New River FUNDS

New Account Purchase Application

Please print clearly in CAPITAL LETTERS.

To establish an account, the minimum initial investment is $1,000 per fund. Once your account is established, the minimum for additional investments is $250 per fund.

If you have any questions or need any help filling out the application, please call 1-866- NRA-FUND (672-3863) Monday through Friday, 8 a.m. to 5 p.m. central time.

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

NEW RIVER FUNDS
c/o GEMINI FUND SERVICES, LLC
4020 SOUTH 147TH STREET, SUITE 2
OMAHA, NE 68137

Funds distributed by Aquarius Fund Distributors, LLC

Visit our website at www.newriverfunds.com

1. ACCOUNT OWNERSHIP AND ADDRESS

Please provide complete information for EITHER A, B, or C:

A. INDIVIDUAL OR JOINT *(Please check one)*:

☐ Individual ☐ Joint Tenants with rights of survivorship ☐ Tenants in common

Name ____________ Social Security # ___ – ___ – ___ Birth Date ___ / ___ / ___

Citizenship ☐ U.S. or Resident Alien ☐ Other *(please specify)* ____________

Please complete below for joint tenant or tenants in common:

Name ____________

B. CORPORATIONS, TRUSTS, OR OTHER ENTITIES

Name ____________ Tax ID Number ____________

Trustee(s) *(if trust)* ____________

Date of Trust Agreement *(if trust)* or Date of Incorporation ___ / ___ / ___

C. UNIFORM GIFTS TO MINORS ACCOUNT (UGMA) OR UNIFORM TRANSFERS TO MINORS ACCOUNT (UTMA)

Custodian's Name ____________ Minor's Name ____________

Minor's Social Security # ___ – ___ – ___ Minor's Birth Date ___ / ___ / ___

Citizenship ☐ U.S. or Resident Alien ☐ Other *(please specify)* ____________

2. MAILING ADDRESS

Street, Apt. ____________

City ____________ State ____________ Zip ____________

Daytime Phone ( ) ____________ Evening Phone ( ) ____________

SEND DUPLICATE STATEMENT TO:

Name ____________

Street, Apt. ____________

City ____________ State ____________ Zip ____________

3. FUND SELECTION

Please establish my account with the New River Funds with the enclosed check or wire transfer made payable to New River Funds in the amount of $________, allocated either by percent of this total or by dollar amounts adding up to this total as indicated below:

New River Fund: Small Cap Fund ____% or $________

New River Fund: Core Equity Fund ____% or $________

4. 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. The undersigned warrants that:

- ☐ I have full authority and am of legal age to purchase shares of Funds.
- ☐ I have received a current Prospectus for New River Funds and agree to be bound by the terms.

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.

What this means for you: When you seek to 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 will not be able to open an account or effect any transactions for you.

When a foreign business, enterprise or a non-U.S. person that does not have an identification number, seeks to open an acount, we require alternative government-issued documentation certifying the existence of the person, business or enterprise.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE PROSPECTUS AND AGREE TO THE TERMS THEREIN AND HEREIN.

Signature *of owner (or custodian)* ________________ Date / /

Signature *of joint owner (or corporate officer, partner or trustee)* ________________ Date / /

Name *of corporate officer (or partner or trustee)* ________________ Title ________

5. AUTOMATIC INVESTMENT PLAN (AIP)

AIP allows you to add regularly to your New River Funds investment 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 to invest into:

Fund Name ________________________________

on the __________ (5th, 10th, 15th or 20th) day of each month.

Please transfer $ __________ ($25 minimum) from my bank account and invest into:

Fund Name ________________________________

on the __________ (5th, 10th, 15th or 20th) day of each month.

Use additional sheet if necessary.

6. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

All dividends and capital gains will be reinvested in shares of the Fund that pays 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. SYSTEMATIC WITHDRAWAL PLAN (SWP)

Please withdraw from:

Fund Name ______________________ Account Number ______________________

as specified below:

$________ exact dollars per period ($50 minimum)

Send checks:

☐ monthly ☐ quarterly ☐ annually Beginning: ____/____/____

Send checks to:

☐ Address of record ☐ Bank of record (See section 9) ☐ Following payee

Name ______________________ Address ______________________

City ______________________ State ______________ Zip ________

9. BANK INFORMATION (Please attach a voided check from your account.)

I authorize New River Funds to wire redemption proceeds when requested by the Automated Clearing House (of which my bank is a member).

Name of Depository Institution ______________________

Address ______________________

City ______________________ State ______________ Zip ________

Type of Account: ☐ Checking ☐ Savings

Account Name ______________________

Account Number ______________________ ABA Number ______________________

10. DEALER INFORMATION

If you are opening your account through a broker/dealer, please have the broker/dealer complete this section.

Dealer Name *(as it appears on Selling Agreement)* ______________________

Address of Home Office ______________________

City ______________ State ______________ Zip ______________

Signature *(Authorized signature of broker/dealer)* ______________________

Address *(of Branch Office serving this account)* ______________________

City ______________ State ______________ Zip ______________

Representative's Name ______________________

Representative's Number ______________ Representative's Phone (   ) ______________