



NEW ACCOUNT APPLICATION

Do not use this form for IRA accounts.

Please print clearly in CAPITAL LETTERS

The minimum initial investment in Class A shares is \$5,000 with a subsequent investment minimum of \$1,000. The minimum initial investment for Class I shares is \$1,000,000 with a subsequent investment minimum of \$1,000.

If you have any questions or need any help filling out the application, please call **(855) 525-2151**.

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

THE COVERED BRIDGE FUND
c/o Gemini Fund Services, LLC
PO Box 541150
Omaha, NE 68154

Distributed by Northern Lights Distributors, LLC
www.thecoveredbridgefund.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 _____ Date of Birth _____ / ____ / ____

Joint Owner _____ Social Security Number _____ Date of Birth _____ / ____ / ____

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 _____ Custodian's Social Security Number _____ Custodian's Date of Birth _____ / ____ / ____

Minor's Name _____ Minor's Social Security Number _____ Minor's Date of Birth _____ / ____ / ____

Minor's State of Residence _____ Email _____

C. TRUST *(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.)*

Trust or Plan Name _____ Email _____

Trust Date (mo/day/yr) _____ Employer or Trust Taxpayer Identification Number _____

Trustee's (Authorized Signer's) Name (First, Middle Initial, Last) _____

Trustee's Date of Birth (mo/day/yr) _____ Trustee's Social Security Number _____

Co-Trustee's (Authorized Signer's) Name (First, Middle Initial, Last) _____

Co-Trustee's Date of Birth (mo/day/yr) _____ Co-Trustee's Social Security Number _____

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:

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. AUTOMATIC WITHDRAWAL PLAN (AWP)

The Fund account must be valued at \$10,000 or more to establish Automatic Withdrawal Plan.

As specified below, please withdraw from The Covered Bridge Fund

\$ _____ exact dollars per period (**\$50 minimum**)

Send checks: Monthly Quarterly Beginning: ____/____/____

Send checks to: Address of record Bank of record (**See Section 8**) Alternate payee

Name

Daytime Telephone

City, State, Zip

Evening Telephone

8. BANK INFORMATION

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

9. COST BASIS METHOD

Note: The default cost basis calculation method for your new account will be Average Cost. If you wish to elect a different cost basis method, please contact the Fund to complete a Cost Basis Election Form.

10. DEALER/REGISTERED INVESTMENT ADVISOR INFORMATION

If opening your account through a Broker/Dealer or Registered Investment Advisor, 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

Rep Telephone Number

Rep ID Number

Email Address

Rep Email Address

Branch ID Number

Branch Telephone Number (if different than Rep Phone Number)

11. 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.

12. 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 because; (1) I am exempt from backup withholding, or (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (3) the IRS has notified me that I am no longer subject to backup withholding.
- (c) I am a U.S. person (including a resident alien.)
- (d) I am exempt from FATCA reporting.

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.

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 Covered Bridge 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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

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 (855) 525-2151

In Writing

The Covered Bridge Fund
c/o Gemini Fund Services, LLC
PO Box 541150
Omaha, NE 68154
Or
Via Overnight Delivery
17605 Wright Street, Suite 2
Omaha, NE 68130

Internet

www.thecoveredbridgefund.com

Distributed by Northern Lights Distributors, LLC