



# New Account Application

*Do not use this form for IRA accounts.*

Please print clearly in CAPITAL LETTERS

The minimum initial investment in Class A and C shares is \$1,000 with a minimum subsequent investment of \$100. The minimum initial investment in Class I shares is \$1,000,000 with a minimum subsequent investment of \$25,000.

If you have any questions or need any help filling out the application, please call **1-855-5ASCEND (1-855-527-2363)**, Monday through Friday, 8:30 a.m. to 6:00 p.m. eastern time.

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

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

Distributed by Northern Lights Distributors, LLC  
[www.ascendantfunds.com](http://www.ascendantfunds.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 Number \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Joint Owner \_\_\_\_\_ Social Security Number \_\_\_\_\_ 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     Government Entity     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 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.**

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 (Minimum initial investment in Class A and C shares is \$1,000 and the minimum investment in Class I is \$1,000,000.)

Share Class

<b>Ascendant Balanced Fund</b>	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
<b>Ascendant Natural Resources Fund</b>	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
<b>Ascendant MultiCap Equity Fund</b>	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
<b>Patriot Fund</b>	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
<b>Total:</b>	\$ _____			

Make check payable to **Ascendant Funds**.

If investing by wire: Call **1-855-527-2363** and indicate the amount of the wire \$\_\_\_\_\_.

**Third Party checks are not accepted.**

4. COST BASIS ELECTION

**The default cost basis calculation method is Average Cost.** Unless you elect a specific cost method in this section, the default method will apply on taxable transactions that occur in your account.

- Average Cost
- First-In, First-Out
- Last-In, First-Out
- High Cost In, First-Out
- Highest Cost Long-Term In, First Out
- Specific Share Identification (If you choose Specific Share Identification and do not provide specific instructions in good order at the time of each sale (including systematic withdrawals), we will default to the First In First Out method.
- Highest Cost Short-Term In, First Out
- Lowest Cost In, First Out
- Lowest Cost Long-Term In, First Out
- Lowest Cost Short-Term In, First Out

**Please note:** Cost basis and gain/loss information will be reported to you and the Internal Revenue Service (IRS). You will need to report capital gains/losses to the IRS when you file your taxes. Neither Gemini Fund Services, LLC, nor its representatives are legal or tax advisors. Before making any financial commitment or decisions regarding the issues discussed here, consult with the appropriate professional advisor.

5. 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.

- \$25,000     \$50,000     \$100,000     \$250,000
- \$500,000     \$1,000,000

**Rights of Accumulation**

If you already own Class A shares of the Ascendant Funds, 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: \_\_\_\_\_

6. 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.

7. TELEPHONE PRIVILEGES

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

No, I do not want telephone privileges.

8. 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 \$\_\_\_\_\_ (\$100 minimum) from my bank account:

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.

9. AUTOMATIC WITHDRAWAL PLAN (AWP)

The Fund account must be valued at \$50,000 or more to establish Automatic Withdrawal Plan.

As specified below, please withdraw from Ascendant Funds:

\$\_\_\_\_\_ exact dollars per period (\$500 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

10. BANK INFORMATION

I authorize the Fund to purchase shares through the Automatic Investment Plan 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.

## 11. DEALER INFORMATION

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

_____ Dealer Name	_____ Representative's Last Name, First Name	
<b>DEALER HEAD OFFICE</b>	<b>REPRESENTATIVE'S BRANCH OFFICE</b>	
_____ Address	_____ Address	
_____ City, State, Zip	_____ City, State, Zip	
_____ Telephone Number	_____ Telephone Number	_____ Rep's ID
_____ Email	_____ Email	
	_____ Branch Office Telephone Number	_____ Branch ID

## 12. REGISTERED INVESTMENT ADVISOR INFORMATION

If opening your account through a Registered Investment Advisor, please have them complete this section.

_____ Company Name	_____ Investment Advisor Name
_____ Address	_____ Telephone Number
_____ City, State, Zip	_____ Email Address

## 13. STATE ESCHEATMENT LAWS

Escheatment laws adopted by various states require that personal property that is deemed to be abandoned or ownerless, including mutual fund shares and bank deposits, be transferred to the state. Under such laws, ownership of your Fund shares may be transferred to the appropriate state if no activity occurs in your account within the time period specified by applicable state law. The Fund retains a search service to track down missing shareholders and will escheat an account only after several attempts to locate the shareholder have failed. To avoid this from happening to your account, please keep track of your account and promptly inform the Fund of any change in your address.

## 14. 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 Ascendant 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 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 1-855-5ASCEND  
1-855-527-2363

**In Writing**

Ascendant Funds  
c/o Gemini Fund Services, LLC  
4020 South 147<sup>th</sup> St., Suite 2  
Omaha, NE 68137

**Internet**

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

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