

Step 3: Duplicate Statements *Optional*

Complete only if you wish someone other than the account owner(s) 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 4: Method of Investment

- Check** Proceed to Step 5. Please make payable to "Eventide Gilead Fund" and enclose with application.
- Bank Wire** Proceed to Step 5. Call Shareholder Services at 877-771-EVEN (3836), x1 for instructions.
- Automatic Investment Plan** You must complete Steps 6 and 9.

Step 5: Investment Selection

Fund Name:	Ticker:	Amount:
Eventide Gilead Fund Retail Class (\$1,000 minimum)	ETGLX	\$
Eventide Gilead Fund Institutional Class (\$100,000 minimum)	ETILX	\$

Step 6: 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 Retail Class	ETGLX	\$		<input type="checkbox"/> 1st <input type="checkbox"/> 15th

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

Step 7: Distribution Options

- Capital Gains and Dividends Reinvested**
- Capital Gains Reinvested and Dividends in Cash***
- Capital Gains and Dividends in Cash***

* Unless otherwise indicated, cash distributions will be mailed to the address in Step 2.

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 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 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: How Did You Hear About Eventide Funds?

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

Step 11: Signature(s)

I have received and understand the prospectus for Eventide Gilead Fund (the "Fund"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I acknowledge and consent to the householding (i.e. consolidation of mailings) of regulatory 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 their 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 legal capacity to make this purchase.

I authorize the registered representative assigned to my account to have access to my account and to act on my behalf with respect to my account.

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 6, 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.

Under penalty of perjury, I certify that (1) the Social Security number or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding either as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (3) I am a U.S. person (including a U.S. resident alien).

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

X

Signature of Owner*

Date (mm/dd/yyyy)

X

Signature of Owner*

Date (mm/dd/yyyy)

** 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, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided for the Joint Owner.*

Checklist:

** If applicable*

- ✓ SSN or Tax ID Number
 - ✓ Full name
 - ✓ Date of birth
- ✓ Permanent Street Address
 - ✓ Signature(s)
 - ✓ Check to "Eventide Gilead Fund"
- ✓ Voided check*
 - ✓ Additional documentation*
 - ✓ Mailed to address on front

Step 12: 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