



NEW ACCOUNT APPLICATION

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 the Fund the minimum initial investment is \$1,000. Once your account is established, the minimum for additional investments is \$250.

GMG DEFENSIVE BETA FUND
c/o GEMINI FUND SERVICES, LLC
4020 SOUTH 147TH STREET, SUITE 2
OMAHA, NE 68137

If you have any questions or need any help filling out the application, please call 1-877-464-3111, Monday through Friday, 8:30 a.m. to 6:00 p.m. eastern time.

Distributed by Northern Lights Distributors, LLC
www.thebetafund.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 (\$1,000 minimum initial investment)

GMG Defensive Beta Fund \$ _____

Make check payable to the **GMG Defensive Beta Fund**.

If investing by wire: Call 1-877-464-3111 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 your 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.

\$100,000 \$250,001 \$500,001 \$1,000,000

Rights of Accumulation

If you already own shares of the GMG Defensive Beta Fund, you may already be eligible for a reduced sales charge on your 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 your 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 8 and attach a voided check**.

Please transfer \$_____ (**\$250 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.

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 GMG Defensive Beta 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 its ownership to 3% or less of the Funds outstanding shares.

Signature of owner (or custodian)

Date

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

Date

Trustee (if applicable)

Date

TO CONTACT US:

By Telephone

Toll-free 1-877-464-3111

In Writing

GMG Defensive Beta Fund
c/o Gemini Fund Services, LLC
4020 South 147th St., Suite 2
Omaha, NE 68137

Internet

www.thebetafund.com