



STANDARD ACCOUNT 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.

Do not use this form to establish an IRA account.

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

STEP 1 Account Type and Investor Information

Choose and complete only one

Individual or Joint Account

Individual Joint

Owner:

Form fields for 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: U.S. or Resident Alien, Other (please specify)

Joint Owner: Registration will be Joint Tenancy with Rights of Survivorship (JTWOS) unless otherwise specified

Form fields for Joint 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: U.S. or Resident Alien, Other (please specify)

If there are more than two owners, attach a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all additional owners.

Uniform Gifts to Minors Account (UGMA) or Uniform Transfers to Minors Account (UTMA)

Custodian: (Only one permitted)

Form fields for Custodian: 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

Minor: (Only one permitted)

Form fields for Minor: First Name, M.I., Last Name, D.O.B. (mm/dd/yyyy), Social Security Number, State of Residence

Continues ...

Trust

You must supply documentation to substantiate the existence of your trust (i.e. Articles of Incorporation / Formation / Organization, Trust Agreements, or other official documents.)

 Name of Trust State of Organization

 Social Security Number / Tax ID Number Date of Agreement (mm/dd/yyyy)

Trustee or Authorized Signer:

 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

Co-Trustee or Authorized Signer: *(If applicable)*

 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

If there are more than two Trustees or Authorized Signers, attach a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all additional Trustees or Authorized Signers.

 Corporation or Other Entity

Include a copy of one of the following documents: registered articles of incorporation, government-issued business license, partnership papers, plan documents or other official documentation that verifies the entity and lists the authorized individuals. Failure to provide this documentation may result in a delay in processing your application.

C Corporation **S Corporation** **Corporation** **Partnership** **Government Entity**

Other *(Please Specify)* _____

If no classification is provided, per IRS regulations, your account will default to an S Corporation.

 Name of Corporation or Other Business Entity

 Tax ID Number Email

Authorized Individual:

 First Name M.I. Last Name Social Security Number

Co-Authorized Individual: *(If applicable)*

 First Name M.I. Last Name Social Security Number

STEP 2 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 3 Method of Investment

- Check** *Proceed to Step 4. Please make payable to "Eventide Funds" and enclose with application.*
- Bank Wire** *Proceed to Step 4. Call Shareholder Services at 877-771-EVEN (3836) for instructions.*
- Automatic Investment Plan** *You must complete Steps 5, 7, and 8.*

STEP 4 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 5 Distribution Options

- Capital Gains and Dividends Reinvested**
 Capital Gains Reinvested and Dividends in Cash*
 Capital Gains and Dividends in Cash*

** Unless otherwise indicated, capital gains and dividends will be reinvested.*

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.

** Your signed application must be received at least 15 business days prior to initial transaction.*

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.

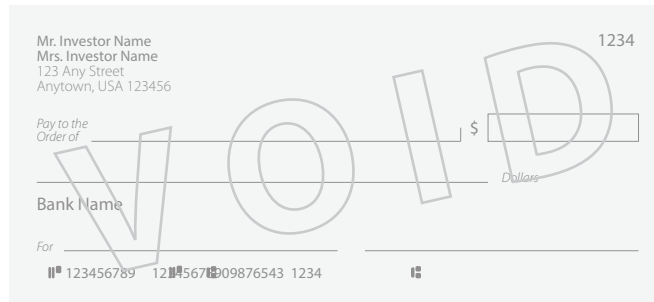
Type of Account: Checking Savings

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



IMPORTANT

Steps 9–12 are for Broker / Dealers, Registered Investment Advisers, and Financial Professionals only.
All others should skip to the State Escheatment Laws and Signature sections (Step 13–14).

STEP 9 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

Continues ...

STEP 10 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

STEP 11 Reduced Sales Charge

Broker/Dealers and RIAs only

Complete this section if your client qualifies for a reduced sales charge. See Prospectus for Terms & Conditions.

Letter of Intent

You can reduce the sales charge your client pays on Class A shares by investing a certain amount over a 13-month period. Please indicate the total amount you intend to invest over the next 13- months.

 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000**Rights of Accumulation**

If your client already owns Class A shares of the Eventide Funds with you as the advisor, they may already be eligible for a reduced sales charge on Class A share purchases. Please provide the account number(s) below to qualify (if eligible).

Account Number

Account Number

Net Asset Value

I have read the prospectus and qualify for a complete waiver of the sales charge on Class A shares. Registered representatives should complete the Dealer Information section as proof of eligibility.

Reason for Waiver

Continues ...

STEP 14 Signature(s)

We must have signatures to process your Application and to certify your Taxpayer Identification number. IRS regulations require your signature to avoid any backup withholding.

W-9 Certification: Under penalty of perjury:

(a) I certify that the number shown on this form is my/our current Social Security number(s) or Taxpayer Identification number(s).

(b) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

(c) I am a U.S. person (including a U.S. resident alien.)

(d) 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.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account effective October 1, 2003.

What this means for you: When you open an account, we will ask for your name, address, date of birth, social security number/ Tax ID number and other information that will allow us to identify you. We may also ask to see other identifying documents. 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.

When opening an account for a foreign business, enterprise or a non-U.S. person that does not have an identification number, we require alternative government-issued documentation certifying the existence of the person, business or enterprise.

The undersigned represents and warrants that:

- I have full authority and am of legal age to purchase shares of the Fund;
- I have received and read a current prospectus for Eventide Funds and agree to be bound by the terms contained therein; and
- The information contained on this New Account Application is complete and accurate.

If Fund shares are being purchased on behalf of an Investment Company (as that term is defined under the Investment Company Act of 1940), I hereby certify that said Investment Company will limit its ownership to 3% or less of the Funds outstanding shares.

✕

Signature of Owner*

Date (mm/dd/yyyy)

✕

Signature of Owner*

Date (mm/dd/yyyy)

** If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided for the Joint Owner.*

CHECKLIST

- | | | |
|------------------------|------------------------------|------------------------------|
| ✓ SSN or Tax ID Number | ✓ Permanent Street Address | ✓ Voided check* |
| ✓ Full name | ✓ Signature(s) | ✓ Additional documentation* |
| ✓ Date of birth | ✓ Check to "Eventide Funds"* | ✓ Mailed to address on front |

*where applicable