

NEW ACCOUNT APPLICATION

Use this New Account Application to open an individual, joint, UGMA/UTMA, trust, or corporate account. If you have any questions about completing this form, please contact Shareholder Services at 877-774-7724.

IMPORTANT:

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. When you open an account, you will be asked for your name, date of birth (for a natural person), your residential address or principal place of business, and mailing address, if different, as well as your Social Security Number or Taxpayer Identification Number. Additional information is required for corporations, partnerships and other entities. Applications without such information will not be considered in good order. The Fund reserves the right to deny an application if it is not in good order. Please note that the value of your account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

Alpha Growth Management, LLC
PO Box 219597
Kansas City, MO 64121-9597

Overnight Delivery

Alpha Growth Management, LLC
430 W 7th Street
Suite 219597
Kansas City, MO 64105-1407

SECTION 1: OWNER INFORMATION

Please choose the appropriate section to complete based upon the Account type you wish to establish. Note, if you are completing Section D, it is required that you provide beneficial owner information and authorized Controlling Individual.

Section A:

☐ Individual or ☐ Joint* (may not be a minor)

Name: _____ Social Security Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____

**fill out section below if joint account*

Name: _____ Social Security Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____

Section B:

☐ Uniform Gift/Transfers to Minor Account (UGMA, UTMA)

Minor Name: _____ Minor Social Security Number: _____

Minor Residence Address: _____

Minor Date of Birth: _____

Custodian Name: _____ Custodian Social Security Number: _____

Custodian Residence Address: _____

Custodian Mailing Address: _____

Custodian Primary Phone: _____ Custodian Email Address: _____

Custodian Date of Birth: _____

Section C:

☐ **Trust**

Note: For a Statutory Trust, please complete the Entity section below.

Photocopy of the title page and signature page of Trust documents required.

Name of Trust: _____ Date of Trust: _____

Trust Tax ID Number: _____

Mailing Address: _____

Trustee: _____ Trustee Tax ID Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____

Additional Trustee: _____ Additional Trustee Tax ID Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____

Section D: Entity (choose from one of the following):

☐ **Statutory Trust** ☐ **C-Corporation** ☐ **S-Corporation** ☐ **Partnership** ☐ **Government**

☐ **Other Entity:** _____

☐ **Limited Liability Company (LLC) Classified for tax purposes by one of the following:**

☐ **Partnership** ☐ **S-Corporation** ☐ **C-Corporation**

Organization documentation required such as articles of incorporation. If a Statutory Trust, please include entire trust instrument.

Check if appropriate: ☐ I am an exempt recipient as defined under U.S. federal income tax regulations (e.g., C-Corporation, financial institution, registered broker-dealer, or tax exempt organization).

Exempt payee code: _____ **Note:** Please see IRS Form W-9 for a list of exempt payee codes

Name of Entity: _____

Entity Tax ID Number: _____

Permanent Address: _____

Mailing Address: _____

Certification of Beneficial Owners for Legal Entity Clients

This information is required by federal regulations as a means to identify and document information for individuals who own and/or control a legal entity.

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. A legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in The United States of America or a foreign country. A legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

Do not complete if the entity is publicly traded on an exchange or subject to ERISA.

Beneficial Owners

Identify each individual who owns—directly or indirectly through any agreement, arrangement, understanding, relationship, or otherwise—25% or more of the equity interests of the legal entity.

☐ Check this box if no individual owns 25% or more of the legal entity and that you will inform the Fund if/when an individual assumes 25% or more ownership.

Beneficial Owner 1:

Name: _____

Residence Address: _____

Date of Birth: _____ Social Security Number: _____

Beneficial Owner 2:

Name: _____

Residence Address: _____

Date of Birth: _____ Social Security Number: _____

Beneficial Owner 3:

Name: _____

Residence Address: _____

Date of Birth: _____ Social Security Number: _____

Beneficial Owner 4:

Name: _____

Residence Address: _____

Date of Birth: _____ Social Security Number: _____

Authorized Controlling Individual

Provide information for one individual with significant responsibility for managing the legal entity (ex: CEO, CFO, managing member, general partner, president, treasurer, etc.).

Name: _____

Residence Address: _____

Date of Birth: _____ Social Security Number: _____

SECTION 2: DUPLICATE ACCOUNT STATEMENT☐ Yes, please send duplicate statements to:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

SECTION 3: INVESTMENT SELECTION☐ Addendum attached for additional investment selections. If you need additional space to make investment selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

Fund Name	Share Class (if applicable)	Amount
Alpha Alternative Asset Fund	_____	\$ _____

SECTION 4: PAYMENT METHOD

You can open your account using any of the methods below. The minimum initial purchase for each fund is \$2,500.

☐ **By Check** Enclose a check payable to Alpha Growth Management for the total amount.☐ **By Wire** For wire instructions call 949.326.9796 A New Account Application must be submitted in advance of sending an initial wire.☐ **By ACH** Once a New Account Application has been received and deemed in good order, the initial investment via ACH (automated clearing house) will be processed. Please provide information in Part V about your checking or savings account to establish your investment.

SECTION 5: BANK ACCOUNT INFORMATION

Provide information about your checking or savings account to fund your initial investment via ACH, to receive distributions or redemption proceeds by ACH, or to establish an automatic investment program by ACH.

- ☐ Attach a voided check or deposit slip for your bank account. **Please use tape; do not staple.**
☐ Provide information about your bank account below.

Account Type: ☐ Checking ☐ Savings

Name of Bank: _____ Bank's Phone Number: _____

Bank Address: _____ ABA Routing Number: _____

City: _____ State: _____ Zip Code: _____

Name(s) on Bank Account: _____ Bank Account Number: _____

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here. Please do <u>not</u> use staples.	\$ _____ DOLLARS
BANK NAME BANK ADDRESS MEMO _____		

SECTION 6: DIVIDEND AND CAPITAL GAINS INSTRUCTIONS

All dividends will be reinvested unless one of the following is checked.

- ☐ Send all dividends and capital gains to the address in Part I.
☐ Send all dividends and capital gains to the bank listed in Part IX.

SECTION 7: COST BASIS ELECTION

The Fund is responsible for tracking and reporting to the IRS your realized gains and losses on covered shares. In general, these are shares acquired on or after Jan. 1, 2012. Purchases or transfers made into your account with shares acquired prior to January 1, 2012, are referred to as noncovered shares. For all methods except Specific Identification, the fund redeems noncovered shares first until they are depleted and then applies your elected method to your remaining covered shares.

The Fund's **default** tax lot identification method is **FIFO (first-in, first-out)**, which means the first Fund shares you acquire are the first Fund shares sold. You may choose another method below. **Note: IRS Regulations do not permit the change of the method on a settled trade.** If you are using average cost as your method, by signing this application you agree to use the fair market value of the shares if the gift is at a loss.

- ☐ I choose the funds default method of FIFO
☐ I choose a method **other** than FIFO (select a method below)
☐ HIFO –Highest in, First Out
☐ LIFO – Last in, First Out
☐ Specific Identification
☐ Average Cost

If no option is selected above, your account will use the Fund's default method. If your account cost basis method is Average Cost, whether by election or default, and you are receiving a gift, you agree to receive that gift at FMV if received at a loss.

SECTION 8: ACCOUNT SERVICE OPTIONS

Automatic Investment Program *(The completion of this section is optional)*

This option provides an automatic investment into your account by transferring money directly from your bank account information provided in Part V via ACH (Automated Clearing House) on a scheduled basis. The automatic investment program may require a minimum deposit. Other account restrictions may also apply.

Frequency:

Choose one*: ☐ Monthly or ☐ Quarterly

Choose one*: ☐ 5th ☐ 10th ☐ 15th ☐ 20th or ☐ 25th Begin date (month/year): _____

**If no time frame or date is specified investments will be made monthly on the 15th. Your first automatic investment will occur no sooner than 15 days after receipt of this application*

Fund Name

Share Class (if applicable)

Amount

Alpha Alternative Asset Fund

\$ _____

Telephone Transactions

This option provides the ability to conduct purchase and redemption transactions by telephone. You will automatically be granted telephone redemption privileges unless you decline them by checking below. If you decline, you will be required to submit a Medallion signature guaranteed letter of instruction signed by all registered account owners to add telephone transaction privileges in the future.

☐ I decline telephone redemption privileges. All requests to redeem shares from this account must be submitted in writing.

SECTION 9: FOR DEALER USE ONLY

The completion of this section is optional. If you wish to have a dealer listed on your account, please provide the information requested below.

Representative's Full Name: _____

Representative's Signature: _____ Date: _____

Financial Institution Name: _____

Mailing Address: _____ Representative's Branch Office Phone Number: _____

City: _____ State: _____ Zip: _____

Dealer Number: _____ Branch Number: _____ Representative Number: _____

SECTION 10: DOCUMENTATION OPTIONS

We generally deliver a single copy of most annual and semi-annual reports and prospectuses to investors who share the same address and last name. By signing this application, you consent to the delivery of one report and prospectus to the same address unless you indicate otherwise below. You have the right to revoke this consent at any time by calling or writing the Fund at the telephone number or address shown on the first page. The Fund will begin sending you individual copies of these mailings within 30 days after you revoke your consent.

☐ I want to receive individually addressed investor documents at the same address.

SECTION 11: ACKNOWLEDGEMENT AND SIGNATURE *Note: This application will not be processed unless signed below by all account owners/trustees. For UGMA/UTMAs, the custodian should sign.*

By signing below:

- I certify that I have received and read the current Prospectus and Privacy Notice of the Fund in which I am investing and agree to be bound by its terms and conditions. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- I authorize the Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with the procedures described in the Prospectus for this account. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions.
- I certify that I am not a Foreign Financial Institution as defined in the USA Patriot Act.

By completing Part V and signing below:

I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that the Fund shall be fully protected in honoring any such transaction. I also agree that the Fund may take additional attempts to credit/debit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.

By selecting the box below, I am certifying that I am **NOT** a U.S. Citizen.

☐ I am a Resident Alien

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (Substitute Form W-9)

Under penalty of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this application is correct.

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

3. I am a U.S. person (including a U.S. resident alien).

4. I am exempt from FATCA reporting.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

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

Signature of Owner, Trustee or Custodian: _____ Date: _____

Signature of Joint Owner, Trustee or Custodian: _____ Date: _____

Additional Owner's Signature (if applicable): _____ Date: _____

FACTS**WHAT DOES Alpha Alternative Asset Fund DO WITH YOUR PERSONAL INFORMATION?**

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include:	
	Social Security number Assets Retirement Assets Transaction History Checking Account Information	Purchase History Account Balances Account Transactions Wire Transfer Instructions
	When you are no longer our customer, we continue to share your information as described in this notice.	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information, the information Alpha Alternative Asset Fund chooses to share and whether you can limit this sharing.	

Reasons we can share your personal information	Does Alpha Alternative Asset Fund Share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	No	We do not share.
For joint marketing with other financial companies	No	We do not share.
For our affiliates' everyday business purposes— information about your transactions and experiences	No	We do not share.
For our affiliates' everyday business purposes— information about your creditworthiness	No	We do not share.
For nonaffiliates to market to you	No	We do not share.
Questions?	Call 949.326.9796	

Who we are	
Who is providing this notice?	Alpha Alternative Asset Fund
What we do	
How does Alpha Alternative Asset Fund protect my personal information?	<p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.</p> <p>Our service providers are held accountable for adhering to strict policies and procedures to prevent any misuse of your nonpublic personal information.</p>
How does Alpha Alternative Asset Fund collect my personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> ▪ open an account ▪ provide account information ▪ give us your contact information ▪ make deposits or withdrawals from your account ▪ make a wire transfer ▪ tell us where to send money ▪ tells us who receives the money ▪ show your government-issued ID ▪ show your driver's license
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> ▪ sharing for affiliates' everyday business purposes-information about your creditworthiness ▪ affiliates from using your information to market to you ▪ sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ <i>Alpha Alternative Asset Fund does not share with our affiliates for marketing purposes.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ <i>Alpha Alternative Asset Fund does not share with nonaffiliates so they can market to you.</i>

<p>Joint marketing</p>	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ▪ <i>Alpha Alternative Asset Fund does not jointly market.</i>
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