



c/o Gemini Fund Services 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 Informati                        | on                          |     |                    |              |                                |  |
|--------|---|-----------------------------|-----|--------------------|--------------|--------------------------------|--|
|        | Owner:                                    |                             |     |                    |              |                                |  |
|        | First Name                                | M.I. Last N                 |     |                    |              | 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 o               | or Financial Institution    |     |                    |              |                                |  |
|        | Street Address or P.O. Box                |                             |     |                    |              |                                |  |
|        | City                                      |                             |     |                    | State        | Zip Code                       |  |
|        | Account Title / Registration              |                             | Acc | ount Number with C | urrent Custo | odian or Financial Institution |  |
|        | IMPORTANT                                 |                             |     |                    |              |                                |  |
|        | Please enclose a copy of y                | our current account stateme | nt. |                    |              |                                |  |



STEP 4

# **STEP 3** Transfer Instructions

| _  | assets from my account   |                               |   |
|--|--|-------------------------------|---|
|  | of my account (please spec   | •                             |   |
| \$   | or   | %                             |   |
| he type of account I ar  | m transferring from is: (ch  | oose one)                     |   |
| Traditional IRA  | ☐ Roth IRA   |                               | 401(k) Plan   |
| Rollover IRA   | Roth Conversion  | IRA 🗌                         | 403(b) Plan/Tax Shelter Annuity   |
| SEP IRA  | ☐ SIMPLE IRA   |                               | Other Qualified Retirement Plan   |
| he type of account I ar  | n transferring to is: (choos   | se one)                       |   |
| Traditional IRA  | Roth IRA   |                               | SEP IRA   |
| Rollover IRA   | ☐ Roth Conversion  | IRA 🗌                         | SIMPLE IRA  |
| Please process this requ   | uest: (choose one)   |                               |   |
| Immediately*   |  |                               |   |
|  |  |                               | eir maturity (i.e., certificates of deposit or annuities).                          |
|  | erri castodiari or inidireidi iristitat  | ion to aeten                  | mine the applicable penalty, if any.  |
| At maturity**  | (mm/dd/yyyy,   |                               | mine the applicable penalty, if any.  |
| ·  | (mm/dd/yyyy,   | )                             | mine the applicable penalty, if any.<br>urity to allow for proper time limitations. |
| ** Please send all transfer re<br>end the check represe  | (mm/dd/yyyy,<br>equests <b>at least three (3) weeks</b><br>nting the assets payable to                                 | )<br>before matu<br><b>o:</b> | urity to allow for proper time limitations.   |
| ** Please send all transfer re<br>end the check represe<br>Eventide Funds FBO  | (mm/dd/yyyy,<br>equests <b>at least three (3) weeks</b><br>nting the assets payable to                                 | )<br>before matu<br><b>o:</b> | urity to allow for proper time limitations.   |
| ** Please send all transfer re<br>end the check represe<br>Eventide Funds FBO  | (mm/dd/yyyy,<br>equests at least three (3) weeks<br>nting the assets payable to<br>count Owner's Name                  | )<br>before matu<br><b>o:</b> | urity to allow for proper time limitations.   |
| ** Please send all transfer research the check represe Eventide Funds FBOActiong with a copy of this   | (mm/dd/yyyy,<br>equests at least three (3) weeks<br>nting the assets payable to<br>count Owner's Name                  | )<br>before matu<br><b>o:</b> | urity to allow for proper time limitations.   |
| ** Please send all transfer reserved the check represe Eventide Funds FBO Actions with a copy of this EVENTIDE FUNDS   | (mm/dd/yyyy,<br>equests at least three (3) weeks<br>nting the assets payable to<br>count Owner's Name<br>is form to:   | )<br>before matu<br><b>o:</b> | urity to allow for proper time limitations.   |
| ** Please send all transfer research the check represe Eventide Funds FBOActiong with a copy of this   | (mm/dd/yyyy,<br>equests at least three (3) weeks<br>nting the assets payable to<br>count Owner's Name<br>is form to:   | )<br>before matu<br><b>o:</b> | urity to allow for proper time limitations.   |
| ** Please send all transfer research the check represe Eventide Funds FBO Actions with a copy of this EVENTIDE FUNDS c/o GEMINI FUND S PO Box 541150 Omaha, NE 68154 | (mm/dd/yyyy, equests at least three (3) weeks nting the assets payable to ecount Owner's Name is form to: ERVICES, LLC | )<br>before matu              | urity to allow for proper time limitations.   |
| ** Please send all transfer research the check represe Eventide Funds FBO Actions with a copy of this EVENTIDE FUNDS c/o GEMINI FUND S PO Box 541150 Omaha, NE 68154 | (mm/dd/yyyy, equests at least three (3) weeks nting the assets payable to ecount Owner's Name is form to: ERVICES, LLC | before matu                   | IRA"  ASSETS FROM MY ACCOUNT IMMEDIATELY.   |



## **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 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          | \$      |
| FINANCIAL ADVISER SHARE CLASSES Eventide Gilead Fund Class A (\$1,000 minimum)                   | ETAGX          | \$      |
| Eventide Gilead Fund Class A (\$1,000 minimum)  Eventide Healthcare & Life Sciences Fund Class A | ETAGX<br>FTAHX | \$      |
| (\$1,000 minimum)  | _,,,,,,,       |         |
| Eventide Multi-Asset Income Fund A (\$1,000 minimum)   | ETAMX          | \$      |
| Eventide Global Dividend Opportunities Fund Class A (\$1,000 minimum)                            | ETADX          | \$      |
| 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          | \$      |
| Sales charges apply to Class A and Class C. Please refer to prospectus for d                     | letails.       |         |
|  |                |         |

# STEP 6 Age 70½ Information

Planca calact one

| 1100 | is 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.

## **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<br>union, a national securities exchange, savings association or other financial<br>intermediaries that are members of an Approved Medallion Guarantee Program.<br>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.