



# NEW ACCOUNT APPLICATION

Do not use this form for IRA accounts.

Please print clearly in CAPITAL LETTERS

The minimum investment to establish an account in the Investor Class is \$1,000. The minimum investment for the Institutional Class is \$1,000,000. Once your account is established, the minimum additional investment for the Investor Class is \$250. There is no additional investment minimum for the Institutional Class.

If you have any questions or need any help filling out the application, please call 1-866-672-3863, 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:

**SOUTHERNSUN SMALL CAP FUND**  
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.SouthernSunFunds.com](http://www.SouthernSunFunds.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 # \_\_\_\_\_ 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

Daytime Telephone

Broke/Dealer Code

Branch (if applicable)

Please mark the appropriate box:

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

4. INITIAL INVESTMENT (Investor Class minimum initial investment \$1,000. Institutional Class minimum initial investment \$1,000,000)

Share Class

SouthernSun Small Cap Fund \$ \_\_\_\_\_ Investor Class Institutional Class

Make check payable to the SouthernSun Small Cap Fund. If investing by wire: Call 1-866-672-3863 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 \$\_\_\_\_\_ (\$25 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)**

As specified below, please withdraw from the SouthernSun Small Cap Fund account:

\$\_\_\_\_\_ exact dollars per period (**\$50 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 SouthernSun Small Cap Fund 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 SouthernSun Small Cap 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 Fund's 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 1-866-672-3863

**In Writing**

**SOUTHERNSUN SMALL CAP FUND**  
c/o Gemini Fund Services, LLC  
4020 South 147<sup>th</sup> St., Suite 2  
Omaha, NE 68137

**Internet**

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