



COVERDELL EDUCATION SAVINGS ACCOUNT (ESA) APPLICATION

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.

? Call 877-771-EVEN (3836) This form can also be obtained and completed online at www.eventidefunds.com

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

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

Social Security Number

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

City State Zip Code

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 3 Responsible Individual*The person responsible for the student*

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

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

City	State	Zip Code
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Daytime Phone Number	Evening Phone Number	E-mail Address
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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
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STEP 4 Amendments to the Custodial Agreement

You may select any of the below provisions by marking the corresponding box. These provisions change the standard provisions contained in the Custodial Agreement. Please refer to your Custodial Agreement.

- The Responsible Individual shall have authority to change the Designated Beneficiary at any time to a Family Member of the Designated Beneficiary.
- The Responsible Individual shall continue to serve as the Responsible Individual for the Coverdell ESA 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 Coverdell ESA account and the Coverdell ESA account terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Responsible Individual shall be the Designated Beneficiary.

STEP 5 Depositor*The person contributing to the account*

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

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

City	State	Zip Code
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Daytime Phone Number	Evening Phone Number	E-mail Address
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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
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STEP 6 Successor Responsible Individual*The person responsible for the student*

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. (mm/dd/yyyy)
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Social Security Number

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

City	State	Zip Code
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Daytime Phone Number	Evening Phone Number	E-mail Address
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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
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STEP 7 Method of Investment

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

STEP 8 Investment Selection

Please use Class N if investing less than \$100,000 and Class I if investing \$100,000 or more. Investors who heard about Eventide Funds through a financial advisor should select either Class A or Class C and should complete the Dealer Information section.

Fund Name:	Ticker:	Amount:
Eventide Gilead Fund Class N (\$1,000 minimum)	ETGLX	\$
Eventide Healthcare & Life Sciences Fund Class N (\$1,000 minimum)	ETNHX	\$
Eventide Multi-Asset Income Fund Class N (\$1,000 minimum)	ETNMX	\$
Eventide Global Dividend Opportunities Fund Class N (\$1,000 minimum)	ETNDX	\$
Eventide Limited-Term Bond Fund Class N (\$1,000 minimum)	ETNBX	\$
Eventide Gilead Fund Class I (\$100,000 minimum)	ETILX	\$
Eventide Healthcare & Life Sciences Fund Class I (\$100,000 minimum)	ETIHX	\$
Eventide Multi-Asset Income Fund Class I (\$100,000 minimum)	ETIMX	\$
Eventide Global Dividend Opportunities Fund Class I (\$100,000 minimum)	ETIDX	\$
Eventide Limited-Term Bond Fund Class I (\$100,000 minimum)	ETIBX	\$

FINANCIAL ADVISER SHARE CLASSES

Eventide Gilead Fund Class A <i>(\$1,000 minimum)</i>	ETAGX	\$
Eventide Healthcare & Life Sciences Fund Class A <i>(\$1,000 minimum)</i>	ETAHX	\$
Eventide Multi-Asset Income Fund A <i>(\$1,000 minimum)</i>	ETAMX	\$
Eventide Global Dividend Opportunities Fund Class A <i>(\$1,000 minimum)</i>	ETADX	\$
Eventide Limited-Term Bond Fund Class A <i>(\$1,000 minimum)</i>	ETABX	\$
Eventide Gilead Fund Class C <i>(\$1,000 minimum)</i>	ETCGX	\$
Eventide Healthcare & Life Sciences Fund Class C <i>(\$1,000 minimum)</i>	ETCHX	\$
Eventide Multi-Asset Income Fund Class C <i>(\$1,000 minimum)</i>	ETCMX	\$
Eventide Global Dividend Opportunities Fund Class C <i>(\$1,000 minimum)</i>	ETCDX	\$
Eventide Limited-Term Bond Fund Class C <i>(\$1,000 minimum)</i>	ETCBX	\$

Sales charges apply to Class A and Class C. Please refer to prospectus for details.

- Contribution is for tax year** _____ *Maximum annual contribution to a Coverdell Educational Savings Account is \$2,000 per year, per child, subject to certain income limitations.*
- I am enclosing a check for** \$ _____ representing a rollover (within 60 days) from another ESA.
- Transfer of Assets from an existing ESA.** *Complete the separate Transfer of Assets form.*

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 8 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 N	ETGLX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Healthcare & Life Sciences Fund Class N	ETNHX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Multi-Asset Income Fund Class N	ETNMX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Global Dividend Opportunities Fund Class N	ETNDX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Limited-Term Bond Fund Class N	ETNBX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Gilead Fund Class I	ETILX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Healthcare & Life Sciences Fund Class I	ETIHX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Multi-Asset Income Fund Class I	ETIMX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Global Dividend Opportunities Fund Class I	ETIDX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Limited-Term Bond Fund Class I	ETIBX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th

Choose and complete only one
FINANCIAL ADVISER SHARE CLASSES

Eventide Gilead Fund Class A	ETAGX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Healthcare & Life Sciences Fund Class A	ETAHX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Multi-Asset Income Fund Class A	ETAMX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Global Dividend Opportunities Fund Class A	ETADX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Limited-Term Bond Fund Class A	ETABX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Gilead Fund Class C	ETCGX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Healthcare & Life Sciences Fund Class C	ETCHX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Multi-Asset Income Fund Class C	ETCMX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Global Dividend Opportunities Fund Class C	ETCDX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
Eventide Limited-Term Bond Fund Class C	ETCBX	\$ _____	_____	<input type="checkbox"/> 1st <input type="checkbox"/> 15th

Sales charges apply to Class A and Class C. Please refer to prospectus for details.

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STEP 10 Telephone Privileges

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

No, I do not want telephone privileges.

STEP 11 Bank Information

If you have selected an Automatic Investment Plan, or would like to provide your bank account information for wire redemptions, EFT purchases, or EFT redemptions, please attach a voided check and complete this section.

Type of Account: Checking Savings

Account Number

ABA Number (Routing Transit Number)

Name of Depository Institution

Street Address

City

State

Zip Code

STEP 12 Broker / Dealer and Representative Information

Broker /Dealers and Representatives only

Broker / Dealer Name

Broker Branch Number

Representative First Name

M.I.

Last Name

Representative Number

Branch Street Address

City

State

Zip Code

Branch Phone Number

Representative E-mail Address

Head Office Street Address

City

State

Zip Code

Head Office Phone Number

Head Office E-mail Address

STEP 13 Registered Investment Adviser Information

RIAs only

Company Name

Investment Adviser First Name

M.I.

Last Name

Street Address

City

State

Zip Code

Daytime Phone Number

E-mail Address

Continues ...

STEP 14 Duplicate Statements

Optional

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

 Duplicate Statement #1: **Interested Party** **Broker/Dealer** **Financial Planner** **Trust Administrator**

First Name _____ M.I. _____ Last Name _____

Street Address _____ City _____ State _____ Zip Code _____

 Duplicate Statement #2: **Interested Party** **Broker/Dealer** **Financial Planner** **Trust Administrator**

First Name _____ M.I. _____ Last Name _____

Street Address _____ City _____ State _____ Zip Code _____

Continues ...

STEP 15 Disclosures

Custody Fee

The Custody Fee is \$12 annually per account. The Custody Fee may be increased in the future. You will be notified in writing 90 days prior to any fee increases.

Eventide Funds Privacy Policy Statement

Your privacy is important to us. The Funds are committed to maintaining the confidentiality, integrity and security of your personal information. When you provide personal information, the Funds believe that you should be aware of policies to protect the confidentiality of that information.

The Funds collect the following nonpublic personal information about you:

- Information we receive from you on or in applications or other forms, correspondence, or conversations, including, but not limited to, your name, address, phone number, social security number, assets, income and date of birth; and*
- Information about your transactions with us, our affiliates, or others, including, but not limited to, your account number and balance, payments history, parties to transactions, cost basis information, and other financial information.*

The Funds do not disclose any nonpublic personal information about our current or former shareholders to nonaffiliated third parties, except as permitted by law. For example, the Funds are permitted by law to disclose all of the information we collect, as described above, to our transfer agent to process your transactions. Furthermore, the Funds restrict access to your nonpublic personal information to those persons who require such information to provide products or services to you. The Funds maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

In the event that you hold shares of the Funds through a financial intermediary, including, but not limited to, a broker-dealer, bank, or trust company, the privacy policy of your financial intermediary would govern how your nonpublic personal information would be shared with nonaffiliated third parties.

Anti-Money Laundering

The USA PATRIOT Act, signed by President Bush in 2001, is designed to detect, deter, and punish terrorists in the United States and abroad. The Act imposes new anti-money laundering requirements on all financial institutions including the Eventide Funds. As part of our required anti-money laundering procedures in order to identify you, we may ask you to provide various identification documents or other information when you open or make certain changes to your account. 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.

*For questions about these policies, or for additional copies of the Funds Privacy Policy Statement, please go to www.eventidefunds.com or contact the Fund at PO Box 541150, Omaha, Nebraska 68154 or **1-877-771-3836**.*

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.

STEP 16 Signature and Certifications

I hereby certify that I understand the eligibility requirements for an Education Savings Account ("ESA") and I qualify to establish an ESA. I have received a copy of the Application, Custodial Agreement and Disclosure Statement. I understand that the terms and conditions, which apply to this Coverdell ESA are contained in this Application and Custodial Agreement(s) and I agree to be bound by those terms and conditions. I hereby appoint and authorize Constellation Trust Company as the Custodian and Ultimus Fund Solutions, LLC to act as the Custodian's agent. I agree to indemnify Constellation Trust Company and Ultimus Fund Solutions, LLC when making distributions in accordance with my beneficiary designation on file or in accordance with the Custodial Account Agreement absent such designation. I understand that within seven (7) days from the date I open this Coverdell ESA, I may revoke it without penalty by mailing or delivering written notice to the Custodian's agent. I have received a copy of the Prospectus and understand that this investment is not FDIC insured.

I assume complete responsibility for:

- *Determining that I am eligible for a Coverdell ESA;*
- *Insuring that all contributions I make are within the limits set forth by the tax laws; and*
- *The tax consequences of any contribution (including rollover contributions) and distributions.*

I certify, under penalties of perjury, that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and;*
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and;*
- 3. I am a U.S. person (including a U.S. resident alien).*
- 4. I am exempt from FATCA (Foreign Account Tax Compliance Act) reporting.*

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

Certification Instructions

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

X_____
Signature of Responsible Individual_____
Date (mm/dd/yyyy)**X**_____
Signature of Donor_____
Date (mm/dd/yyyy)**X**_____
Authorized Signature of Custodian_____
Date (mm/dd/yyyy)