

Eventide IRA Application

Questions?

Call 877-771-EVEN (3836)

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

For Traditional, Roth, and SEP IRAs

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: IRA Type

Choose and complete only one

If no tax year is indicated, we will assume it is for the current tax year. Please refer to disclosure statement for eligibility requirements and contribution limits.

Traditional IRA

New Contribution: for tax year _____

Transfer from another Traditional IRA Custodian has the funds. Please complete IRA Transfer Form.

Rollover from Traditional IRA Shareholder had receipt of funds.

Direct Rollover from qualified employer plan Custodian has the funds. Please complete IRA Transfer Form, as well as any additional form(s) required by the Plan Administrator.

Please check type of qualified plan:

Corporate Pension PSP 401(k) 403(b) Other: _____

Roth IRA

New Contribution: for tax year _____

Transfer from another Roth IRA Custodian has the funds. Please complete IRA Transfer Form.

Rollover from Roth IRA Shareholder had receipt of funds.

Transfer of previous Roth IRA conversion: Custodian has the funds. Please complete the IRA Transfer Form.

Year in which Traditional IRA was converted to Roth IRA: _____

Conversion of a Traditional IRA to a Roth IRA Custodian has the funds. Please complete the IRA Transfer Form.

SEP-IRA

New Contribution

Transfer from another SEP-IRA Custodian has the funds. Please complete IRA Transfer Form.

Rollover from SEP-IRA Shareholder had receipt of funds.

Step 2: Investor Information

Owner:

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

 Social Security Number Driver's License or State I.D. Number State of Issue
 (N/A if owner is a minor) (N/A if owner is a minor)

Guardian: *If this account is for a minor, the adult guardian must fill out this section.*

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

 Social Security Number Relationship to Minor

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

 City State Zip Code

 Daytime Phone Number Evening Phone Number E-mail Address

Step 3: Address and Contact Information

Permanent Street Address:

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

 City State Zip Code

Contact Information:

 Daytime Phone Number Evening Phone Number E-mail Address

Mailing Address (if different from above):

If completed, this address will be used as the Address of Record for all statements, checks, and required mailings.

 Street Address or P.O. Box

 City State Zip Code

Step 4: Duplicate Statements *Optional*

Complete only if you wish someone other than the account owner (and guardian, if applicable) to receive duplicate statements.

Duplicate Statement #1:

Street Address or P.O. Box

City

State

Zip Code

Duplicate Statement #2:

Street Address or P.O. Box

City

State

Zip Code

Step 5: Method of Investment

- Check** *Proceed to Step 6. Please make payable to "Eventide Gilead Fund" and enclose with application.*
- Bank Wire** *Proceed to Step 6. Call Shareholder Services at 877-771-EVEN (3836), x1 for instructions.*
- Automatic Investment Plan** *You must complete Steps 7 and 9.*

Step 6: Investment Selection

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

Step 7: 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 9 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.

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 8: 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 3.
 - 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 9 in order to establish this option.

Step 9: 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 10: Custodial Fee

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

Fee Payment Method:

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

Step 11: Beneficiary Designation

Please provide your primary and secondary beneficiaries. The totals of each must equal 100%. Secondary beneficiaries will receive distributions only if no primary beneficiaries survive you. 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 12: Spousal Consent

If you are married and a resident of a community property or marital property state, you need your spouse's consent to designate a beneficiary other than your spouse. It is your responsibility to determine if spousal consent requirements apply to your beneficiary selection.

I am the spouse of the Account Owner identified above. I consent to my spouse's Beneficiary Designation.

X

 Signature of Spouse Date (mm/dd/yyyy)

Step 13: How did you hear about Eventide Funds?

Conference _____

Magazine / Newspaper _____

TV / Radio _____

Friend _____ Other _____

Step 14: Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Eventide Gilead Fund Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for the Eventide Gilead Fund. I understand the Fund's objectives and policies and agree to be bound to the terms of the prospectus. I acknowledge and consent to the householding (i.e. consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, 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 Eventide Gilead Fund within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

I authorize the Fund to perform a credit check in the event that one is needed to verify or establish identity.

The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Mutual Fund Series Trust") will not be responsible for banking system delays beyond their control. By completing Steps 7, 8, or 9, I authorize my bank to honor all entries to my bank account initiated through Matrix Capital Group on behalf of the applicable Fund. The Eventide Gilead Fund will not be liable for acting upon instruction 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 collected 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 dishonored 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.

X

Signature of Account Owner

Date (mm/dd/yyyy)

Appointment as Custodian accepted:

X

Matrix Capital Group, Inc. Agent

Date (mm/dd/yyyy)

Checklist:

** If applicable*

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Social Security Number | <input checked="" type="checkbox"/> Permanent Street Address | <input checked="" type="checkbox"/> Voided check* |
| <input checked="" type="checkbox"/> Full name | <input checked="" type="checkbox"/> Signature(s) | <input checked="" type="checkbox"/> Beneficiaries |
| <input checked="" type="checkbox"/> Date of birth | <input checked="" type="checkbox"/> Check to "Eventide Gilead Fund"* | <input checked="" type="checkbox"/> Mailed to address on front |

Step 15: 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