



ADAPTIVE ALLOCATION FUND NEW ACCOUNT APPLICATION

Do not use this form for IRA accounts.

Please print clearly in CAPITAL LETTERS

To establish an account, the minimum initial investment is \$5,000. Once your account is established, the minimum for additional investments is \$100.

If you have any questions or need any help filling out the application, please call 1-866-263-9260, Monday through Friday, 8:30 a.m. to 6:00 p.m. eastern time.

After you have completed and signed this application,
Please mail to:

ADAPTIVE ALLOCATION FUND
c/o GEMINI FUND SERVICES, LLC
4020 SOUTH 147TH STREET, SUITE 2
OMAHA, NE 68137

Distributed by Northern Lights Distributors, LLC
www.unusualfund.com

1. ACCOUNT OWNERSHIP

Please provide complete information for EITHER A, B, C or D:

A. INDIVIDUAL OR JOINT *(Please check one):*

- Individual
 Tenants with Rights of Survivorship Tenants in Common Tenants by Entirety Community Property

Name _____ Social Security # _____ Birth Date _____ / ____ / ____
Joint Owner _____ Social Security # _____ Birth Date _____ / ____ / ____
Citizenship U.S. or Resident Alien Other *(please specify)* _____

B. UNIFORM GIFTS TO MINORS ACCOUNT (UGMA) OR UNIFORM TRANSFERS TO MINORS ACCOUNT (UTMA)

Custodian's Name _____ Minor's Name _____
Minor's Social Security Number _____ Minor's Date of Birth _____ / ____ / ____
Minor's State of Residence _____

C. TRUST

Name of Trust _____ Tax ID Number _____
Trustee(s) Name _____ Co Trustee Name _____ Date of Trust Agreement _____

Include a copy of the title page, authorized individual page and signature page of the Trust Agreement. Failure to provide this documentation may result in a delay in processing your application.

D. CORPORATIONS OR OTHER ENTITIES

- Corporation Partnership Government Entity Other *(please specify)* _____

Name of Corporation or Other Business Entity _____ Tax ID Number _____
Authorized Individual _____ Co Authorized Individual _____

Include a copy of one of the following documents: registered articles of incorporation, government-issued business license, partnership papers, plan documents or other official documentation that verifies the entity and lists the authorized individuals. Failure to provide this documentation may result in a delay in processing your application.

2. MAILING AND CONTACT INFORMATION

LEGAL ADDRESS *(Must be a street address)*

Street Address _____

Daytime Telephone _____

City, State, Zip _____

Evening Telephone _____

Please send mail to the address below. Please provide your primary legal address above, in addition to any mailing address (if different).

Street Address _____

City, State, Zip _____

3. INITIAL INVESTMENT (\$5,000 minimum initial investment)

Please make checks payable to the **Adaptive Allocation Fund**. If investing by wire: Call 1-866-263-9260 to indicate the amount of wire \$_____.

Adaptive Allocation Fund \$ _____

Share Class

Class A Class C

Net Asset Value (NAV). I have read the prospectus and qualify for a complete waiver of the sales charge on Class A shares. Registered representatives may complete the Dealer Information section as proof of eligibility.

Reason for Waiver: _____

4. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

All dividends and capital gains will be reinvested in shares of the Fund that pay them unless this box is checked.

Please pay all dividends and capital gains in cash.

5. TELEPHONE PRIVILEGES

Telephone privileges, as described in the prospectus, automatically apply unless this box is checked.

No, I do not want telephone privileges.

6. AUTOMATIC INVESTMENT PLAN (AIP)

AIP allows you to add regularly to the Fund by authorizing us to deduct money directly from your checking account every month. Your bank must be a member of the Automated Clearing House (ACH). If you choose this option, please complete **Section 9** and attach a voided check.

Please transfer \$_____ (**\$100 minimum**) from my bank account

Monthly Quarterly on the _____ (5th, 10th, 15th or 20th) day Beginning: ___/___/___

Important Note: If the AIP date falls on a holiday or weekend the deduction from your checking or savings account will occur on the next business day.

7. SYSTEMATIC WITHDRAWAL PLAN (SWP)

The Fund account must be valued at \$10,000 or more to establish Systematic Withdrawal Plan.

As specified below, please withdraw from the Adaptive Allocation Fund account: _____

\$ _____ exact dollars per period (**\$100 minimum**)

Send checks: Monthly Quarterly Beginning: ____/____/____

Send checks to: Address of record Bank of record (**See Section 6**) Following payee

Name

Daytime Telephone

City, State, Zip

Evening Telephone

8. COST BASIS METHOD

Note: The default cost basis calculation method for your new account will be Average Cost. If you wish to elect a different cost basis method, please contact the Fund to obtain a Cost Basis Election Form.

9. BANK INFORMATION

I authorize the Fund, when requested, to wire redemption proceeds when requested by the Automated Clearing House of which my bank is a member.

Type of Account: Checking Savings

Name of Depository Institution

Account Number

Street Address

ABA Number

City, State, Zip

City, State, Zip

Please attach a voided check from your account.

10. DEALER INFORMATION

If opening your account through a broker/dealer, please have them complete this section.

Dealer Name

Representative's Last Name, First Name

DEALER HEAD OFFICE

REPRESENTATIVE'S BRANCH OFFICE

Address

Address

City, State, Zip

City, State, Zip

Telephone Number

Telephone Number Rep's ID

Email

Email

Branch Office Telephone Number Branch ID

11. REGISTERED INVESTMENT ADVISOR INFORMATION

If opening your account through a Registered Investment Advisor, please have them complete this section.

Company Name

Investment Advisor Name

Address

Telephone Number

City, State, Zip

Email Address

12. STATE ESCHEATMENT LAWS

Escheatment laws adopted by various states require that personal property that is deemed to be abandoned or ownerless, including mutual fund shares and bank deposits, be transferred to the state. Under such laws, ownership of your Fund shares may be transferred to the appropriate state if no activity occurs in your account within the time period specified by applicable state law. The Fund retains a search service to track down missing shareholders and will escheat an account only after several attempts to locate the shareholder have failed. To avoid this from happening to your account, please keep track of your account and promptly inform the Fund of any change in your address.

13. SIGNATURE(S) & CERTIFICATION (REQUIRED)

We must have signatures to process your Application and to certify your Taxpayer Identification number. IRS regulations require your signature to avoid any backup withholding.

W-9 Certification: Under penalty of perjury:

- (a) I certify that the number shown on this form is my/our current Social Security number(s) or Taxpayer Identification number(s).**
- (b) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.**
- (c) I am a U.S. person (including a resident alien.) The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

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 effective October 1, 2003.

What this means for you: When you open an account, we will ask for your name, address, date of birth, social security number/ Tax ID number and other information that will allow us to identify you. We may also ask to see other identifying documents. Until you provide the information or documents we need, we may not be able to open an account or effect any additional transactions for you.

When opening an account for a foreign business, enterprise or a non-U.S. person that does not have an identification number, we require alternative government-issued documentation certifying the existence of the person, business or enterprise.

The undersigned represents and warrants that:

- I have full authority and am of legal age to purchase shares of the Fund;
- I have received and read a current prospectus for the Adaptive Allocation Fund and agree to be bound by the terms contained therein; and
- The information contained on this New Account Application is complete and accurate.

Signature *of owner (or custodian)*

Date

Signature *of joint owner (or corporate officer, partner or trustee)*

Date

Trustee *(if applicable)*

Date

TO CONTACT US:

By Telephone

Toll-free 1-866-263-9260

In Writing

ADAPTIVE ALLOCATION FUND
c/o Gemini Fund Services, LLC
4020 South 147th St., Suite 2
Omaha, NE 68137

Internet

www.unusualfund.com