



Research and Management

LISTED PRIVATE EQUITY PLUS FUND

IRA Application
For Traditional, Roth, SEP IRAs

Mail to: Matrix Capital Group
630-A Fitzwatertown Road 2nd Floor
Willow Grove, PA. 19090-1904

For additional information, please call toll free 877-477-7373.

In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: full name, date of birth, Social Security number, and permanent street address. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information for you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

1. Investor Information

Form fields for investor information: FIRST NAME, M.I., LAST NAME, SOCIAL SECURITY NUMBER, BIRTHDATE (Mo / Dy / Yr), DRIVER'S LICENSE OR STATE ID NUMBER, STATE OF ISSUE, DAYTIME PHONE NUMBER, EVENING PHONE NUMBER

If this account is for a minor; the adult guardian must fill out this section.

Form fields for guardian information: GUARDIAN'S FIRST NAME, M.I., LAST NAME, SOCIAL SECURITY NUMBER, BIRTHDATE (Mo / Day / Yr), PERMANENT STREET ADDRESS, CITY / STATE / ZIP, DAYTIME TELEPHONE NUMBER, RELATIONSHIP TO MINOR

2. Permanent Street Address

(Residential Address or Principal Place of Business - No PO Box addresses or foreign addresses)

Form fields for permanent street address: STREET, APT / SUITE, CITY, STATE, ZIP CODE

Mailing Address (No foreign addresses)

If completed, this address will be used as the Address of Record for all statements, checks, and required mailings.

Form fields for mailing address: STREET, APT / SUITE, CITY, STATE, ZIP CODE

3. Type of IRA

If no tax year is indicated, we will assume it is for the current tax year.

Refer to disclosure statement for eligibility requirements and contribution limits.

Choose ONE of the following account types:

- Traditional IRA Account**
For tax year _____
IRA to IRA Transfer (please complete IRA Transfer Form)
Rollover (shareholder had receipt of funds)
- IRA Rollover Account**
Rollover IRA to Rollover IRA
Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator. Please check the type of qualified plan:
o Corporate o Pension o PSP o 401(k) o 403(b) o Other _____
- Roth IRA Account**
For tax year _____
Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
Traditional IRA to Roth IRA – year of conversion _____ in which Traditional IRA was converted to a Roth IRA
Rollover from Roth IRA (shareholder had receipt of funds)
- SEP (Simplified Employee Pension Plan) --** Each employee must complete an *IRA Application*.
Contribution
Transfer from another SEP IRA Account
Rollover (shareholder had receipt of funds)

4. Investment Choices:

By check: **Make check payable to: Listed Private Equity Plus Fund**
By wire: Call 877-477-7373 for instructions.

<u>Fund Name</u>	<u>Investment Amount</u> \$1000 Minimum	<u>Optional Automatic Investment Plan</u>		
		\$100 minimum	AIP Start Month	Day
Listed Private Equity Plus Fund	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Class A shares				1 st or
<input type="checkbox"/> Class C shares				15 th

5. Automatic Investment Plan

Your signed application must be received at least 15 business days prior to initial transaction.

Please include a voided bank check or savings deposit slip.

If you selected this option in Section 4, funds will be automatically transferred from your checking or savings account. Please attach a voided check or a preprinted savings deposit slip to this application. We are unable to debit mutual fund or pass-through (“for further credit”) accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

**ATTACH VOIDED CHECK OR
PRE-PRINTED SAVINGS
DEPOSIT SLIP HERE**

6. Telephone Options

Your signed application must be received at least

You may redeem shares from your account by calling Matrix Capital Group, Transfer

15 business days prior to initial transaction.

Agent. **Please check here to establish Telephone/Mail redemption service.**

7. Beneficiary Information (If you need more space, please enclose a separate sheet of paper.)

Primary

NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%

Secondary

NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

X _____ DATE _____
 SIGNATURE OF SPOUSE

8. Dealer Information

Please be sure to complete representative's first name and middle initial.

_____ Broker/Dealer or Investment Adviser Name	_____ REPRESENTATIVE'S LAST NAME	_____ FIRST NAME	_____ MI
_____ MAIN OFFICE INFORMATION: ADDRESS	_____ REPRESENTATIVE'S BRANCH OFFICE INFORMATION: ADDRESS		
_____ CITY / STATE / ZIP	_____ CITY / STATE / ZIP		
_____ TELEPHONE NUMBER	_____ TELEPHONE NUMBER		
_____ REPRESENTATIVE SIGNATURE	_____ E-MAIL ADDRESS		
_____ Rep ID Number			

9. Net Asset Value (NAV)

Process the enclosed purchase at NAV. I certify that this account is eligible to purchase shares at NAV according to the terms of the prospectus.

10. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Catalyst Funds Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for the Catalyst Funds (the "Fund"). I understand the Fund's objectives and policies and agree to be bound to the terms of the prospectus. I acknowledge and consent to the householding (i.e. consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable if I fail to notify the Catalyst Funds within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

I authorize the Fund to perform a credit check in the event that one is needed to verify or establish identity.

The Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Catalyst Funds") will not be responsible for banking system delays beyond their control. By completing section 5, I authorize my bank to honor all entries to my bank account initiated through Matrix Capital Group on behalf of the applicable Fund. The Catalyst Funds will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (Mo / Dy / Yr)

Appointment as Custodian accepted:

Matrix Capital Group, Inc. Agent

Before you mail, have you:

- | | |
|--|--|
| <input type="checkbox"/> Completed all USA PATRIOT Act required information? | <input type="checkbox"/> Entered the correct Share class in Section 4? |
| <input type="checkbox"/> Social Security or Tax ID number in Section 1? | <input type="checkbox"/> Entered the Beneficiary information in Section 7? |
| <input type="checkbox"/> Birth date in Section 1? | <input type="checkbox"/> Enclosed your check? |
| <input type="checkbox"/> Full name in Section 1? | <input type="checkbox"/> Included a voided check, if applicable? |
| <input type="checkbox"/> Permanent street address in Section 2? | <input type="checkbox"/> Signed your application in Section 10? |
| <input type="checkbox"/> Chosen the correct IRA type in Section 3? | <input type="checkbox"/> Enclosed additional documentation, if applicable? |

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C/O MATRIX CAPITAL GROUP
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