

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. 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 Co Authorized Individual Social Security Number

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).

 Mailing Address

 City, State, Zip

3. INITIAL INVESTMENT (Please refer to the Fund's Prospectus for Share Class Initial Investment Minimums)

Share Class

- Altegris Futures Evolution Strategy Fund** \$ _____
 Class A Class C Class I Class N
Altegris/AACA Opportunistic Real Estate Fund \$ _____
 Class A Class C Class I Class N

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

If investing by wire: Call **1-877-772-5838** and indicate the amount of the wire \$_____.

Third Party checks are not accepted.

4. 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.

- \$25,000 \$50,000 \$100,000 \$250,000
 \$500,000 \$1,000,000

Rights of Accumulation

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

Account No. _____

Account No. _____

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: _____

5. 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.

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 Automated Clearing House (ACH). If you choose this option, please complete **Section 8 and attach a voided check**.

Please transfer \$ _____ (**\$500 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.

7. AUTOMATIC WITHDRAWAL PLAN (AWP)

As specified below, please withdraw from Altegris Mutual Funds:

\$ _____ exact dollars per period

Send checks: Monthly Quarterly Beginning: ____/____/____

Send checks to: Address of record Bank of record (**See Section 8**) Alternate payee

Name Daytime Telephone

City, State, Zip Evening Telephone

8. BANK INFORMATION

I authorize the Fund to transfer redemption proceeds via the Automated Clearing House of which my bank is a member.

Type of Account: Checking Savings

Name of Depository Institution Account Number

Street Address ABA Number

City, State, Zip City, State, Zip

Please attach a voided check from your account.

9. COST BASIS METHOD

Note: The default cost basis calculation method for your new account will be Average Cost. If you wish to elect a different cost basis method, please contact the Fund to obtain a Cost Basis Election Form.

10. 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	_____ Telephone Number	_____ Rep's ID
_____ Branch Number	_____ Branch Number	
_____ Email Address	_____ Email Address	
	_____ Branch Office Telephone Number	

11. 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.

12. 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 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 the Altegris Mutual 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 Funds outstanding shares.

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 (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 **1-877-772-5838**
Fax **1-402-963-9094**

In Writing

Altegris Mutual Funds
PO Box 541150
Omaha, NE 68154
Or
Via Overnight Delivery
Altegris Mutual Funds
4221 N. 203rd Street, Suite 100
Elkhorn, NE 68022

Internet

www.altegris.com

Distributed by Northern Lights Distributors, LLC



**TRUSTED ALTERNATIVES.
INTELLIGENT INVESTING.®**