

LISTED PRIVATE EQUITY PLUS FUND

**Regular Application
 New Account**

Please do not use this form for IRA accounts.

Mail To: Matrix Capital Group Inc.
 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 financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number, and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** 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 from 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.

1. Investor Information – Select one

- Individual

FIRST NAME _____ M.I. _____ LAST NAME _____ DOB (Mo / Dy / Yr) _____
 SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE OR STATE I.D. NUMBER _____ STATE OF ISSUE _____

- Joint Owner

FIRST NAME _____ M.I. _____ LAST NAME _____ DOB (Mo / Dy / Yr) _____
 SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE OR STATE I.D. NUMBER _____ STATE OF ISSUE _____
Registration will be Joint Tenancy with Rights of Survivorship (JTWROS) unless otherwise specified.

- Gift to Minor

CUSTODIAN'S FIRST NAME _____ M.I. _____ LAST NAME _____ DOB (Mo / Dy / Yr) _____
 (ONLY ONE PERMITTED)
 CUSTODIAN'S SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE OR STATE I.D. NUMBER _____ STATE OF ISSUE _____
 MINOR'S FIRST NAME _____ M.I. _____ LAST NAME _____ DOB (Mo / Dy / Yr) _____
 (ONLY ONE PERMITTED)
 MINOR'S SOCIAL SECURITY NUMBER _____ MINOR'S STATE OF RESIDENCE _____

- Corporation/
 Trust *

NAME OF TRUST/CORPORATION/PARTNERSHIP AND STATE OF ORGANIZATION _____

- Partnership*

NAME(S) OF TRUSTEE(S) _____

- Other Entity*

SOCIAL SECURITY NUMBER / TAX ID NUMBER _____ DATE OF AGREEMENT (Mo / Dy / Yr) _____

* You must supply documentation to substantiate existence of your organization (i.e. Articles of Incorporation / Formation / Organization, Trust Agreements, Partnership Agreement, or other official documents.)

Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorized individuals.

2. Permanent Street Address (PO Box is not acceptable)
(Residential Address or Principal Place of Business)

STREET _____ APT / SUITE _____
 CITY _____ STATE _____ ZIP CODE _____
 DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

Mailing Address (if different from Permanent):

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

STREET _____ APT / SUITE _____
 CITY _____ STATE _____ ZIP CODE _____

Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

STREET _____ APT / SUITE _____
 CITY _____ STATE _____ ZIP CODE _____

Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

STREET _____ APT / SUITE _____
 CITY _____ STATE _____ ZIP CODE _____

3. Investment Choices

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

	<u>Investment Amount</u> \$1,000. Minimum	<u>Distribution Options</u>		
		Capital Gains & Dividends Reinvested	Capital Gains Reinvested & Dividends in Cash*	Capital Gains & Dividends in Cash*
<input type="checkbox"/> Listed Private Equity Plus Fund Class A	\$ _____			
<input type="checkbox"/> Listed Private Equity Plus Fund Class C	\$ _____			

If nothing is checked, all distributions will be reinvested.
 * Unless otherwise indicated, cash distributions will be mailed to the address in Section 2.

4. Automatic Investment Plan

If you choose this option, funds will be automatically transferred from your bank account monthly. **Please attach a voided check to Section 6 of this application.**

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

	Amount per Draw (\$100 Minimum)	AIP Start Month	AIP Start Day 1st or 15th
<input type="checkbox"/> Listed Private Equity Plus Fund Class A	\$ _____	_____	_____
<input type="checkbox"/> Listed Private Equity Plus Fund Class C	\$ _____	_____	_____

Please keep in mind that:

- There is a \$20 fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

5. Telephone and Mail Options

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

- You may redeem shares from your account by calling Matrix Capital Group, Transfer Agent. **Please check here to establish Telephone/Mail redemption service.**
- Redemption** - permits the transfer of funds via:
 - Check to address in Section 2.
 - Federal wire to your bank account below.
 - EFT, at no charge, to your bank below (funds are typically credited within two days after redemption)*
- Purchase (EFT)** (\$100 minimum) - permits the on-demand purchase of shares from your bank account.*
- E-mail Address** – permits electronic communications _____

If you select this option, please attach a voided check.

6. Voided Check for Bank Information

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions, please attach a voided check. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

**PLEASE ATTACH
VOIDED CHECK
HERE**

7. Letter of Intent

- I agree to the terms of the Letter of Intent set forth in the prospectus. Although I am not obligated to do so, it is my intention to invest over a 13-month period in shares of the Funds on which a sales load has been paid an aggregate amount equal to at least:
 - \$50,000-\$100,000 \$100,000-\$250,000 \$250,000-\$500,000 \$500,000-\$1,000,000
 - \$1,000,000 and above

8. Right of Accumulation

A reduced sales load applies to any purchase of Fund shares, sold with a sales load, where an investor's then-current investment is \$50,000 or more. I/We own shares of one more accounts in the Funds:

Existing Account Number(s): _____

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 and Certification Required by the Internal Revenue Service

I have received and understand the prospectus for the Catalyst Funds ("Trust"). I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I acknowledge and consent to the householding (i.e. consolidation of mailings) of regulatory 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 their transfer agent shall not be liable if I fail to notify the Fund within such time period. I certify that I am of legal age and have legal capacity to make this purchase.

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 sections 4, 5, or 6, 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.

I authorize the Fund to perform a credit check based on the information provided, if necessary.

Under penalty of perjury, I certify that (1) the Social Security number or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding either as a result of a failure to report all interest or dividends, or 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).

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

SIGNATURE OF OWNER*

DATE (Mo / Day / Yr)

SIGNATURE OF OWNER*

DATE (Mo / Day / Yr)

*If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided for the Joint Owner.

11. Dealer Information

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

DEALER NAME

DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE'S LAST NAME

FIRST NAME

MI

REPRESENTATIVE'S BRANCH OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REP NUMBER

Before you mail, have you:

- Completed all USA PATRIOT Act required information?
- Social Security or Tax ID number in Section 1?
- Birth date in Section 1?
- Full name in Section 1?
- Permanent street address in Section 2?

- Enclosed your check?
- Included a voided check, if applicable?
- Signed your application in Section 10?
- Enclosed additional documentation, if applicable?

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