



# NEW ACCOUNT APPLICATION

*Class I Shares*

*Do not use this form for IRA accounts.*

Please print clearly in CAPITAL LETTERS

After you have completed and signed this application,  
Please mail to:

To establish an account in Class I, the minimum initial investment is \$500,000.

**EAS GENESIS FUND**  
c/o GEMINI FUND SERVICES, LLC  
4020 SOUTH 147<sup>TH</sup> STREET, SUITE 2  
OMAHA, NE 68137

If you have any questions or need any help filling out the application, please call 1-877-EAS-0757, Monday through Friday, 8:30 a.m. to 6:00 p.m. eastern time.

Distributed by Northern Lights Fund Distributors, LLC  
[www.EASFunds.com](http://www.EASFunds.com)

## 1. ACCOUNT OWNERSHIP

Please provide complete information for EITHER A, B, C or D:

### A. INDIVIDUAL OR JOINT *(Please check one):*

Individual     Joint Account\*    \*Tenants with Rights of Survivorship will be assumed, unless otherwise specified.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Joint Owner \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email \_\_\_\_\_

Citizenship     U.S. or Resident Alien     Other *(please specify)* \_\_\_\_\_

### B. UNIFORM GIFTS TO MINORS ACCOUNT (UGMA) OR UNIFORM TRANSFERS TO MINORS ACCOUNT (UTMA)

Custodian's Name \_\_\_\_\_ Email \_\_\_\_\_

Minor's Name \_\_\_\_\_ Minor's Social Security Number \_\_\_\_\_ Minor's Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Minor's State of Residence \_\_\_\_\_

### C. TRUST

Name of Trust \_\_\_\_\_ Tax ID Number \_\_\_\_\_ Email \_\_\_\_\_

Trustee(s) Name \_\_\_\_\_ Co Trustee Name \_\_\_\_\_ Date of Trust Agreement \_\_\_\_\_

**Include a copy of the title page, authorized individual page and signature page of the Trust Agreement. Failure to provide this documentation may result in a delay in processing your application.**

### D. CORPORATIONS OR OTHER ENTITIES

Corporation     Partnership     Other *(please specify)* \_\_\_\_\_

Name of Corporation or Other Business Entity \_\_\_\_\_ Tax ID Number \_\_\_\_\_ Email \_\_\_\_\_

Authorized Individual \_\_\_\_\_ Co Authorized Individual \_\_\_\_\_

**Include a copy of one of the following documents: registered articles of corporation, 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.**

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 (\$500,000 minimum initial investment)

Share Class

EAS Genesis Fund \$ \_\_\_\_\_

Class I

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. 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.

5. TELEPHONE PRIVILEGES

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

No, I do not want telephone privileges.

6. 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 8 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.

7. SYSTEMATIC WITHDRAWAL PLAN (SWP)

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 8)  Following payee

Name \_\_\_\_\_

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

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

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



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)