



Eventide Funds
c/o Ultimus Fund Solutions
4221 N 203rd St. Suite 100
Elkhorn, NE 68022
877-771-EVEN (3836)
WWW.EVENTIDEFUNDS.COM

NON-QUALIFIED TRANSFER OF ASSETS FORM

Complete, sign, and mail to the above address

IMPORTANT

Please complete this form only if you are transferring assets directly to a new or existing non-qualified account with the Eventide Funds (the "Fund"). Please complete a separate form for each account you wish to transfer. Transfers may take 3 to 5 weeks to complete after your paperwork is received in good order.

- !** *If this is for a new Eventide Account, an Eventide Standard Account 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 Existing Account Information

Name of Custodian or Financial Institution Currently Holding Your Account

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.

Please transfer assets from the above account to Eventide Funds. This transfer is a: *(choose one)*

- Full Transfer. Please liquidate all of the assets from my account**
- Partial Transfer. Please liquidate a portion of my account** *(please specify below)*
 \$ _____ or _____ %
- Transfer in Kind. Please transfer** _____ **shares of** _____ *(fund name)*

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

- Individual** **Joint Tenant** **Transfer on Death**
 Trust **Other**

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

- Individual** **Joint Tenant** **Transfer on Death**
 Trust **Other**

The transfer should be made: *(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 _____”
 Account Owner’s Name

along with a copy of this form to:

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

Overnight
Eventide Funds
c/o Ultimus Fund Solutions, LLC
17605 Wright Street, Suite 2
Omaha, NE 68154

STEP 4 Information About Your Eventide Funds Account

Please select one

- Establish a new Eventide Funds account** *(please complete and enclose Eventide Standard Application)*
- Use my existing Eventide Funds 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 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 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 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 7 Signature

I hereby authorize this liquidation and/or transfer in kind from my current financial institution to the account designated on this form.

I certify the information set forth herein is accurate and I have received and read a prospectus for the funds in which I am making my investment.

To the extent that I have requested a redemption of mutual fund shares in connection with my transfer, I understand that such shares will be redeemed at the net asset value next determined after my transfer request is reviewed and determined to be in good order by the delivering firm.

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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.*