

ACCOUNT NUMBER _____ (if previously established)

IMPORTANT INFORMATION FOR OPENING YOUR ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires 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 and other information or documents that will allow us to identify you. This information will be subject to verification.

By signing and submitting this application, you give the Absolute Funds (the "Funds") and its agents permission to collect information about you from third parties, including information available in public and private databases such as consumer reports from credit reporting agencies, which will be used to help verify your identity.

If you do not provide the information, we may not be able to open your account. If we open your account but are unable to verify your identity, we reserve the right to take such other steps as we deem reasonable, including closing your account and redeeming your investment at the net asset value next calculated after the Funds decide to close your account. Please see the Funds' Statement of Additional Information for further information.

I. YOUR INITIAL INVESTMENT

Select One or More Fund:

- Absolute Strategies Fund
 - Institutional Shares: \$ _____ (\$1,000,000 minimum initial investment)
 - R Shares: \$ _____ (\$250,000 minimum initial investment)
- Absolute Opportunities Fund: \$ _____ (\$1,000,000 minimum initial investment)

Choose the Payment Method:

- Check: I have enclosed a check in the amount of \$ _____ (make check payable to "Absolute Funds")
- Wire: My wire will be in the amount of \$ _____ (call (888) 992-2765 for the wire instructions)
- ACH: Please deduct \$ _____ from my bank account (you must complete Section 8 / maximum amount is \$25,000)

All investments must be made by check, ACH or wire. All checks must be payable in U.S. dollars and drawn on U.S. financial institutions. The Funds do not accept purchases made by credit card check, starter check, cash or cash equivalents (for instance, you may not pay by money order, cashier's check, bank draft or traveler's check).

II. YOUR ACCOUNT REGISTRATION (Please print)

- Individual Sole Proprietorship Joint With Rights of Survivorship Joint With Tenancy in Common

| | | |
|-----------------|------------|------------------------|
| Investor's Name | Birth Date | Social Security Number |
|-----------------|------------|------------------------|

| | | |
|--|------------|------------------------|
| Joint Investor's Name (only if Joint selected above) | Birth Date | Social Security Number |
|--|------------|------------------------|

- Gifts or Transfers to Minors (UGMA, UTMA)

| | | |
|---------------------------------------|------------------------|------------------------------------|
| Custodian's Name (only one permitted) | Custodian's Birth Date | Custodian's Social Security Number |
|---------------------------------------|------------------------|------------------------------------|

| | | |
|-----------------------------------|--------------------|--------------------------------|
| Minor's Name (only one permitted) | Minor's Birth Date | Minor's Social Security Number |
|-----------------------------------|--------------------|--------------------------------|

Under the _____ Uniform Gifts/Transfers to Minors Act
State

Corporation/Other* (Certified articles of incorporation, a government-issued business license or other document that reflects the existence of the entity must be attached. Enclose a corporate resolution or secretary's certificate listing the person(s) authorized to conduct transactions in the account.)

Name of Corporation (if a publicly-traded corporation, also provide symbol) Taxpayer Identification Number

Authorized Individual(s) (attach additional sheets, if necessary) Birth Date Social Security Number

Partnership* (A copy of the Partnership Agreement must be attached or a certificate from a government authority stating the identity and existence of the partnership).

Name of Partnership

Partner's Name Partner's Birth Date Partner's Social Security Number

Trusts* (including corporate pension plans) (Please include the first and signature pages of the Trust Instrument.)

Trustee Name Birth Date Social Security Number

Trustee Name (if more than one trustee) Birth Date Social Security Number

Name of Trust Date of Trust Trust Taxpayer Identification Number

** Attach a separate list for additional investors, trustees, authorized traders, and general partners of a partnership, including full name, social security number, home street address, and date of birth.*

Documents provided in connection with your application will be used solely to verify your identity. The Funds will have no obligation to enforce or observe the terms of any such document.

III. YOUR MAILING/RESIDENCY ADDRESS

Citizenship: U.S. Resident Alien* Non-Resident Alien** Country of Citizenship: _____

Primary Mailing Address (required)

Physical Street Address (required) City State ZIP

Mailing Address (if different from street address) City State ZIP

E-Mail Telephone (Day) Telephone (Evening)

** Must have a U.S. Taxpayer Identification Number and domestic address.*

*** For non-resident aliens, a copy of an un-expired U.S. government-issued photo ID must be included with the application.*

Duplicate Statement Mailing Address (Optional)

Name

Mailing Address City State ZIP

IV. SYSTEMATIC INVESTMENT PLAN (Subject to terms set forth in the Prospectus)

- Systematic Investment Plan (you must complete Section 8)
- Systematic Investment amount: \$ _____ (\$100 minimum, not to exceed \$25,000)
 - Systematic Investment Frequency: Monthly on _____ day of the month
 Bi-Monthly on _____ day and _____ of the month

Please note that if the day chosen falls on a weekend or holiday, your investment will occur on the next business day. This privilege will be effective 7 business days after the Fund receives this application.

V. SYSTEMATIC WITHDRAWAL PLAN (Subject to terms set forth in the Prospectus)

- Systematic Withdrawal Plan
- Redeem \$ _____ per month (\$250 minimum) on the _____ day of each month
 - Check mailed to the address of record
 - Electronic Funds Transfer to the banking instructions listed in Section 8

Please note that if the day chosen falls on a weekend or holiday, your withdrawal will occur on the next business day.

VI. TELEPHONE AUTHORIZATION

Unless telephone exchanges and/or redemptions are declined below, I (we) hereby authorize and direct the Transfer Agent to accept and act upon telephone instructions for exchanges and/or redemptions involving an account with corresponding registration. I (we) also agree that neither the Funds nor the Transfer Agent will be liable for any loss, cost or expense for acting upon any telephone instructions if it follows reasonable procedures in order to verify that telephone requests are genuine.

- I (We) do not authorize telephone exchanges.
- I (We) do not authorize telephone redemptions.
- I (We) decline wire redemption privileges.

VII. INCOME AND CAPITAL GAIN DISTRIBUTION PAYMENT OPTIONS

- Full Reinvestment: Reinvest all income and capital gain distributions when paid.
- Capital Gain Reinvestment: Reinvest capital gain distributions when paid; pay income in cash.
- Income Reinvestment: Reinvest income when paid; pay capital gain distributions in cash.
- Cash: Pay all income and capital gain distributions in cash.
 - Send cash payments by check mailed to the address of record
 - Send cash payments by Electronic Funds Transfer to the banking instructions listed in Section 8

Please note that if none of the boxes are checked, shareholders are assigned the Full Reinvestment option.

VIII. BANK ACCOUNT INFORMATION

Check type of account (please attach a voided check):

Savings Account

Checking Account

Name of Bank

ABA Routing Number

Account Number

Bank Address

City

State

ZIP

Registration on Bank Account

IX. DEALER INFORMATION (For Broker/Dealer use only)

Dealer Firm Name

Representative's Name

Representative's Broker Number

Branch Address: Number and Street

City

State

ZIP

Dealer's Authorized Signature

X. SIGNATURE AND TAX CERTIFICATIONS

I am of legal age in the state of my residence and wish to purchase shares of the Fund as described in the current Fund Prospectus (a copy of which I have received). By executing this Account Application, the undersigned represents and warrants that I have full right, power, and authority to make this investment and the undersigned is duly authorized to sign this Account Application and to purchase or redeem shares of the Fund on behalf of the Investor. Under the penalties of perjury, I certify:

I am a U.S. person (either a U.S. citizen or resident alien)

and

That the number shown on this form is my correct social security/taxpayer identification number.

or

That I have not provided a social security/taxpayer identification number because I have not been issued a number, but I have applied for one or will do so in the near future. I understand that if I do not provide my number to the Fund within 60 days, the Fund will be required to begin backup withholding

and

That I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding, because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding for failure to report all dividend and interest income.

or

That I have been notified by the IRS that I am no longer subject to backup withholding.

Non-U.S. Citizen Taxpayer:

If I am not a U.S. person (including a U.S. resident alien), I am submitting the applicable Form W-8 with this application to certify my foreign status and, if applicable, claim treaty rate benefits.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:

- (1) The investor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and**
- (2) The information provided by the investor in this application is true and correct and any documents provided herewith are genuine.**

▷ _____
Signature of Investor/Custodian/Trustee

Date

▷ _____
Signature of Joint Investor/Co-Trustee

Date

Corporate Officer (Print Name)

Title



Signature of Corporate Officer

Date

If your legal name has changed in the past 12 months, please provide your former name: _____

XI. MAILING INSTRUCTIONS AND CONTACT INFORMATION

Please send the completed application to:

Regular Mail Delivery

Overnight Mail Delivery

Absolute Funds
P.O. Box 588
Portland, ME 04112

Absolute Funds
c/o Atlantic Fund Administration
3 Canal Plaza, Ground Floor
Portland, ME 04101

If you have any questions, please call (888) 992-2765 (toll-free)