

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: \$ _____ (\$5,000 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 3 / maximum amount is \$25,000)

Choose Source of Contribution:

- Annual Contribution (you are making a contribution for the current or prior tax year)
 - Prior Year Contribution \$ _____ (must be postmarked by the IRS tax filing deadline)
 - Current Year Contribution \$ _____
- Transfer (You are transferring assets directly from your IRA at another institution. **You must also complete the IRA Asset Transfer Form**)
- Qualified Plan Rollover (You are contributing assets distributed to you from a qualified retirement plan or from another IRA)
- Annual \$15.00 Custodial Fee
 - I have enclosed \$15.00 for the Annual Custodial Fee
 - Please deduct the \$15.00 Annual Custodial Fee directly from my IRA

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 IRA REGISTRATION (Please print)

An application cannot be processed if it attempts to establish more than one IRA. You must complete a separate application for each IRA you wish to establish. **Please read the Funds' Universal IRA Disclosure Statement for information to help determine the appropriate type of IRA for your account or consult a qualified tax professional.**

Type of IRA (Check one box only): Regular IRA Qualified Plan Rollover Roth IRA SEP-IRA

Your Name Birth Date Social Security Number

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)

Duplicate Statement Mailing Address (Optional)

Name

Mailing Address City State ZIP

III. 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

IV. 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

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

Systematic Investment Plan (you must complete Section 3)

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

Relationship

Percentage

Please note: Shareholders are advised to check the requirements of state law concerning spousal beneficiary rights. Beneficiaries may be changed at any time by completing a change of beneficiary form.

VIII. SIGNATURE AND TAX CERTIFICATIONS

The Depositor acknowledges having read and agrees to be bound by the terms, as may be amended from time to time, of the Fund's Traditional or Roth IRA Disclosure Statement and the relevant Fund Prospectus. Under penalties of perjury, the Depositor certifies that the Social Security Number on this form is true, correct and complete and that I am a U.S. person (including a U.S. resident alien). I understand that the Custodian will deduct from my account or collect separately an Annual Custodial Fee of \$15 for each account.

By my signature below, I certify that:

- (1) I am 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 me in this application is true and correct and any documents provided herewith are genuine.

Signature *Date*

IX. MAILING INSTRUCTIONS AND CONTACT INFORMATION

Please send the completed application to:

Regular Mail Delivery

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

Overnight Mail Delivery

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)