

LISTED PRIVATE EQUITY PLUS FUND

Asset Transfer Form

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.

1. Investor Information

FIRST NAME _____ MI _____ LAST NAME _____
 SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

Owner's Information

ADDRESS _____
 CITY / STATE / ZIP _____
 () _____ () _____
 DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

Co-Owner's Information

FIRST NAME _____ MI _____ LAST NAME _____
 SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____
 ADDRESS _____
 CITY / STATE / ZIP _____
 () _____ () _____
 DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

2. Transfer Instructions (Please complete only one of the following sections: A, B, or C. If necessary, attach additional sheets with all account holders' signatures.)

- A.
- Brokerage, Trust Company or Dividend Reinvestment Plan Account Transfer (Select the appropriate option and sign Section 3.)
 - Liquidate all shares immediately and transfer cash. I am aware of and acknowledge any penalty I will incur from an early withdrawal.
 - Liquidate only the following assets from my account. (Complete the table below and sign Section 3.)

Description of Asset (money market, stocks, bonds, etc.)	Quantity* (number of shares or "ALL")	Description of Asset (money market, stocks, bonds, etc.)	Quantity* (number of shares or "ALL")

- B.
- Mutual Fund Company Transfer (Complete table below and skip to Section 3. Do NOT complete this section if Section A is marked. Please use a separate Transfer Your Account form for each mutual fund company.)

Description of Assets/Name of Mutual Funds	Symbol	Quantity* (number of Shares or "All)	Transfer of Assets**	Fund Account Number (if held at fund company)	Mutual Fund Dividend/Gain Option***	
			Sell		Reinvest ment	Cash

*If Quantity is not specified, the entire position will be transferred.
 **If In-Kind/Sell is not specified, the transfer will be processed In-Kind.
 ***If the option to reinvest is available, and you do not specify otherwise, dividends and capital gains will be reinvested.

- C.
- Bank or Credit Union Transfer (Select the appropriate option and skip to Section 3.)
 - Cash only: All or Partial \$ _____.
 - Liquidate CD immediately and transfer cash. I am aware of and acknowledge any penalty I will incur from an early withdrawal.
 - Liquidate CD at maturity and transfer cash (submit 2-3 weeks before maturity date): _____.

Account You Are Transferring: (Attach a copy of your most recent statement.)

_____ CURRENT CUSTODIAN OR NAME OF FIRM			
_____ ACCOUNT NUMBER	_____ CONTACT PERSON	_____ PHONE NUMBER	
_____ ADDRESS	_____ CITY	_____ STATE	_____ ZIP

Send the check representing the assets payable to **“Listed Private Equity Plus Fund”** along with a copy of this form to:

Listed Private Equity Plus Fund
 FBO [Shareholder Name]
 [Account Number]
 c/o Matrix Capital Group, Inc.
 630-A Fitzwatertown Road 2nd Floor
 Willow Grove, PA. 19090-1904

3. Investment Choices

A **Fund Account Application** must be completed to process this transfer if a **new account** is being established. The Fund(s) and the allocation(s) specified on the Application will be used if they are different from those listed below.

		Amount		Percentage
Listed Private Equity Plus Fund	<input type="checkbox"/> Class A	\$ _____	OR	_____ %
	<input type="checkbox"/> Class C	\$ _____		_____ %

4. Authorization to Transfer

I certify that I have established an account with Catalyst Funds. I agree to contact my present Custodian from whom I am transferring my assets to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers. I agree to hold the Custodian harmless against any and all situations arising from an ineligible transfer. I acknowledge that the Custodian or its agent cannot provide legal advice and I agree to consult with my own tax professional for advice.

I authorize Matrix Capital Group, Inc. to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

X _____
 SIGNATURE OF OWNER _____
 DATE (Mo / Dy / Yr)

X _____
 SIGNATURE OF JOINT/ADDITIONAL OWNER _____
 DATE (Mo / Dy / Yr)

SIGNATURE GUARANTEE* (FOR TRANSFERS FROM ANOTHER CUSTODIAN)

IMPORTANT: Please contact your current Custodian to determine if a signature guarantee* is required.

** A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions, and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near each of your signatures being guaranteed. The guarantee must appear with the printed name, title, and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.*

5. Acceptance / Custodian Authorization

Custodian hereby accepts transfer of the above account and upon receipt of assets, will deposit such assets in a Catalyst Fund account on behalf of the Depositor authorizing this transfer.

Matrix Capital Group, Inc. as Agent for
Huntington National Bank.

DATE (Mo / Dy / Yr)

Before you mail, have you:

- Completed an Account Application if the transfer of direct rollover is going to a new account?
- Included documents/statements from your current custodian.
- Signed the transfer form in Section 4?