



## IRA APPLICATION

Complete, sign, and mail to the above address

### 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, we reserve the right to close your account. Distributed by Northern Lights Distributors, LLC.

**?** Call 877-771-EVEN (3836) This form can also be obtained and completed online at [www.eventidefunds.com](http://www.eventidefunds.com)

## 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. Please enclose check with application.

**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 IRA** Shareholder had receipt of funds. Please enclose check with application.

**Transfer of previous Roth IRA conversion** Custodian has the funds. Please complete IRA Transfer Form.  
Year in which Traditional IRA was converted to Roth IRA \_\_\_\_\_

**Conversion of a Traditional IRA to Roth IRA** Custodian has the funds. Please complete 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. Please enclose check with application.

Continues ...

## STEP 2 Investor Information

*I, the person signing this Adoption Agreement (hereinafter called the "Owner"), establish an Individual Retirement Account (IRA), which is either a Traditional IRA or a Roth IRA, as indicated above, (the "Account") with Constellation Trust Company as Custodian ("Custodian"). A Traditional IRA operates under Internal Revenue Code Section 408(a). A Roth IRA operates under Internal Revenue Code Section 408A. I agree to the terms of my Account, which are contained in the applicable provisions of the document entitled Constellation Trust Company Traditional/Roth Individual Retirement Account Custodial Agreement and this Adoption Agreement. I certify the accuracy of the information in this Adoption Agreement. My Account will be effective upon acceptance by Custodian.*

**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	
Citizenship: <input type="checkbox"/> U.S. or Resident Alien <input type="checkbox"/> Other (please specify) _____			

## STEP 3 Address and Contact Information

**Permanent Street Address:** *Residential Address or Principal Place of Business*

\_\_\_\_\_

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 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 6 and 8.*

## STEP 5 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.

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

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

## STEP 6 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 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 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 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 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 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.*

**STEP 8 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.*

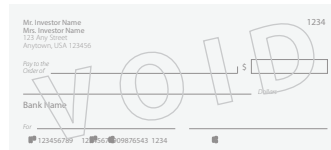
Type of Account:  Checking  Savings

Account Number \_\_\_\_\_ ABA Number (Routing Transit Number) \_\_\_\_\_

Name of Depository Institution \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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



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**STEP 9 Beneficiary Designation**

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*I hereby designate the following beneficiaries. In the event of my death, pay any interest I may have under my Account to the following Primary Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Primary Beneficiary predeceases me, his share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each such surviving Primary Beneficiary. If none of the Primary Beneficiaries survives me, pay any interest I may have under my Account to the following Secondary Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Secondary Beneficiary predeceases me, his share is to be divided among the Secondary Beneficiaries who survive me in the relative proportions assigned to each such surviving Secondary Beneficiary. Proportions for Beneficiaries must total 100%.*

**Primary Beneficiary**

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_____	_____	_____	_____
First Name	M.I.	Last Name	Relationship
_____	_____	_____	_____
% of Account	Social Security Number	Date of Birth (mm/dd/yyyy)	
_____			
Street Address or P.O. Box			
_____	_____	_____	_____
City	State	Zip Code	

**Primary Beneficiary**

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_____	_____	_____	_____
First Name	M.I.	Last Name	Relationship
_____	_____	_____	_____
% of Account	Social Security Number	Date of Birth (mm/dd/yyyy)	
_____			
Street Address or P.O. Box			
_____	_____	_____	_____
City	State	Zip Code	

**Primary Beneficiary**

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_____	_____	_____	_____
First Name	M.I.	Last Name	Relationship
_____	_____	_____	_____
% of Account	Social Security Number	Date of Birth (mm/dd/yyyy)	
_____			
Street Address or P.O. Box			
_____	_____	_____	_____
City	State	Zip Code	

**Alternate Beneficiary**

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First Name	M.I.	Last Name	Relationship
% of Account	Social Security Number		Date of Birth (mm/dd/yyyy)
Street Address or P.O. Box			
City	State	Zip Code	

**Alternate Beneficiary**

---

First Name	M.I.	Last Name	Relationship
% of Account	Social Security Number		Date of Birth (mm/dd/yyyy)
Street Address or P.O. Box			
City	State	Zip Code	

**Alternate Beneficiary**

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First Name	M.I.	Last Name	Relationship
% of Account	Social Security Number		Date of Birth (mm/dd/yyyy)
Street Address or P.O. Box			
City	State	Zip Code	

*This Designation of Beneficiary may have important tax or estate planning effects. If you cannot accomplish your estate planning objectives by using this Section to designate your beneficiary or beneficiaries, you may submit another form of written beneficiary designation to the Custodian.*

**Any amount remaining in the Account that is not disposed of by a proper Designation of Beneficiary will be distributed to your estate (unless otherwise required by the laws of your state of residence). You may change the beneficiary(ies) named above at anytime by filing a new Designation of Beneficiary with the custodian. Any subsequent Designation filed with the Custodian will revoke all prior Designations, even if the subsequent designation does not dispose of your entire Account.**

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**STEP 10 Spousal Consent**

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I acknowledge that I have received a full and reasonable disclosure of my spouse(s) property and financial obligations. Due to any possible consequences of giving up my community or marital property interest in this IRA, I have been advised to see a tax professional or legal advisor. I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian, Eventide Funds or the Sponsor.

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\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date (mm/dd/yyyy)

*Neither the Custodian, Eventide Funds nor the Sponsor are liable for any consequences resulting from a failure of the Owner to provide proper spousal consent.*

**IMPORTANT**

Steps 11–14 are for Broker / Dealers, Registered Investment Advisers, and Financial Professionals only.  
**All others should skip to the signature section (Step 16).**

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**STEP 11 Broker / Dealer and Representative Information**

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*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

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**STEP 12 Registered Investment Adviser Information**

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*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 ...*





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## STEP 15 Disclosures

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*I, the person signing this Adoption Agreement (hereinafter called the "Owner"), establish an Individual Retirement Account (IRA), which is either a Traditional IRA or a Roth IRA, as indicated above, (the "Account") with Constellation Trust Company as Custodian ("Custodian"). A Traditional IRA operates under Internal Revenue Code Section 408(a). A Roth IRA operates under Internal Revenue Code Section 408A. I agree to the terms of my Account, which are contained in the applicable provisions of the document entitled Constellation Trust Company Traditional/Roth Individual Retirement Account Custodial Agreement and this Adoption Agreement. I certify the accuracy of the information in this Adoption Agreement. My Account will be effective upon acceptance by Custodian.*

### **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.*

*We 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 Eventide Funds Privacy Policy Statement(s), please contact the Fund at **1-877-771-3836** or at PO Box 541150, Omaha, Nebraska 68154.*

### **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.*

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**STEP 16 Signature and Certifications**

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By signing below, under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number
- 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 failure to report all interest or dividends, or
  - (c) 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)
- 4) I am exempt from FATCA (Foreign Account Tax Compliance Act) reporting

I further acknowledge that I have the sole responsibility for my investment choices and that I have received and read a current prospectus for the Eventide Funds. I release the Funds and their agents and representatives from all liability and agree to indemnify them from any and all losses, damages or costs for acting in good faith in accordance with instructions, including telephone instructions, believed to be genuine. I certify that I have the authority to establish this account and the information provided herein is accurate and complete. I agree to notify the Eventide Funds promptly in writing if any information contained in this application changes.

If I have indicated a Traditional IRA Rollover or Direct Rollover above, I certify that, if the distribution is from another Traditional IRA, that I have not made another rollover within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to this Account; and that no portion of the amount rolled over is a required minimum distribution under the required distribution rules or a hardship distribution from an employer qualified plan or 403(b) arrangement or eligible 457 plan.

If I have indicated a Conversion, Transfer or a Rollover of an existing Traditional IRA to a Roth IRA, I acknowledge that the amount converted will be treated as taxable income (except for any prior nondeductible contributions) for federal income tax purposes, and certify that no portion of the amount converted, transferred or rolled over is a required minimum distribution under applicable rules. If I have elected to convert an existing Traditional IRA with Constellation Trust Company as custodian to a Roth IRA and have elected no withholding, I understand that I may be required to pay estimated tax and that insufficient payments of estimated tax may result in penalties.

If I have indicated a rollover from another Roth IRA, I certify that the information given herein is correct and acknowledge that adverse tax consequences or penalties could result from giving incorrect information. I certify that any rollover contribution to the Roth IRA was completed within 60 days after the amount was withdrawn from the other IRA.

I have received and read the applicable sections of the IRA Disclosure Statements relating to this Account, the Custodial Agreement, and this Adoption Agreement. I understand that my Account will be charged an annual Custody Fee as set forth on the first page of this Adoption Agreement. I understand that I have the right to revoke this Individual Retirement Account within seven (7) days of receiving the IRA Disclosure Statements by notifying the Eventide Funds in writing.

I acknowledge that it is my sole responsibility to report all contributions to or withdrawals from the Account correctly on my tax returns, and to keep necessary records of all my IRAs (including any that may be held by another custodian or trustee) for tax purposes. All forms must be acceptable to the Custodian and dated and signed by me.

✕

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

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

**Custodian Acceptance**

Constellation Trust Company will accept appointment as Custodian of the Owner's Account. However, this Agreement is not binding upon the Custodian until the Owner has received a statement confirming the initial transaction for the Account. Receipt by the Owner of a confirmation of the purchase of the Fund shares indicated above will serve as notification of Constellation Trust Company's acceptance of appointment as Custodian of the Owner's Account.