



NEW ACCOUNT APPLICATION

Do not use this form for IRA accounts.

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

**Sierra Mutual Funds
PO Box 541150
Omaha, NE 68154**

Distributed by Northern Lights Distributors, LLC

Please print clearly in CAPITAL LETTERS

To establish an account please refer to the Fund's prospectus for minimum investment amounts and subsequent investment requirements.

If you have any questions or need any help filling out the application, please call **(866) 738-4363**.

www.sierramutualfunds.com

1. ACCOUNT OWNERSHIP

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

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

- Individual
- Individual with Transfer on Death Designation (Section 10 must be completed)
- Joint Account (Joint owners have rights of survivorship, unless state laws regarding community property apply)
 - Joint Tenants with Rights of Survivorship
 - Joint Tenants in Common
 - Joint Tenants Community Property
(if no account type is specified, account will be established as joint tenants with rights of survivorship)
 - Joint Tenants with Rights of Survivorship with Transfer on Death Designation (Section 10 must be completed)

Name	Social Security Number	Date of Birth / /
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Joint Owner	Social Security Number	Date of Birth / /
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Email

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

Joint Owner's Relationship to Owner Spouse Non-spouse (if no election, relationship to owner will be considered Non-Spouse)

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

Custodian's Name	Custodian's Social Security Number	Custodian's Date of Birth / /
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Minor's Name	Minor's Social Security Number	Minor's Date of Birth / /
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Minor's State of Residence	Email
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C. TRUST (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.)

Trust or Plan Name	Email
Trust Date (mo/day/yr)	Employer or Trust Taxpayer Identification Number
Trustee's (Authorized Signer's) Name (First, Middle Initial, Last)	
Trustee's Date of Birth (mo/day/yr)	Trustee's Social Security Number
Co-Trustee's (Authorized Signer's) Name (First, Middle Initial, Last)	
Co-Trustee's Date of Birth (mo/day/yr)	Co-Trustee's Social Security Number

D. CORPORATIONS OR OTHER ENTITIES (Include a copy of one of the following documents: registered articles of incorporation, government-issued business license, partnership papers, plan documents or other official documentation that verifies the entity and lists the authorized individuals.)

To help the government fight financial crime, Federal regulation requires certain financial institutions, including mutual funds, to obtain, verify, and record information about the beneficial owners of legal entity customers.

Please complete section entitled "**Certification Regarding Beneficial Owners of Legal Entity Customers**" if the account is to be established on behalf of a legal entity, which 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 or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf. Failure to provide this documentation may result in a delay in processing your application.)

- C Corporation
 S Corporation
 Corporation
 Partnership
 Government Entity
 Other (please specify) _____

If no classification is provided, per IRS regulations, your account will default to an S Corporation.

Name of Corporation or Other Business Entity	Tax ID Number	Email
Authorized Individual	Social Security Number	Date of Birth
Co-Authorized Individual	Social Security Number	Date of Birth
Co-Authorized Individual	Social Security Number	Date of Birth
Co-Authorized Individual	Social Security Number	Date of Birth

The number of individual(s) required to transact business without the consent of the board or any director, officer, or other person of the Corporation as indicated below (check one):

- Any authorized signer may act independently.
 Two authorized signers are required.
 Three authorized signers are required.
 All authorized signers are required.

E. Estate (Include a copy of a probate document indicating the name of the Executor of the Estate, such as Letters Testamentary or Letters of Administration.)

Name of Estate	Estate Tax ID Number	Email
Executor	Social Security Number	Date of Birth
Co-Executor	Social Security Number	Date of Birth

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
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3. INITIAL INVESTMENT (Please refer to the Fund's prospectus for minimum investment amounts and subsequent investment requirements.)

Share Class

- Sierra Tactical All Asset Fund** \$ _____ Class A Class C Investor Class Instl Class Class A1 Class I1
- Sierra Tactical Core Income Fund** \$ _____ Class A Class C Investor Class Instl Class
- Sierra Tactical Municipal Fund** \$ _____ Class A Class C Investor Class Instl Class Special Class
- Sierra Tactical Bond Fund** \$ _____ Class A Class C Investor Class Instl Class
- Sierra Tactical Risk Spectrum 30 Fund** \$ _____ Class A Class C Investor Class Instl Class
- Sierra Tactical Risk Spectrum 50 Fund** \$ _____ Class A Class C Investor Class Instl Class
- Sierra Tactical Risk Spectrum 70 Fund** \$ _____ Class A Class C Investor Class Instl Class

Make check payable to the **Sierra Mutual Funds**.

If investing by wire: Call **(866) 738-4363** and indicate the amount of the wire \$ _____.

If opening an A or C Class account, section 10 must be completed.

Third Party checks are not accepted. Automated Clearing House (ACH) cannot be used for the initial purchase.

4. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

All dividends and capital gains will be reinvested in shares of the Fund that pay them unless this box is checked.

Please pay all dividends and capital gains in cash.

5. REDUCED SALES CHARGE Complete this section if you qualify for a reduced sales charge. See Prospectus for Terms & Conditions.

Letter of Intent

You can reduce the sales charge you pay on Class A shares by investing a certain amount over a 13-month period. Please indicate the total amount you intend to invest over the next 13-months.

- \$50,000 \$100,000 \$250,000 \$500,000
 \$1,000,000 or more

Net Asset Value (NAV). I have read the prospectus and qualify for a complete waiver of the sales charge on Class A shares. Registered representatives may complete the Dealer Information section as proof of eligibility.

Reason for Waiver: _____

Rights of Accumulation

If you already own Class A shares of the Sierra Mutual Funds, you may already be eligible for a reduced sales charge on Class A share purchases. Please provide the eligible account number(s) below to qualify (if eligible).

Account No. _____

Account No. _____

6. 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 ACH. If you choose this option, please complete **Section 7 and attach a voided check**.

Amount \$ _____ (**\$100**)

Frequency (choose one):

- Monthly Twice Monthly Quarterly Annually Twice Annually

Start Date: Month _____ Day* _____

Second Date (for twice options): Month _____ Day* _____

*If no day is specified, the draft will be made on the 25th day of the month or the following business day if the 25th falls on a weekend or holiday. If no month is specified, the draft will start in the month received if it is at least 5 days prior to day selected, otherwise it will be the following month.

7. BANK INFORMATION

I authorize the Fund to purchase and redeem shares via the ACH of which my bank is a member.

Important Note: At least one name on the bank account must match a named shareholder.

Type of Account: Checking Savings

Name on Bank Account

Bank Account Number

Bank Name

Bank Routing/ABA Number

Bank Address

Please include a voided check from your account.

8. COST BASIS METHOD

Cost Basis calculation method for all accounts established by this application:

- Average Cost (default method, if not specified)
 First-In, First-Out (FIFO)*
 Last-In, First-Out (LIFO)*
 Highest-Cost, First-Out (HIFO)*
 Specific Share Identification **

* If you have any questions, please contact our shareholder services group at (866) 738-4363.

** If Specific Share Identification is selected and no instruction is provided as to which shares should be redeemed, First-In, First-Out (FIFO) will be used.

9. TELEPHONE PRIVILEGES

Telephone privileges, as described in the prospectus, automatically apply unless this box is checked.

No, I do not want telephone privileges

10. TRANSFER ON DEATH BENEFICIARY DESIGNATION

Note: Complete only if Individual with Transfer on Death Designation or Joint with Transfer on Death Designation was selected in section 1 and if you want to add a Transfer on Death Beneficiary designation to your account.

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the account(s). Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining primary beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account(s). If any contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining contingent beneficiary(ies) shall be increased on a pro rata basis.

Additional Information

Account Ownership. The designation of a TOD beneficiary has no effect of ownership until the owner's death. Beneficiaries have no rights to account information and/or trading authority until the death of all owners and until proper documentation is provided.

NO.	BENEFICIARY NAME	DATE OF BIRTH	RELATIONSHIP	PRIMARY OR CONTINGENT		SHARE %
1				<input type="checkbox"/>	<input type="checkbox"/>	
				Primary	Contingent	
2				<input type="checkbox"/>	<input type="checkbox"/>	
				Primary	Contingent	
3				<input type="checkbox"/>	<input type="checkbox"/>	
				Primary	Contingent	
4				<input type="checkbox"/>	<input type="checkbox"/>	
				Primary	Contingent	
5				<input type="checkbox"/>	<input type="checkbox"/>	
				Primary	Contingent	
6				<input type="checkbox"/>	<input type="checkbox"/>	
				Primary	Contingent	
7				<input type="checkbox"/>	<input type="checkbox"/>	
				Primary	Contingent	
8				<input type="checkbox"/>	<input type="checkbox"/>	
				Primary	Contingent	
9				<input type="checkbox"/>	<input type="checkbox"/>	
				Primary	Contingent	
10				<input type="checkbox"/>	<input type="checkbox"/>	
				Primary	Contingent	

This section should be completed if any marital or community property interest exists in the aforementioned account(s) and the account holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

CURRENT MARITAL STATUS

I am not married. I understand that if I become married in the future, I must complete a new designation of transfer on death form.

- I am married. I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

CONSENT OF SPOUSE

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse’s property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional. No tax or legal advice was given to me by the Fund Company or Ultimus Fund Solutions.

I hereby give the account holder any interest I have in the funds or property deposited in the account referenced herein and consent to the beneficiary designations(s) indicated above. I assume full responsibility for any adverse consequences that may result.

 Signature of Spouse Date

11. DEALER/REGISTERED INVESTMENT ADVISOR INFORMATION

If opening your account through a Broker/Dealer or Registered Investment Advisor, please have them complete this section.

 Dealer Name

 Representative’s Last Name, First Name

DEALER HEAD OFFICE

REPRESENTATIVE’S BRANCH OFFICE

 Address

 Address

 City, State, ZIP

 City, State, ZIP

 Telephone Number

 Rep Telephone Number Rep ID Number

 Email Address

 Rep Email Address

 Branch ID Number

 Branch Telephone Number (if different than Rep Phone Number)

12. STATE ESCHEATMENT LAWS

Escheatment laws adopted by various states require that personal property that is deemed to be abandoned or ownerless, including mutual fund shares and bank deposits, be transferred to the state. Under such laws, ownership of your Fund shares may be transferred to the appropriate state if no activity occurs in your account within the time period specified by applicable state law. The Fund retains a search service to track down missing shareholders and will escheat an account only after several attempts to locate the shareholder have failed. To avoid this from happening to your account, please keep track of your account and promptly inform the Fund of any change in your address.

13. 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.

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 because; (1) I am exempt from backup withholding, or (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (3) the IRS has notified me that I am no longer subject to backup withholding.
- (c) I am a U.S. person (including a resident alien.)
- (d) I am exempt from FATCA reporting.

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 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 may not be able to open an account or effect any additional transactions for you.

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 **Sierra Funds** 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 its ownership to 3% or less of the Fund's outstanding shares.

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

Signature of owner (or custodian) Date

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

Trustee (if applicable) Date

TO CONTACT US:

By Telephone

Toll-free **(866) 738-4363**

Fax **402-963-9094**

In Writing

Sierra Mutual Funds

PO Box 541150

Omaha, NE 68154

Or

Via Overnight Delivery

4221 N. 203rd Street, Suite 100

Elkhorn, NE 68022

Internet

www.sierramutualfunds.com

Distributed by Northern Lights Fund Distributors, LLC

PRIVACY NOTICE

NORTHERN LIGHTS FUND TRUST

Rev. February 2014

FACTS

WHAT DOES NORTHERN LIGHTS FUND TRUST 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 depends on the product or service that you have with us. This information can include:

- Social Security number and wire transfer instructions
- account transactions and transaction history
- investment experience and purchase history

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 reasons Northern Lights Fund Trust chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information:	Does Northern Lights Fund Trust share information?	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 don't share
For joint marketing with other financial companies.	NO	We don't share
For our affiliates' everyday business purposes - information about your transactions and records.	NO	We don't share
For our affiliates' everyday business purposes - information about your credit worthiness.	NO	We don't share
For nonaffiliates to market to you	NO	We don't share

QUESTIONS? Call 1-402-493-4603

PRIVACY NOTICE

NORTHERN LIGHTS FUND TRUST

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What we do:

How does Northern Lights Fund Trust 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 Northern Lights Fund Trust collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none">• open an account or deposit money• direct us to buy securities or direct us to sell your securities• seek advice about your investments <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
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>Northern Lights Fund Trust does not share with our affiliates.</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>Northern Lights Fund Trust does not share with nonaffiliates so they can market to you.</i>
Joint marketing	<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>Northern Lights Fund Trust doesn't jointly market.</i>