



# Regular Application New Account

Please do not use this form for IRA accounts.

## Eventide Gilead Fund

c/o Matrix Capital Group, Inc.  
630-A Fitzwatertown Road 2<sup>nd</sup> Floor  
Willow Grove, PA. 19090-1904

For additional information, please call toll free 877-453-7877

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number, and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account.

### 1. Investor Information – Select one

Individual

\_\_\_\_\_  
FIRST NAME M.I. LAST NAME DOB (Mo / Dy / Yr)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER DRIVER'S LICENSE OR STATE I.D. NUMBER STATE OF ISSUE

Joint Owner

\_\_\_\_\_  
FIRST NAME M.I. LAST NAME DOB (Mo / Dy / Yr)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER DRIVER'S LICENSE OR STATE I.D. NUMBER STATE OF ISSUE  
*Registration will be Joint Tenancy with Rights of Survivorship (JTWRWS) unless otherwise specified.*

Gift to Minor

\_\_\_\_\_  
CUSTODIAN'S FIRST NAME M.I. LAST NAME DOB (Mo / Dy / Yr)  
(ONLY ONE PERMITTED)

\_\_\_\_\_  
CUSTODIAN'S SOCIAL SECURITY NUMBER DRIVER'S LICENSE OR STATE I.D. NUMBER STATE OF ISSUE

\_\_\_\_\_  
MINOR'S FIRST NAME M.I. LAST NAME DOB (Mo / Dy / Yr)  
(ONLY ONE PERMITTED)

\_\_\_\_\_  
MINOR'S SOCIAL SECURITY NUMBER MINOR'S STATE OF RESIDENCE

Corporation/  
Trust \*

\_\_\_\_\_  
NAME OF TRUST/CORPORATION/PARTNERSHIP AND STATE OF ORGANIZATION

Partnership\*

\_\_\_\_\_  
NAME(S) OF TRUSTEE(S)

Other Entity\*

\_\_\_\_\_  
SOCIAL SECURITY NUMBER / TAX ID NUMBER DATE OF AGREEMENT (Mo / Dy / Yr)

\* You must supply documentation to substantiate existence of your organization (i.e. Articles of Incorporation / Formation / Organization, Trust Agreements, Partnership Agreement, or other official documents.)

**Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.**

**2. Permanent Street Address** (PO Box is not acceptable)  
(Residential Address or Principal Place of Business)

STREET \_\_\_\_\_ APT / SUITE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 DAYTIME PHONE NUMBER \_\_\_\_\_ EVENING PHONE NUMBER \_\_\_\_\_

**Mailing Address (if different from Permanent):**  
*If completed, this address will be used as the Address of Record for all statements, checks, and required mailings.*

STREET \_\_\_\_\_ APT / SUITE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Duplicate Statement #1**  
*Complete only if you wish someone other than the account owner(s) to receive duplicate statements.*

STREET \_\_\_\_\_ APT / SUITE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Duplicate Statement #2**  
*Complete only if you wish someone other than the account owner(s) to receive duplicate statements.*

STREET \_\_\_\_\_ APT / SUITE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**3. Investment Choices**

- By check: **Make check payable to Eventide Gilead Fund.**
- By wire: Call 877-453-7877 for instructions.

<u>Fund Name</u>	<u>Investment Amount</u> \$1,000. Minimum	<u>Distribution Options</u>		
		Capital Gains & Dividends Reinvested	Capital Gains Reinvested & Dividends in Cash*	Capital Gains & Dividends in Cash*
<input type="checkbox"/> Eventide Gilead Fund	\$ _____	0	0	0

*If nothing is checked, all distributions will be reinvested.*

\* Unless otherwise indicated, cash distributions will be mailed to the address in Section 2.

**4. Automatic Investment Plan**

If you choose this option, funds will be automatically transferred from your bank account monthly. Please attach a voided check to Section 6 of this application.

Your signed application must be received at least 15 business days prior to initial transaction.

	Amount per Draw (\$100 Minimum)	AIP Start Month	AIP Start Day <b>1<sup>st</sup> or 15<sup>th</sup></b>
<input type="checkbox"/> Eventide Gilead Fund	\$ _____	_____	_____

**Please keep in mind that:**

- There is a \$25 fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

**5. Telephone and Internet Options**

Your signed application must be received at least 15 business days prior to initial transaction.

- You may redeem shares from your account by calling Matrix Capital Group, Transfer Agent. **Please check here to establish Telephone/Mail redemption service.**
  - Redemption** - permits the transfer of funds via:
    - Check to address in section 2
    - Federal wire to your bank account below.
    - EFT, at no charge, to your bank below (funds are typically credited within two days after redemption)\*
  - Purchase (EFT)** (\$100 minimum) - permits the on-demand purchase of shares from your bank account.\*
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*If you selected any of these options, please attach a voided check.*

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**6. Voided Check for Bank Information**

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions, please attach a voided check. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

PLEASE ATTACH  
VOIDED CHECK OR  
PRE-PRINTED SAVINGS  
DEPOSIT SLIP HERE

