



# WINANS LONG/SHORT FUND

## NEW ACCOUNT APPLICATION

*Do not use this form for IRA accounts.*

Please print clearly in CAPITAL LETTERS

To establish an account, the minimum initial investment is \$1,000. Once your account is established, the minimum for additional investments is \$100.

If you have any questions or need any help filling out the application, please call 1-866-722-1677, 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:

**WINANS LONG/SHORT 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.wimutualfunds.com](http://www.wimutualfunds.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 (Account minimum is \$1,000) (Third Party checks are not accepted)

**Winans Long/Short Fund**      \$ \_\_\_\_\_

Make check payable to the **Winans Long/Short Fund**.

If investing by wire: Call 1-877-277-6933 and indicate the amount of the wire \$\_\_\_\_\_.

## 5. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

If you do not specify one of the options below, all dividends and capital gains will be reinvested into your account.

- Deposit dividends and capital gains into my bank account specified in section 8.  
 Mail dividends and capital gains by check to my address of record.

## 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 8 and attach a voided check**.

Please transfer \$\_\_\_\_\_ (**\$100 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.



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 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.

---

Signature of owner (or custodian) Date

---

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

---

Trustee (if applicable) Date

---

**TO CONTACT US:**

**By Telephone**

Toll-free 1-866-722-1677

**In Writing**

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

**Internet**

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

