

Please print clearly in CAPITAL LETTERS

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

To establish an account in Class I shares, the minimum initial investment is \$100,000. If you are opening an account with an Automatic Investment Plan the minimum initial investment is \$50,000. Once your account is established, the minimum for additional investments is \$5,000.

BULL PATH FUNDS
 c/o GEMINI FUND SERVICES, LLC
 4020 SOUTH 147TH STREET, SUITE 2
 OMAHA, NE 68137

Distributed by Northern Lights Fund Distributors, LLC
www.bullpathfunds.com

If you have any questions or need any help filling out the application, please call 1-888-899-2726, Monday through Friday, 8:30 a.m. to 6:00 p.m. eastern time.

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. DUPLICATE STATEMENTS (For Dealers, Financial Planners, Interested Parties)

Name

Company

Street Address

City, State, Zip

Email Address

Daytime Telephone

Broker/Dealer Code

Branch (if applicable)

Please mark the appropriate box:

- Interested Party, Broker/Dealer, Financial Planner, Trust Administrator

4. INITIAL INVESTMENT

The account minimum is \$100,000. If you are opening an account with an Automatic Investment Plan the minimum initial investment is \$50,000. Make checks payable to the Bull Path Funds.

Share Class

Bull Path Long-Short Fund \$ _____ Class I

If investing by wire: Call 1-888-899-2726 and indicate the amount of the wire \$_____.

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 \$_____ (\$5,000 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 \$25,000 or more to establish Systematic Withdrawal Plan.

As specified below, please withdraw from the Bull Path Funds 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 Bull Path Funds 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 Bull Path 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.

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 1-888-899-2726

In Writing

BULL PATH FUNDS
c/o Gemini Fund Services, LLC
4020 South 147th St., Suite 2
Omaha, NE 68137

Internet

www.bullpathfunds.com