APPOINTMENT OF FINANCIAL ADVISOR

This form is used to authorize your Financial Advisor to give Gemini Fund Services, LLC instructions on your behalf for transactions in your account. This form must be completed and signed by the registered owner(s) and your appointed Financial Advisor.

1. AUTHORIZATION OF INVESTMENT ADVISOR

Each of the following Appointment and Authorization(s) shall remain in full force and effect until the Fund(s) or their agents shall have received written notice of its revocation signed by the registered account owner(s).

Appointment of Advisor

By signing below, I hereby authorize my Advisor (identified below) to be my agent and attorney-in-fact, and in such capacity to give instructions to the Fund(s), or their agents, for any transactions among the Fund(s), and to take all other actions necessary or incidental thereto. The Fund(s) or their agents may rely on such instructions without obtaining my approval, counter-signature, or co-signature. I understand that in such capacity the Advisor is not acting as an agent or employee of the Fund(s) or their agents and neither the Fund(s) nor their employees, agents or affiliates have approved, or made any recommendation, representation, or endorsement of the Advisor. I will indemnify and hold harmless each of the Fund(s), its officers, directors, employees, and agents, against any and all losses, claims, damages, liabilities, penalties, actions, proceedings, judgments, or costs, including attorneys' fees, which these parties may incur by relying upon the representations of the Advisor, or for acting on any authorizations I have given on this form. This duty to indemnify and hold harmless shall survive the termination of this appointment and the termination of all authorizations granted by me to the Fund(s) or their agents.

In addition to your authorization set forth above, should you desire to send duplicate confirmations and statements to your Advisor or authorize payment of Advisor's fees from your account please indicate by marking the appropriate box below.

☐ I hereby authorize the Fund and its authorized agents to send duplicate confirmations and statements to my Advisor.

☐ I hereby authorize the Fund and its authorized agents to pay my Advisor's fees directly from my account as directed by my Advisor.

2. ADVISOR ACCEPTANCE

I will provide the Fund(s) or their agents with true and accurate invoices of the management fees owed to me by the account owner(s), which are to be deducted directly from the account. I will send the account owner (s) notification of the amount of each invoice I provide to the Fund(s) or their agents. I will indemnify and hold harmless the Fund(s) or their agents, it's officers, directors, employees and agents, all individuals or entities controlling, controlled by or under common control with the Fund(s) or their agents, and their officers, directors, managers, employees, and agents, against any and all losses, claims, damages, liabilities, actions, proceedings, judgments, or costs, including attorneys' fees, which these parties may incur by relying upon my representations.

Advisor's Firm Name | **Advisor's Authorized Signature**

Address | **Telephone Number** | **Email**

City, State, Zip Code

3. ACCOUNT OWNER'S SIGNATURE SECTION

Account Registration | **Adaptive Allocation Fund Account Number ***

Print Name | **Print Name**

Owner's Signature | **Date** / / | **Co-Owner's Signature** | **Date** / /

** If you are establishing a new account, please send a completed application with this form and leave the account number line above blank.*