



Eventide Funds
c/o Ultimus Fund Solutions, LLC
PO Box 541150
Omaha, NE 68154
877-771-EVEN (3836)
WWW.EVENTIDEFUNDS.COM

IRA TRANSFER FORM

Complete, sign, and mail to the above address

IMPORTANT

Please use this form if you intend to transfer assets from an existing IRA to an Eventide Funds IRA. Please consult your tax advisor for more information about any tax consequences for transferring your IRA.

! *If this is for a new IRA Account, an IRA Application must accompany this form.*

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

STEP 1 Investor Information

Owner:

First Name M.I. Last Name Social Security Number

Street Address or P.O. Box

City State Zip Code

Daytime Phone Number Evening Phone Number E-mail Address

STEP 2 Current Custodian / Financial Institution

Name of Current Custodian or Financial Institution

Street Address or P.O. Box

City State Zip Code

Account Title / Registration Account Number with Current Custodian or Financial Institution

IMPORTANT

Please enclose a copy of your current account statement.

Continues ...

STEP 3 **Transfer Instructions**

Eventide Funds will forward these instructions to your current custodian to initiate the transfer process.

An IRA has been established in my name at Eventide Funds. I direct you to: *(choose one)*

- Liquidate all of the assets from my account**
- Liquidate a portion of my account** *(please specify below)*
\$ _____ or _____ %

The type of account I am transferring from is: *(choose one)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> Roth IRA | <input type="checkbox"/> 401(k) Plan |
| <input type="checkbox"/> Rollover IRA | <input type="checkbox"/> Roth Conversion IRA | <input type="checkbox"/> 403(b) Plan/Tax Shelter Annuity |
| <input type="checkbox"/> SEP IRA | <input type="checkbox"/> SIMPLE IRA | <input type="checkbox"/> Other Qualified Retirement Plan |

The type of account I am transferring to is: *(choose one)*

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> Roth IRA | <input type="checkbox"/> SEP IRA |
| <input type="checkbox"/> Rollover IRA | <input type="checkbox"/> Roth Conversion IRA | <input type="checkbox"/> SIMPLE IRA |

Please process this request: *(choose one)*

- Immediately***

** There may be penalties for withdrawing certain investments before their maturity (i.e., certificates of deposit or annuities). Please contact your current custodian or financial institution to determine the applicable penalty, if any.*

- At maturity**** _____ *(mm/dd/yyyy)*

*** Please send all transfer requests **at least three (3) weeks** before maturity to allow for proper time limitations.*

Send the check representing the assets payable to:

"Eventide Funds FBO _____ IRA"
Account Owner's Name

along with a copy of this form to:

Eventide Funds
c/o Ultimus Fund Solutions, LLC
PO Box 541150
Omaha, NE 68154

IF NO SELECTIONS ARE MADE ABOVE, PLEASE LIQUIDATE ALL ASSETS FROM MY ACCOUNT IMMEDIATELY.

STEP 4 **Information About Your Eventide Funds IRA Account**

Please select one

- Establish a new Eventide Funds IRA account** *(please complete and enclose Eventide IRA Application)*
- Use my existing Eventide Funds IRA account number** _____

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.

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 (\$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 Global 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 Global Dividend Opportunities Fund Class C (\$1,000 minimum)	ETCDX	\$ _____
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 Age 70½ Information

Please select one

- I am under the age of 70½ and do not turn 70½ at any time during the calendar year
- I am age 70½ or older or will turn 70½ during the calendar year and understand that part of my required minimum distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties if a transfer or rollover of my required distribution occurs.

STEP 7 Conversion of Traditional IRA to Roth IRA

Optional

Please complete this section only if you are transferring from another type of IRA to a Roth IRA

Under IRA rules, a transfer of a Traditional IRA, SEP IRA or SIMPLE IRA to a Roth IRA is treated for income tax purposes as a distribution of taxable amounts in the other IRA. IRS rules also require the custodian to withhold 10% of the conversion amount for federal income taxes unless no withholding has been elected. See IRS Publication 505, "Tax Withholding and Estimated Tax" for more information. State tax withholding may also apply if federal income tax is withheld.

- Withhold 10% for income tax Withhold _____ % for income tax
- No income tax withholding

IMPORTANT

Withholding income taxes from the amount transferred (instead of paying applicable income taxes from another source) may adversely impact the expected financial benefits of transferring from another IRA to a Roth IRA (consult your tax advisor if you have a question). Because of this impact, by electing to convert a Traditional IRA to a Roth IRA, you are deemed to elect no withholding unless you check the box above. In so doing, by signing this form, you acknowledge that you may be required to pay estimated tax and that insufficient payments of estimated tax may result in penalties.

STEP 8 Disclosures

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.

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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.

STEP 9 Signature

I certify to the current IRA custodian or trustee that I have established a successor Individual Retirement Custodial Account meeting the requirements of the Internal Revenue Code to which assets will be transferred.

I certify to Constellation Trust Company that the account from which assets are being transferred meets the requirements of the Internal Revenue Code and that the transfer satisfies the requirements for nontaxable transaction.

X_____
Signature of Account Owner_____
Date (mm/dd/yyyy)**Medallion Signature Guarantee*** (if required):

Some Custodians/Trustees require a signature guarantee to transfer assets. Please check with your Custodian/Trustee to see if they require a medallion signature guarantee. Failure to obtain a required signature guarantee may result in a delay in the transfer of assets.

*A signature guarantee can be obtained from a bank, broker-dealer, a credit union, a national securities exchange, savings association or other financial intermediaries that are members of an Approved Medallion Guarantee Program. A signature by a Notary Public is not acceptable as a signature guarantee.

Acceptance of Transfer

Constellation Trust Company agrees to accept the transfer of the above amount for deposit in a Constellation Trust Company Individual Retirement Custodial Account for the individual set forth in Section 1 of this form, and requests the liquidation and transfer of assets as indicated above.