Jacob Small Cap Growth Fu Institutional Class Shares		AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
☐ Jacob Discovery Fund Inves Class Shares	stor (1487)			
_	,	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
☐ Jacob Discovery Fund Instit Class Shares	utional (1518)			
Class Chales	(1310)	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY

Please keep in mind that:

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

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7 Systematic Withdrawal Plan (SWP)

Your signed Application must be received at least 15 calendar days prior to initial transaction.

Systematic Withdrawal Plan (SWP) \$100 minimum and \$10,000 account value minimum – permits the automatic withdrawal of funds. ☐ Payments will be mailed to address in Address section. ☐ Payments will be deposited directly into your bank account. Please attach a voided check or preprinted savings deposit slip to the Bank Information section of this application. We are unable to credit mutual fund or pass-through ("for further credit") accounts. Make payments ☐ Monthly ☐ Quarterly ☐ Annually starting with the month given here: ☐ Jacob Internet Fund Investor Class Shares (705)AMOUNT PER DRAW SWP START MONTH SWP START DAY ☐ Jacob Small Cap Growth Fund **Investor Class Shares** (706)AMOUNT PER DRAW SWP START DAY SWP START MONTH ☐ Jacob Small Cap Growth Fund Institutional Class Shares (1499) AMOUNT PER DRAW SWP START MONTH SWP START DAY ☐ Jacob Discovery Fund Investor Class Shares (1487)AMOUNT PER DRAW SWP START MONTH SWP START DAY ☐ Jacob Discovery Fund Institutional Class Shares (1518)AMOUNT PER DRAW SWP START MONTH SWP START DAY

8 Bank Information

If you selected any options which require banking information, please attach a voided check or preprinted savings deposit slip. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House System (ACH).

Note: There is a \$15 fee for next day wire and no fee for ACH (transfer takes 2-3 days).

John Doe Jane Doe 123 Main St. Anytown, USA 12345		53289
Pay to the order of	\$\$	DOLLARS
Memo_	Signed_	5522 ****0
012345=6780	C123456785678C	

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Signature and Certification Required by the Internal Revenue Service

- ✓ I have received and understand the prospectus for the Jacob Funds, Inc. (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable, if I fail to notify the Fund within such time period. I certify that I am of legal age and have the legal capacity to make this purchase.
- ✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation. I authorize U.S. Bank Global Fund Services to obtain a third party report for the purposes of authenticating the bank information that I provided.
- I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.
- Under penalty of perjury, I certify that:
 - 1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number
 - 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 not 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; and
 - 4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 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, acquisitions or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

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

x	
SIGNATURE OF OWNER*	DATE (MM/DD/YYYY)
X	
SIGNATURE OF JOINT OWNER*	DATE (MM/DD/YYYY)

If the custodian listed in the Investor Information section is NOT a parent or legal guardian of the minor, a parent or legal guardian is REQUIRED to complete the following section.

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

Under penalty of perjury, I certify that:

- 1) the Social Security or taxpayer identification number shown on this form is the 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 a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am not 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; and
- 4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 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, acquisitions or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct

I am signing on behalf of the minor as a parent or legal guardian:

PRINT MINOR'S NAME	
Χ	
SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE (MM/DD/YYYY)

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^{*} If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign.

DEALER NAME REPRESENTATIVE'S LAST NAME FIRST NAME DEALER'S ID REPRESENTATIVE'S ID BRANCH ID **DEALER HEAD OFFICE INFORMATION:** REPRESENTATIVE BRANCH OFFICE INFORMATION: ADDRESS ADDRESS CODE CITY / STATE / ZIP CITY / STATE / ZIP TELEPHONE NUMBER TELEPHONE NUMBER Before you mail, please: ☐ Complete all USA PATRIOT Act required information ☐ Enclose your personal check made payable to the Jacob Funds, Inc. ☐ Include a voided check or savings deposit slip, if applicable ☐ Social Security or Tax ID Number ☐ Sign your application in the Signature and Certification Required by ☐ Date of Birth the Internal Revenue Service section ☐ Full Name ☐ Enclose additional documentation, if applicable ☐ Permanent Street Address

☐ Complete UTMA information, if applicable

10 Dealer Information