EMPIRIC FUNDS

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 Class C Shares is $2,500. Once your account has been established, the subsequent minimum investment in the Fund is $50.

If you have any questions or need any help filling out the application, please call **1-888-839-7424**, 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:

EMPIRIC 2500 FUND
c/o GEMINI FUND SERVICES, LLC
PO BOX 541150
OMAHA, NE 68154

Distributed by Northern Lights Distributors, LLC
www.empiricfunds.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. DUPLICATE STATEMENTS (For Dealers, Financial Planners, Interested Parties)

Name ______________________ Company ______________________

Street Address ______________________ City, State, Zip ______________________

Email ______________________ 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 minimum initial investment is $2,500.)

		Share Class
Empiric 2500 Fund	**$** ______________	☐ Class A ☐ Class C

Make check payable to Empiric 2500 Fund**.**

If investing by wire: Call **1-888-839-7424** and indicate the amount of the wire $____________.

Third Party checks are not accepted.

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.

☐$50,000 ☐$100,000 ☐ $250,000

☐$500,000 ☐$1,000,000

Rights of Accumulation

If you already own Class A shares of Empiric 2500 Fund 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 11 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 $10,000 or more to establish Automatic Withdrawal Plan.

As specified below, please withdraw from Empiric 2500 Fund

$____________ exact dollars per period **($100 minimum)**

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

Send checks to: ☐ Address of record ☐ Bank of record **(See Section 11)** ☐ Following payee

Name	Daytime Telephone
City, State, Zip	Evening Telephone

10. 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.

11. 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.

12. 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

Address

City, State, Zip

Telephone Number

Email

REPRESENTATIVE'S BRANCH OFFICE

Address

City, State, Zip

Telephone Number Rep's ID

Email

Branch Office Telephone Number Branch ID

13. REGISTERED INVESTMENT ADVISOR INFORMATION

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

Company Name

Address

City, State, Zip

Investment Advisor Name

Telephone Number

Email Address

14. 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.

15. 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.

(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 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 Empiric 2500 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 it's 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 certifications required to avoid backup withholding.

Signature *of owner (or custodian)* Date

Signature o*f joint owner (or corporate officer, partner or other)* Date

Trustee *(if applicable)* Date

TO CONTACT US:

By Telephone
Toll-free 1-888-839-7424

In Writing
Empiric 2500 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.empiricfunds.com

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