



2. MAILING AND CONTACT INFORMATION

LEGAL ADDRESS (Must be a street address)

Street Address \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Evening Telephone \_\_\_\_\_

Please send mail to the address below. Please provide your primary legal address above, in addition to any mailing address (if different).

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

3. INITIAL INVESTMENT (\$2,500 minimum initial investment)

Share Class

EAS Genesis Fund

\$ \_\_\_\_\_

Class A  Class C

Make check payable to the EAS Genesis Fund.

If investing by wire: Call 1-877-EAS-0757 (1-877-327-0757) and indicate the amount of the wire \$\_\_\_\_\_.

4. REDUCED SALES CHARGE Complete this section if you qualify for a reduced sales charge. See Prospectus for Terms & Conditions.

Letter of Intent

You can reduce the sales charge you pay 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 you already own Class A shares of the EAS Genesis Fund, you 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 No. \_\_\_\_\_

Account No. \_\_\_\_\_

Net Asset Value (NAV). I have read the prospectus and qualify for a complete waiver of the sales charge on Class A shares. Registered representatives may complete the Dealer Information section as proof of eligibility.

Reason for Waiver: \_\_\_\_\_

5. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

All dividends and capital gains will be reinvested in shares of the Fund that pay them unless this box is checked.

Please pay all dividends and capital gains in cash.

6. TELEPHONE PRIVILEGES

Telephone privileges, as described in the prospectus, automatically apply unless this box is checked.

No, I do not want telephone privileges.

7. AUTOMATIC INVESTMENT PLAN (AIP)

AIP allows you to add regularly to the Fund by authorizing us to deduct money directly from your checking account every month. Your bank must be a member of the Automated Clearing House (ACH). If you choose this option, please complete Section 9 and attach a voided check.

Please transfer \$\_\_\_\_\_ (\$50 minimum) from my bank account in to:

Fund Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Fund Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Monthly     Quarterly    on the \_\_\_\_\_ day of the month    Beginning: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Important Note:** If the AIP date falls on a holiday or weekend the deduction from your checking or savings account will occur on the next business day.

**8. SYSTEMATIC WITHDRAWAL PLAN (SWP)**

**The Fund account must be valued at \$10,000 or more to establish Systematic Withdrawal Plan.**

As specified below, please withdraw from the EAS Genesis Fund account:

\$ \_\_\_\_\_ exact dollars per period (**\$100 minimum**)

Send checks:       Monthly       Quarterly      Beginning: \_\_\_\_/\_\_\_\_/\_\_\_\_

Send checks to:     Address of record       Bank of record (**See Section 9**)     Following payee

\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Evening Telephone

**9. BANK INFORMATION**

I authorize the EAS Genesis Fund to wire redemption proceeds when requested by the Automated Clearing House of which my bank is a member.

Type of Account:       Checking       Savings

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

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
ABA Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

**Please attach a voided check from your account.**

**10. DEALER INFORMATION**

If opening your account through a broker/dealer, please have them complete this section.

\_\_\_\_\_  
Dealer Name

\_\_\_\_\_  
Representative's Last Name,      First Name

**DEALER HEAD OFFICE**

**REPRESENTATIVE'S BRANCH OFFICE**

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number      Rep's ID

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

**11. SIGNATURE(S) & CERTIFICATION (REQUIRED)**

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 resident alien.) 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 the EAS Genesis Fund 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 it's ownership to 3% or less of the Funds outstanding shares.

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Signature of owner (or custodian)

Date

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Signature of joint owner (or corporate officer, partner or other)

Date

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Trustee (if applicable)

Date

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**TO CONTACT US:**

**By Telephone**

Toll-free **1-877-EAS-0757**  
1-877-327-0757

**In Writing**

**EAS GENESIS FUND**  
c/o Gemini Fund Services, LLC  
4020 South 147<sup>th</sup> St., Suite 2  
Omaha, NE 68137

**Internet**

[www.EASFunds.com](http://www.EASFunds.com)