

Coverdell Education Savings Account (ESA) Application

Questions?

Call 877-771-EVEN (3836)

This form can also be obtained
or completed online at
www.eventidefunds.com.

IMPORTANT: Eventide Funds is required by federal law to obtain the following information from each person who opens an account: full name, date of birth, Social Security number, and permanent street address. Corporate, trust, and other entity 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 close your account.

Step 1: Education Savings Account Contribution Type

- New Contribution:** for tax year _____
- Transfer from another Coverdell ESA** Custodian has the funds. Please complete Coverdell Education Savings Account (ESA) Transfer Form.
- Rollover from Coverdell ESA** Shareholder had receipt of funds.

Step 2: Designated Beneficiary / Student The person for whom this account is being established

First Name M.I. Last Name D.O.B. (dd/mm/yyyy)

Social Security Number

Street Address (P.O. Box is NOT acceptable)

City State Zip Code

Mailing Address (if different from above)

City State Zip Code

Daytime Phone Number Evening Phone Number

Step 3: Depositor *The person contributing to the account*

_____	_____	_____	_____
First Name	M.I.	Last Name	D.O.B. (dd/mm/yyyy)

Social Security Number			

Street Address (P.O. Box is NOT acceptable)			

_____	_____	_____	_____
City	State	Zip Code	

Mailing Address (if different from above)			

_____	_____	_____	_____
City	State	Zip Code	

_____	_____	_____	
Daytime Phone Number	Evening Phone Number		

Step 4: Responsible Individual *The person responsible for the student*

_____	_____	_____	_____
First Name	M.I.	Last Name	D.O.B. (dd/mm/yyyy)

_____	_____		
Social Security Number	Relationship to Student		

Street Address (P.O. Box is NOT acceptable)			

_____	_____	_____	_____
City	State	Zip Code	

Mailing Address (if different from above)			

_____	_____	_____	_____
City	State	Zip Code	

_____	_____	_____	
Daytime Phone Number	Evening Phone Number	E-mail Address	

The following two options will be added to your account, unless specified otherwise below:

- The Responsible Individual shall continue to serve as the Responsible Individual for the custodial account after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the custodial account and the custodial account terminates.
 The Responsible Individual does not wish to control the account after age of majority
- The Responsible Individual may change the beneficiary designated under this agreement to another member of the Designated Beneficiary's family described in Section 529(e)(2) in accordance with the Custodian's procedures.
 The Responsible Individual may not change the Designated Beneficiary / Student

Step 5: Successor Responsible Individual

In the event of the death or legal incapacity of the Responsible Individual while the Designated Beneficiary is a minor under state law, the following shall become the Responsible Individual. If no successor is named, the Successor Responsible Individual shall be the Designated Beneficiary's parent or guardian.

 First Name M.I. Last Name D.O.B. (dd/mm/yyyy)

 Social Security Number Relationship to Student

 Street Address (P.O. Box is NOT acceptable)

 City State Zip Code

 Mailing Address (if different from above)

 City State Zip Code

 Daytime Phone Number Evening Phone Number E-mail Address

Step 6: Duplicate Statements *Optional*

Complete only if you wish someone other than the Responsible Individual to receive duplicate statements.

Designated Beneficiary / Student **Depositor** **Successor Responsible Individual** **Other (below):**

 Street Address or P.O. Box

 City State Zip Code

Step 7: Method of Investment

- Check** *Proceed to Step 8. Please make payable to "Eventide Gilead Fund" and enclose with application.*
- Bank Wire** *Proceed to Step 8. Call Shareholder Services at 877-771-EVEN (3836), x1 for instructions.*
- Automatic Investment Plan** *You must complete Steps 9 and 11.*

Step 8: Investment Selection

Maximum contribution made on behalf of a Designated Beneficiary is \$2,000 per year excluding rollover and transfer contributions.

Fund Name:	Ticker:	Amount (\$1,000 minimum):
Eventide Gilead Fund Class A	ETAGX	\$ _____
Eventide Gilead Fund Class C	ETCGX	\$ _____

Step 9: Automatic Investment Plan *Optional*

If you choose this option, funds will be automatically transferred from your bank account monthly. Please attach a voided check to Step 11 of this application. **Please Note:** There is a \$25 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. Max annual contribution is \$2,000.

Fund Name:	Ticker:	Amount (\$100 minimum):	Month to begin*:	Day to begin*:
Eventide Gilead Fund Class A	ETAGX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Gilead Fund Class C	ETCGX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th

* Your signed application must be received at least 15 business days prior to initial transaction.

Step 10: Telephone Options

This Step allows you to establish the convenience of telephone purchases and/or redemptions. Your signed application must be received at least 15 business days prior to initial transaction.

Yes, I would like to establish the option for:

- Telephone Purchases** Purchase shares for your account by calling Shareholder Services at 877-771-EVEN (3836), x1.
Allow Purchases Via: Choose if you wish to establish
 - Electronic Funds Transfer*** Allows on-demand purchase of shares from your bank account. \$100 minimum purchase.
- Telephone Redemptions** Redeem shares from your account by calling Shareholder Services at 877-771-EVEN (3836), x1.
Allow Redemptions Via: Choose any/all you wish to establish
 - Check** Mailed to address in Step 2.
 - Federal Wire*** To your bank account.
 - Electronic Funds Transfer*** To your bank account (funds typically credited within two days after redemption). No charge.

* You must complete Step 11 in order to establish this option.

Step 11: Bank Information

If you have selected an Automatic Investment Plan, wire redemptions, EFT purchases, EFT redemptions, please attach a voided check.

Please note that only banks using the Automated Clearing House system (ACH) are eligible. Most banks use ACH, but some don't. If you're unsure, please contact your bank to determine if it participates in ACH.

Mr. Investor Name 1234
 Mrs. Investor Name
 123 Any Street
 Anytown, USA 123456

Pay to the Order of _____ \$ _____ Dollars

Please attach voided check or pre-printed savings deposit slip here

Bank Name _____

For _____

⑆ 123456789 ⑆ ⑆ 12345678909876543 ⑆ 1234

Step 12: Custodial Fee

For the additional tax reporting and record-keeping services associated with ESAs, shareholders pay a \$12 annual fee per ESA account.

Fee Payment Method:

- Fee deducted** (from my investment)
- Fee included** (in a separate personal check payable to "Eventide Gilead Fund")

Step 13: Beneficiary Designation *Optional*

In the event of the Designated Beneficiary's / Student's death, pay the ESA balance to the following Primary Beneficiary(ies). If the Student survives the Primary Beneficiary(ies), pay the ESA balance to the following Secondary Beneficiary(ies). If any of the listed beneficiaries dies before the Student, this portion of the account will be reallocated amongst the surviving beneficiaries on a pro rata basis. The ESA balance will go to the estate of the Student if all listed beneficiaries (Primary and Secondary) predecease him or her. To designate additional primary and/or secondary beneficiaries, please attach a separate sheet detailing the necessary information in the same format as below.

Primary Beneficiary:

1) _____

First Name	M.I.	Last Name	D.O.B. (mm/dd/yyyy)

Social Security Number	% of Account	Relationship	

Street Address or P.O. Box			

City	State	Zip Code	

Secondary Beneficiary:

1) _____

First Name	M.I.	Last Name	D.O.B. (mm/dd/yyyy)

Social Security Number	% of Account	Relationship	

Street Address or P.O. Box			

City	State	Zip Code	

Step 14: How did you hear about Eventide Funds?

- Conference** _____
- Magazine / Newspaper** _____
- TV / Radio** _____
- Friend** _____ **Other** _____

Step 15: Signature(s)

Important: Please read before signing. The signature of the Responsible Individual should be obtained if someone other than the Depositor will be the Responsible Individual.

I understand the eligibility requirements for the type of ESA deposit I am making and I state that I do qualify to make the deposit. I have received a copy of the Application, 5305-EA Plan Agreement and Disclosure Statement. I understand that the terms and conditions which apply to this Coverdell Education Savings Account are contained in this Application and the 5305-EA Plan Agreement. I agree to be bound by those terms and conditions. Within seven (7) days from the date I open this IRA I may revoke it without penalty by mailing or delivering a written notice to the Depository, as agent for the Custodian.

I assume complete responsibility for:

1. Determining that I am eligible to contribute to an ESA each year I make a contribution.
2. Insuring that all contributions I make are within the limits set forth by the tax laws.
3. Certifying that I am qualified to assume the responsibilities of the Responsible Individual as set forth in this agreement, if I am designated on this Application as the Responsible Individual.
4. Managing and administering the account and authorizing transactions involving contributions and distributions, if I am designated on this Application as the Responsible Individual.

X

Signature of Depositor

Date (mm/dd/yyyy)

X

Signature of Responsible Individual

Date (mm/dd/yyyy)

Appointment as Custodian accepted:

X

Matrix Capital Group, Inc. Agent

Date (mm/dd/yyyy)

Checklist:

** If applicable*

✓ Social Security Number

✓ Permanent Street Address

✓ Voided check*

✓ Full name

✓ Signature(s)

✓ Mailed to address on front

✓ Date of birth

✓ Check to "Eventide Gilead Fund"*

Step 16: Broker / Dealer and Representative Information

Financial Advisors Only

Broker / Dealer Name

Broker Branch Number

Representative First Name

M.I.

Last Name

Representative Number

Branch Street Address

City

State

Zip Code

Daytime Phone Number

E-mail Address