



NEW ACCOUNT APPLICATION

Use this New Account Application to open an individual, joint, UGMA/UTMA, trust, or corporate account. If you have any questions about completing this form, please contact Shareholder Services at 877.258.1953

IMPORTANT:

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. When you open an account, you will be asked for your name, date of birth (for a natural person), your residential address or principal place of business, and mailing address, if different, as well as your Social Security Number or Taxpayer Identification Number. Additional information is required for corporations, partnerships and other entities. Applications without such information will not be considered in good order. The Fund reserves the right to deny an application if it is not in good order. Please note that the value of your account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery

Alpha Summit Strategic Alternatives Fund
PO Box 2175
Milwaukee WI 53201-2175

Overnight Delivery

Alpha Summit Strategic Alternatives Fund
C/O UMB Fund Services, Inc
235 W Galena Street
Milwaukee WI 53212

SECTION 1: OWNER INFORMATION

Please choose the appropriate section to complete based upon the Account type you wish to establish. Note, if you are completing Section D, it is required that you provide beneficial owner information and authorized Controlling Individual.

Section A:

☐ Individual or ☐ Joint* (may not be a minor)

Name: _____ Social Security Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____

**fill out section below if joint account*

Name: _____ Social Security Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____

Section B:

☐ Uniform Gift/Transfers to Minor Account (UGMA, UTMA)

Minor Name: _____ Minor Social Security Number: _____

Minor Residence Address: _____

Minor Date of Birth: _____

Custodian Name: _____ Custodian Social Security Number: _____

Custodian Residence Address: _____

Custodian Mailing Address: _____

Custodian Primary Phone: _____ Custodian Email Address: _____

Custodian Date of Birth: _____

Section C:☐ **Trust***Note: For a Statutory Trust, please complete the Entity section below.***Photocopy of the title page and signature page of Trust documents required.**

Name of Trust: _____ Date of Trust: _____

Trust Tax ID Number: _____

Mailing Address: _____

Trustee: _____ Trustee Tax ID Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____

Additional Trustee: _____ Additional Trustee Tax ID Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____

Section D: Entity (choose from one of the following):☐ **Statutory Trust** ☐ **C-Corporation** ☐ **S-Corporation** ☐ **Partnership** ☐ **Government**☐ **Other Entity:** _____☐ **Limited Liability Company (LLC) Classified for tax purposes by one of the following:**☐ **Partnership** ☐ **S-Corporation** ☐ **C-Corporation****Organization documentation required such as articles of incorporation. If a Statutory Trust, please include entire trust instrument.****Check if appropriate:** ☐ I am an exempt recipient as defined under U.S. federal income tax regulations (e.g., C-Corporation, financial institution, registered broker-dealer, or tax exempt organization).Exempt payee code: _____ **Note:** Please see IRS Form W-9 for a list of exempt payee codes

Name of Entity: _____

Entity Tax ID Number: _____

Permanent Address: _____

Mailing Address: _____

DOMESTIC CERTIFICATION OF BENEFICIAL OWNERS FOR LEGAL ENTITY & TRUST INVESTORS**GUIDANCE ON FILLING BENEFICIAL OWNERSHIP CERTIFICATION & DOCUMENTATION STANDARDS****LEGAL ENTITY**

For all legal entity investors, information on all natural persons owning 25 percent or more of the entity investing in the fund(s) must be supplied on the following form. For the purposes of determining if an individual owns 25 percent ownership, please note that the cumulative percentage of ownership, either directly in the entity or indirectly through one or more entities which own an interest in the entity investing in the fund, must be considered. Additionally, one natural person with significant management responsibility must be identified. Please see Beneficial Ownership Certification FAQ's for more information on who can be identified as a control person.

Additionally, an individual may be both a beneficial ownership and the control person for an entity and should be so identified on the beneficial ownership form. Furthermore, if a trust owns 25 percent or more of a legal entity, then one trustee from the trust must be identified on the beneficial ownership form.

For all beneficial owners and the control person, please provide the following information:

- Legal Name;
- Date of Birth;
- An address, which will be a residential street address, an Army Post Office (APO) or Fleet Post Office (FPO) box

number, or a principal place of business, local office, or other physical tax location;

- Identification Number—for U.S. individuals, a Social Security Number (SSN);
- Passport or Similar Identification Document for non-U.S. individuals

If the entity is owned by Another Company or Entity, then please submit the following information. In case there is more than one layer of company or entity, then you must provide the information for each entity:

—Natural persons CIP information for the beneficial owners of that entity

—Trustee(s) of the trust CIP information

LEGAL TRUST

If the entity is a trust that is not a statutory trust, then only Trustee information is required in lieu of beneficial owner.

If trustee is not a natural person, you must provide the following:

- Full legal name of the trust
- Authorized signers list
- Tax ID

- Street address

For Individuals, including trustees and authorized control persons, please provide the following information:

- Full legal name of the trust
- Authorized signers list
- Tax ID
- Street address

For Individuals, including trustees and authorized control persons, please provide the following information:

- Full Legal Name;
- Date of Birth;
- An address, which will be a residential street address, an Army Post Office (APO) or Fleet Post Office (FPO) box number, or a principal place of business, local office, or other physical tax location;
- Identification Number—for U.S. individuals, a Social Security Number (SSN).

Passport or Similar Identification Document for non-U.S. individuals

Legal Entity or Trust Information

Physical Operating Address	City	State	ZIP
Country			

Point of Contact Full Legal Name – First	Middle	Last	Title
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Beneficial Owners/Trustee Information

Identify each natural person (ultimate beneficial owner) who owns—directly or indirectly through any agreement, arrangement, understanding, relationship, or otherwise—25% or more of the equity interests of the legal entity.

☐ Check, if no individual or entity owns 25% or more of the equity interests (directly or indirectly) of the legal entity and that you will inform UMB if/when an individual assumes 25% or more ownership.

Beneficial Owner 1

☐ Check this box if this owner is also the authorized individual with significant management responsibility.

Is this Beneficial Owner an ☐ Individual **OR** ☐ Trust? If Trust, please provide TRUSTEE information as Beneficial Owner

Full Legal Name – First	Middle	Last	Social Security Number (US Only)	
Personal Residential Street Address		City	State	Zip
Country			Date of Birth	
Driver's License Number (Optional)(US only)		Driver's License State (Optional)		Driver's License Exp
Passport Number (Required for Non-US; Alternate ID Option for US)		Passport Country		Passport Expiration

(Section C Continued)

Beneficial Owner 2

☐ Check this box if this owner is also the authorized individual with significant management responsibility.

Is this Beneficial Owner an ☐ Individual **OR** ☐ Trust?

If Trust, please provide TRUSTEE information as Beneficial Owner.

Full Legal Name – First	Middle	Last	Social Security Number (US Only)		
Personal Residential Street Address		City	State	Zip	
Country			Date of Birth		
Driver's License Number (Optional)(US only)		Driver's License State (Optional)		Driver's License Exp	
Passport Number (Required for Non-US; Alternate ID Option for US)		Passport Country		Passport Expiration	

Beneficial Owner 3

☐ Check this box if this owner is also the authorized individual with significant management responsibility.

Is this Beneficial Owner an ☐ Individual **OR** ☐ Trust?

If Trust, please provide TRUSTEE information as Beneficial Owner.

Full Legal Name – First	Middle	Last	Social Security Number (US Only)		
Personal Residential Street Address		City	State	Zip	
Country			Date of Birth		
Driver's License Number (Optional)(US only)		Driver's License State (Optional)		Driver's License Exp	
Passport Number (Required for Non-US; Alternate ID Option for US)		Passport Country		Passport Expiration	

Beneficial Owner 4

☐ Check this box if this owner is also the authorized individual with significant management responsibility.

Is this Beneficial Owner an ☐ Individual **OR** ☐ Trust?

If Trust, please provide TRUSTEE information as Beneficial Owner.

Full Legal Name – First	Middle	Last	Social Security Number (US Only)		
Personal Residential Street Address		City	State	Zip	
Country			Date of Birth		
Driver's License Number (Optional)(US only)		Driver's License State (Optional)		Driver's License Exp	
Passport Number (Required for Non-US; Alternate ID Option for US)		Passport Country		Passport Expiration	

(Section C Continued)

Authorized Individual with Significant Management Responsibility (Controlling Person)

Provide information for **one** individual with significant responsibility for managing the legal entity or trust (ex. CEO, CFO, managing member, general partner, president, treasurer, etc.) **If this individual is noted as an owner above, only the name and title are required.**

Full Legal Name – First	Middle	Last	Title
Personal Residential Street Address		City	State Zip
Country	SSN/TIN (US Only)		Date of Birth
Driver's License Number (US only)		Driver's License State	Driver's License Exp
Passport Number (Required for Non-US; Alternate ID Option for US)		Passport Country	Passport Expiration

SECTION 2: DUPLICATE ACCOUNT STATEMENT

☐ Yes, please send duplicate statements to:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

SECTION 3: INVESTMENT SELECTION

☐ Addendum attached for additional investment selections. If you need additional space to make investment selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

Fund Name	Share Class (if applicable)	Amount
_____	_____	\$ _____
		TOTAL: \$ _____

SECTION 4: PAYMENT METHOD

You can open your account using any of the methods below. The minimum initial purchase for Class I is \$1,000.

☐ **By Check**

Enclose a check payable to Alpha Summit Strategic Alternatives Fund for the total amount.

☐ **By Wire**

For wire instructions call **877.258.1953**. A New Account Application must be submitted in advance of sending an initial wire.

SECTION 5: BANK ACCOUNT INFORMATION

Provide information about your checking or savings account to receive distributions or redemption proceeds by ACH.

- ☐ Attach a voided check or deposit slip for your bank account. **Please use tape; do not staple.**
- ☐ Provide information about your bank account below.

Account Type: ☐ Checking ☐ Savings

Name of Bank: _____ Bank's Phone Number: _____

Bank Address: _____ ABA Routing Number: _____

City: _____ State: _____ Zip Code: _____

Name(s) on Bank Account: _____ Bank Account Number: _____

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here. Please do <u>not</u> use staples.	\$ _____ DOLLARS
BANK NAME BANK ADDRESS		
MEMO _____		

SECTION 6: DIVIDEND AND CAPITAL GAINS INSTRUCTIONS

All dividends will be reinvested unless one of the following is checked.

- ☐ Reinvest all dividends and capital gains into my account.
- ☐ Send all dividends and capital gains to the address in Section 1.
- ☐ Send all dividends and capital gains to the bank listed in Section 5.

SECTION 7: COST BASIS ELECTION

The Fund is responsible for tracking and reporting to the IRS your realized gains and losses on covered shares. In general, these are shares acquired on or after Jan. 1, 2012. Purchases or transfers made into your account with shares acquired prior to January 1, 2012, are referred to as noncovered shares. For all methods except Specific Identification, the fund redeems noncovered shares first until they are depleted and then applies your elected method to your remaining covered shares.

The Fund's default tax lot identification method is **FIFO (first-in, first-out)**, which means the first Fund shares you acquire are the first Fund shares sold. You may choose another method below. **Note: IRS Regulations do not permit the change of the method on a settled trade.** If you are using average cost as your method, by signing this application you agree to use the fair market value of the shares if the gift is at a loss.

- ☐ I choose the funds default method of FIFO
- ☐ I choose a method **other** than FIFO (select a method below)
 - ☐ HIFO –Highest in, First Out
 - ☐ LIFO – Last in, First Out
 - ☐ Specific Identification
 - ☐ Average Cost

If no option is selected above, your account will use the Fund's default method. If your account cost basis method is Average Cost, whether by election or default, and you are receiving a gift, you agree to receive that gift at FMV if received at a loss.

SECTION 8: FOR DEALER USE ONLY

The completion of this section is optional. If you wish to have a dealer listed on your account, please provide the information requested below.

Representative's Full Name: _____

Representative's Signature: _____ Date: _____

Financial Institution Name: _____

Mailing Address: _____ Representative's Branch Office Phone Number: _____

City: _____ State: _____ Zip: _____

Dealer Number: _____ Branch Number: _____ Representative Number: _____

SECTION 9: DOCUMENTATION OPTIONS

We generally deliver a single copy of most annual and semi-annual reports and prospectuses to investors who share the same address and last name. By signing this application, you consent to the delivery of one report and prospectus to the same address unless you indicate otherwise below. You have the right to revoke this consent at any time by calling or writing the Fund at the telephone number or address shown on the first page. The Fund will begin sending you individual copies of these mailings within 30 days after you revoke your consent.

☐ I want to receive individually addressed investor documents at the same address.

SECTION 10: PRIVACY NOTICE

The Funds collect non-public information about you from the following sources:

- Information we receive about you on the application form or other forms;
- Information you give us orally; and/or
- Information about your transactions with us or others.

We do not disclose any non-public personal information about our shareholders or former shareholders without the shareholder's authorization, except as permitted by law or in response to inquiries from governmental authorities. We may share information with affiliated and unaffiliated third parties with whom we have contracts for servicing the Fund. We will provide unaffiliated third parties with only the information necessary to carry out their assigned responsibilities. We maintain physical, electronic and procedural safeguards to guard your non-public personal information and require third parties to treat your personal information with the same high degree of confidentiality. In the event that you hold shares of the Fund through a financial intermediary, including, but not limited to, a broker-dealer, bank, or trust company, the privacy policy of your financial intermediary would govern how your non-public personal information would be shared by those entities with unaffiliated third parties.

SECTION 11: ACKNOWLEDGEMENT AND SIGNATURE *Note: This application will not be processed unless signed below by all account owners/trustees. For UGMA/UTMAs, the custodian should sign.*

By signing below:

- I certify that I have received and read the current Prospectus and Privacy Notice of the Fund in which I am investing and agree to be bound by its terms and conditions. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- I authorize the Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with the procedures described in the Prospectus for this account. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions.
- I certify that I am not a Foreign Financial Institution as defined in the USA Patriot Act.

By completing Part V and signing below:

I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that the Fund shall be fully protected in honoring any such transaction. I also agree that the Fund may take additional attempts to credit/debit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.

By selecting the box below, I am certifying that I am **NOT** a U.S. Citizen.

☐ I am a Resident Alien

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (Substitute Form W-9)

Under penalty of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this application is correct.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) 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).
4. I am exempt from FATCA reporting.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

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, Trustee or Custodian: _____ Date: _____

Signature of Joint Owner, Trustee or Custodian: _____ Date: _____

Additional Owner's Signature (if applicable): _____ Date: _____

If you have any questions about completing this form, please contact Shareholder Services at 877.258.1953