

New IRA Application

Individual Retirement Custodial Account Adoption Agreement

ABOUT ACCOUNTS WITH EVENTIDE

Eventide Mutual Funds are available to investors directly through accounts offered by Eventide Asset Management in partnership with Constellation Trust, Mutual Fund Series Trust, and Northern Lights Distributors.

Who is this form for?

- **If you want to invest in any Eventide Mutual Funds by setting up a new IRA or Roth IRA account:**
The account will invest in one or more Eventide Mutual Funds, funded by a check or bank transfer, or by transfer or rollover of an existing IRA or Roth IRA account.
- This application must be preceded or accompanied by a current IRA Disclosure Statement and Custodial Agreement (available at <https://eventidefunds.com/forms/disclosure>). Review this statement before filling out the form.

Who is this form NOT for?

- **If you want to set up a standard taxable account:**
use <https://eventidefunds.com/forms/new-account>
- **If you want to set up a SIMPLE IRA for employer contributions:**
use <https://eventidefunds.com/forms/new-simple-ira>
- **If you want to set up a Coverdell Education Savings Account :**
use <https://eventidefunds.com/forms/new-esa>

What information will I need?

- Name, Address, Social Security Number (or Tax ID Number), and Date of Birth of the account owner(s).
- The amount of the initial investment.
- A check to Eventide Funds for the initial investment (unless you will wire money — see Section 4)
- A voided check if setting up an Automatic Investment Plan (see Section 7)
- If applicable, your spouse's signature and that of a witness (see Section 8)
- If you want to transfer holdings from another IRA or Roth IRA account, you should also complete the IRA Transfer of Assets Form — use <https://eventidefunds.com/forms/transfer-ira>

Filing Instructions

- **Regular Mail:**
Eventide Funds
PO Box 541150
Omaha, NE 68154
- **Overnight Mail:**
Eventide Funds
4221 N. 203rd Street, Suite 100
Elkhorn, NE 68022
- **Retain a copy for your records**
- After you have mailed the form, you will receive confirmation and account information at the postal address you specify in Section 1. Your new IRA or Roth IRA custodian will be Constellation Trust.

For assistance with this form or other questions, please contact Eventide Funds at 877-771-3836 x1.

Important Policies

Custody Fee

The Custody Fee is \$12 annually per account. The Custody Fee may be increased in the future. You will be notified in writing 90 days prior to any fee increases.

Eventide Asset Management Privacy Policy Statement

Your privacy is important to us. Eventide is committed to maintaining the confidentiality, integrity and security of your personal information. When you provide personal information, Eventide believes that you should be aware of policies to protect the confidentiality of that information.

Eventide collects the following nonpublic personal information about you:

- Information we receive from you on or in applications or other forms, correspondence, or conversations, including, but not limited to, your name, address, phone number, social security number, assets, income and date of birth; and
- Information about your transactions with us, our affiliates, or others, including, but not limited to, your account number and balance, payments history, parties to transactions, cost basis information, and other financial information.

Eventide does not disclose any nonpublic personal information about our current or former shareholders to nonaffiliated third parties, except as permitted by law. For example, Eventide is permitted by law to disclose all of the information we collect, as described above, to our transfer agent to process your transactions. Furthermore, Eventide restricts access to your nonpublic personal information to those persons who require such information to provide products or services to you. Eventide maintains physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

In the event that you hold shares of Eventide Mutual Funds 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 nonpublic personal information would be shared with nonaffiliated third parties.

Anti-Money Laundering

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.

For questions about these policies, or for additional copies of the Eventide Asset Management Privacy Policy Statement, please contact Eventide at **(877) 771-3836** or **www.eventidefunds.com** or at **P.O. Box 541150 Omaha, NE 68154**.

Please complete this application to establish a new Traditional IRA or Roth IRA. This application must be preceded or accompanied by a current IRA Disclosure Statement and Custodial Agreement.

For Additional Copies or Assistance

If you need additional copies of this application, or would like assistance completing it, please call Eventide Funds at **(877) 771-3836**.

Owner's Certification

I, the person signing this Adoption Agreement (hereinafter called the "Owner"), establish an Individual Retirement Account (IRA), which is either a Traditional IRA or a Roth IRA, as indicated below, (the "Account") with Constellation Trust Company as Custodian ("Custodian"). A Traditional IRA operates under Internal Revenue Code Section 408(a). A Roth IRA operates under Internal Revenue Code Section 408A. I agree to the terms of my Account, which are contained in the applicable provisions of the document entitled Constellation Trust Company Traditional/Roth Individual Retirement Account Custodial Agreement and this Adoption Agreement. I certify the accuracy of the information in this Adoption Agreement. My Account will be effective upon acceptance by Custodian.

1. New IRA ownership

Owner's Name (First, Middle, Last)

Social Security Number

Street Address

Date of Birth (mm/dd/yyyy)

City

State

ZIP

Daytime Telephone

Email Address

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

2. Traditional IRA election

If you wish to open a Traditional IRA, provide all applicable information below for **EITHER A or B**. The requirements for a valid rollover are complex. See the Traditional IRA Disclosure Statement for additional information and consult your tax advisor for help if needed. Direct Rollovers are described in the Traditional IRA Disclosure Statement.

A. TRADITIONAL IRA

The minimum initial investment in Class A, Class C and Class N shares is \$1,000. Make checks payable to the Eventide Funds.

1. Annual Contributions

Check enclosed in the amount of \$ _____ representing current contribution for tax year 20_____.

This contribution does not exceed the maximum permitted amount for the year of contribution as described in the Traditional IRA Disclosure Statement. If no tax year is indicated, contribution will automatically apply to current year.

2. Transfer

Transfer of existing Traditional IRA directly from current Custodian or Trustee. Complete the IRA Transfer of Assets Form.

If this transfer includes any nondeductible contributions to the transferring account, indicate the amount of

nondeductible contributions included in this transfer: \$ _____.

3. Rollover

Rollover of a withdrawal from another Traditional IRA or of an eligible rollover distribution from an employer qualified plan, 403(b) arrangement or eligible 457 plan. Check enclosed in the amount of \$ _____..

If this rollover contribution constitutes all or part of either a withdrawal from another Traditional IRA or an eligible rollover distribution from an employer qualified plan or 403(b) arrangement, and if it includes any after-tax (or nondeductible) contributions to such other Traditional IRA or employer qualified plan or 403(b) arrangement, indicate the amount of after-tax contributions included in this rollover contribution: \$ _____..

4. Direct Rollover

Direct rollover of an eligible rollover distribution from an employer qualified plan, 403(b) arrangement or eligible 457 plan.

If this is a direct rollover contribution from an employer qualified plan or 403(b) arrangement, and if it includes any after-tax (or nondeductible) contributions to such employer qualified plan or 403(b) arrangement, indicate the amount of after-tax contribution included in this direct rollover: \$ _____..

5. Recharacterization of an existing Roth IRA

Current Roth IRA Account Number: _____.

Indicate amount recharacterized, if less than entire account balance: \$ _____.

If no amount is inserted here, the entire account balance will be recharacterized.

6. SEP Provision

Owner intends to use this Account in connection with a SEP Plan or grandfathered SARSEP Plan established by the Owner's employer.

B. INHERITED TRADITIONAL IRA

Decedent's Name

Relationship to Decedent

Decedent's Date of Birth (mm/dd/yyyy)

Decedent's Date of Death (mm/dd/yyyy)

3. Roth IRA Election

If you wish to open a Roth IRA, provide all applicable information below for **EITHER A or B.**

Tax Withholding Election for Conversion. Under IRS rules, a conversion of a Traditional IRA to a Roth IRA is treated for income tax purposes as a distribution of taxable amounts in the Traditional IRA. IRS rules also require the custodian to withhold 10% of the conversion amount for federal income taxes unless no withholding has been elected. See IRS Publication 505, Tax Withholding and Estimated Tax for more information. State tax withholding may also apply if federal income tax is withheld.

A. ROTH IRA

The minimum initial investment in Class A, Class C and Class N shares is \$1,000. Make checks payable to the Eventide Funds.

1. Annual Contributions

Check enclosed in the amount of \$ _____ representing current contribution for tax year 20____.

This contribution does not exceed the maximum permitted amount for the year of contribution as described in the Roth IRA Disclosure Statement. If no tax year is indicated, contribution will automatically apply to current year.

2. Conversion

Conversion of existing Traditional IRA with Constellation Trust Company Account No: _____ to a Roth IRA with Constellation Trust Company.

Amount to convert: All Part (please specify): \$ _____ or _____.%

Caution: Withholding income taxes from the amount converted (instead of paying applicable income taxes from another source) may adversely impact the expected financial benefits of converting from a Traditional to a Roth IRA (consult your financial adviser if you have a question). Because of this impact, by electing to convert a Traditional IRA to a Roth IRA, you are deemed to elect no withholding unless you specify otherwise herein:

No income tax withholding Withhold 10% for income tax Withhold _____.% for income tax

3. Conversion of Existing Traditional IRA

Rollover or Transfer from existing Traditional IRA with another custodian or trustee to a Roth IRA with Constellation Trust Company.

4. Recharacterization of an Existing IRA

Current IRA Account Number: _____.

Indicate amount recharacterized, if less than entire account balance: \$ _____.

If no amount is inserted here, the entire account balance will be recharacterized.

5. Rollover or Transfer of Existing Roth IRA

Rollover or Transfer from existing Roth IRA with another custodian or trustee to a Roth IRA with Constellation Trust Company. Date existing Roth IRA was originally opened: _____.

Please complete the IRA Transfer of Assets Form if either 3 or 4 is checked and the transaction is a transfer (as opposed to a rollover).

B. INHERITED ROTH IRA

Decedent's Name

Relationship to Decedent

Decedent's Date of Birth (mm/dd/yyyy)

Decedent's Date of Death (mm/dd/yyyy)

4. Initial Investment

I acknowledge that I have sole responsibility for my investment choices and that I have received a current prospectus for each class I select.

Please read the prospectus of the Funds selected, available at <https://eventidefunds.com/prospectus> before investing.

Which share class should I select?

Each Eventide Fund is available in different share classes meant for specific investor types:

- **If you are investing directly** select **Class I**
- **If you investing with help from a Registered Investment Advisor or other Financial Intermediary**
Select **Class I, Class A, Class C** or **Class N** based on your advisor’s suggestion and complete Section 10 (Dealer/Registered Investment Advisor Information)

			Through an Investment Advisor / Intermediary (Minimum Investment of \$1,000)		
			Class A	Class C	Class N
Eventide Core Bond Fund	\$ _____	Class I	Class A	Class C	Class N
Eventide Dividend Opportunities Fund	\$ _____	Class I	Class A	Class C	Class N
Eventide Exponential Technologies Fund	\$ _____	Class I	Class A	Class C	Class N
Eventide Gilead Fund	\$ _____	Class I	Class A	Class C	Class N
Eventide Healthcare & Life Sciences Fund	\$ _____	Class I	Class A	Class C	Class N
Eventide Large Cap Focus Fund	\$ _____	Class I	Class A	Class C	Class N
Eventide Limited-Term Bond Fund	\$ _____	Class I	Class A	Class C	Class N
Eventide Multi-Asset Income Fund	\$ _____	Class I	Class A	Class C	Class N
Total	\$ _____				

Make check payable to **Eventide Funds**. Third Party Checks are not acceptable. ACH is not allowed for an initial investment.

If investing by wire: Call **(877) 771-3836** and indicate the amount of the wire \$ _____

5. 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.

\$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000 or more

Rights of Accumulation

If you already own Class A shares of the Eventide 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 Number

Account Number

Account Number

Account Number

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: _____

6. Automatic Investment Plan (AIP)

An AIP allows you to add regularly to your Eventide Mutual Funds holdings 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 7 and attach a voided check.**

Investment Options: If you do not specify investment amounts per mutual fund below, your AIP investments will be made proportionately across all of the funds held in the account.

			Through an Investment Advisor / Intermediary		
Eventide Core Bond Fund	\$ _____	Class I	Class A	Class C	Class N
Eventide Dividend Opportunities Fund	\$ _____	Class I	Class A	Class C	Class N
Eventide Exponential Technologies Fund	\$ _____	Class I	Class A	Class C	Class N
Eventide Gilead Fund	\$ _____	Class I	Class A	Class C	Class N
Eventide Healthcare & Life Sciences Fund	\$ _____	Class I	Class A	Class C	Class N
Eventide Large Cap Focus Fund	\$ _____	Class I	Class A	Class C	Class N
Eventide Limited-Term Bond Fund	\$ _____	Class I	Class A	Class C	Class N
Eventide Multi-Asset Income Fund	\$ _____	Class I	Class A	Class C	Class N

Transfer to Eventide Funds this total: \$ _____ **(\$100 minimum) from my bank account:**

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.

If no day is specified above, the draft will be made on the 25th day of the month or the following business day if the 25th falls on a weekend or holiday. If no month is specified, the draft will start in the month received if it is at least 5 days prior to day selected, otherwise it will be the following month.

7. Bank Information

I authorize Eventide Funds to purchase shares through the Automatic Investment Plan by the Automated Clearing House of which my bank is a member.

Type of account: Checking Savings

Name on Bank Account

Bank Account Number

Bank Name

Bank Routing/ABA Number

Bank Address

City

State

ZIP

Please attach a voided check from your account.

8. Beneficiary(ies)

If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the account(s). Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

As Owner, I hereby make the following designation of beneficiary in accordance with the Constellation Trust Company Traditional Individual Retirement Custodial Account or Roth Individual Retirement Custodial Account:

In the event of my death, pay any interest I may have under my Account to the following Primary Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Primary Beneficiary predeceases me, their share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each such surviving Primary Beneficiary. If none of the Primary Beneficiaries survives me, pay any interest I may have under my Account to the following Alternate Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Alternate Beneficiary predeceases me, their share is to be divided among the Alternate Beneficiaries who survive me in the relative proportions assigned to each such surviving Alternate Beneficiary. Proportions for Beneficiaries must total 100%.

If more than one primary beneficiary is designated, and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the account(s). Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

PRIMARY BENEFICIARIES

Primary Beneficiary Name (First, Middle, Last)		Share %
Relationship	Date of Birth (mm/dd/yyyy)	Taxpayer ID Number
Primary Beneficiary Name (First, Middle, Last)		Share %
Relationship	Date of Birth (mm/dd/yyyy)	Taxpayer ID Number
Primary Beneficiary Name (First, Middle, Last)		Share %
Relationship	Date of Birth (mm/dd/yyyy)	Taxpayer ID Number

ALTERNATE BENEFICIARIES

_____ Alternate Beneficiary Name (First, Middle, Last)		_____ Share %
_____ Relationship	_____ Date of Birth (mm/dd/yyyy)	_____ Taxpayer ID Number
_____ Alternate Beneficiary Name (First, Middle, Last)		_____ Share %
_____ Relationship	_____ Date of Birth (mm/dd/yyyy)	_____ Taxpayer ID Number
_____ Alternate Beneficiary Name (First, Middle, Last)		_____ Share %
_____ Relationship	_____ Date of Birth (mm/dd/yyyy)	_____ Taxpayer ID Number

This Designation of Beneficiary may have important tax or estate planning effects. If you cannot accomplish your estate planning objectives by using this Section to designate your beneficiary(ies) (for example, if you wish to provide that the surviving children of a beneficiary who predeceases you should take that beneficiary’s share by right of representation), you may submit another form of written beneficiary designation to the Custodian.

Any amount remaining in the Account that is not disposed of by a proper Designation of Beneficiary will be distributed to your estate (unless otherwise required by the laws of your state of residence). You may change the beneficiary(ies) named above at anytime by filing a new Designation of Beneficiary with the Custodian. Any subsequent Designation filed with the Custodian will revoke all prior Designations, even if the subsequent designation does not dispose of your entire Account.

SPOUSAL CONSENT*

I am the spouse of the above-named Owner. I acknowledge that I have received a full and reasonable disclosure of my spouse’s property and financial obligations. Due to any possible consequences of giving up my community or marital property interest in this IRA, I have been advised to see a tax professional or legal advisor. I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian, Eventide Funds or the Sponsor.

_____ Signature of Spouse	_____ Date (mm/dd/yyyy)
_____ Signature of Witness	_____ Date (mm/dd/yyyy)

* This section should be reviewed if the Owner is married and designates a beneficiary other than the spouse. It is the Owner’s responsibility to determine if this section applies. The Owner may need to consult with legal counsel. Neither the Custodian, Eventide Funds nor the Sponsor are liable for any consequences resulting from a failure of the Owner to provide proper spousal consent.

9. Information Delivery

To obtain your Fund account statements, confirms and regulatory mailings online instead of in paper form, please provide us with your email address. After your account is opened, we will send you an e-mail with the instructions on how to sign up for electronic information delivery.

Email Address: _____

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		_____ Representative's First Name	
Dealer Head Office			Representative's Branch Office			
_____ Address			_____ Address			
_____ City		_____ State	_____ ZIP		_____ City	
					_____ State	
					_____ ZIP	
_____ Telephone Number			_____ Rep Telephone Number		_____ Rep ID Number	
_____ Email Address			_____ Rep Email Address			
			_____ Branch ID Number			
			_____ Branch Telephone Number (if different)			

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 Eventide Mutual Funds shares may be transferred to the appropriate state if no activity occurs in your account within the time period specified by applicable state law. Eventide 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 Eventide of any change in your address.

12. Signature(s) & Certification

By signing below, under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number, and 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 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), and 4) I am exempt from FATCA reporting. I further acknowledge that I have the sole responsibility for my investment choices and that I have received and read a current prospectus for the Eventide Funds. I release the Fund and their agents and representatives from all liability and agree to indemnify them from any and all losses, damages or costs for acting in good faith in accordance with instructions, including telephone instructions, believed to be genuine. I certify that I have the authority to establish this account and the information provided herein is accurate and complete. I agree to notify the Eventide Funds promptly in writing if any information contained in this application changes.

If I have indicated a Traditional IRA Rollover or Direct Rollover above, I certify that, if the distribution is from another Traditional IRA, that I have not made another rollover within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to this Account; and that no portion of the amount rolled over is a required minimum distribution under the required distribution rules or a hardship distribution from an employer qualified plan or 403(b) arrangement or eligible 457 plan.

If I have indicated a Conversion, Transfer or a Rollover of an existing Traditional IRA to a Roth IRA, I acknowledge that the amount converted will be treated as taxable income (except for any prior nondeductible contributions) for federal income tax purposes, and certify that no portion of the amount converted, transferred or rolled over is a required minimum distribution under applicable rules. If I have elected to convert an existing Traditional IRA with Constellation Trust Company as custodian to a Roth IRA and have elected no withholding, I understand that I may be required to pay estimated tax and that insufficient payments of estimated tax may result in penalties.

If I have indicated a rollover from another Roth IRA, I certify that the information given herein is correct and acknowledge that adverse tax consequences or penalties could result from giving incorrect information. I certify that any rollover contribution to the Roth IRA was completed within 60 days after the amount was withdrawn from the other IRA.

I have received and read the applicable sections of the IRA Disclosure Statements relating to this Account, the Custodial Agreement, and this Adoption Agreement. I understand that my Account will be charged an annual Custody Fee as set forth on the first page of this Adoption Agreement. I understand that I have the right to revoke this Individual Retirement Account within seven (7) days of receiving the IRA Disclosure Statements by notifying the Eventide Funds in writing.

I acknowledge that it is my sole responsibility to report all contributions to or withdrawals from the Account correctly on my tax returns, and to keep necessary records of all my IRAs (including any that may be held by another custodian or trustee) for tax purposes. All forms must be acceptable to the Custodian and dated and signed by me.

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 certification required to avoid backup withholding.

Signature of owner

Date (mm/dd/yyyy)

13. Custodian Acceptance

Constellation Trust Company will accept appointment as Custodian of the Owner's Account. However, this Agreement is not binding upon the Custodian until the Owner has received a statement confirming the initial transaction for the Account. Receipt by the Owner of a confirmation of the purchase of the Eventide Mutual Funds shares indicated above will serve as notification of Constellation Trust Company's acceptance of appointment as Custodian of the Owner's Account.

TO CONTACT US:

By Telephone

Toll-free (877) 771-3836

In Writing

Eventide Funds
PO Box 541150
Omaha, NE 68154
or
Via Overnight Mail
4221 N. 203rd Street, Suite 100
Elkhorn, NE 68022

Online

WWW.EVENTIDEFUNDS.COM

Distributed by Northern Lights Distributors, LLC

Privacy Notice

MUTUAL FUND SERIES TRUST REVISED JUNE 2011

FACTS	WHAT DOES MUTUAL FUND SERIES TRUST DO WITH YOUR PERSONAL INFORMATION?
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some, but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depends on the product or service that you have with us. This information can include:</p> <ul style="list-style-type: none"> ▪ Social Security number and wire transfer instructions ▪ account transactions and transaction history ▪ investment experience and purchase history <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Mutual Fund Series Trust chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information:	Does Mutual Fund Series Trust share information?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	YES	NO
For our marketing purposes – to offer our products and services to you.	NO	We don't share
For joint marketing with other financial companies.	NO	We don't share
For our affiliates' everyday business purposes – information about your transactions and records.	NO	We don't share
For our affiliates' everyday business purposes – information about your credit worthiness.	NO	We don't share
For our affiliates to market to you	NO	We don't share
For non-affiliates to market to you	NO	We don't share

Privacy Notice

MUTUAL FUND SERIES TRUST REVISED JUNE 2011

What we do

How does Mutual Fund Series Trust protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

Our service providers are held accountable for adhering to strict policies and procedures to prevent any misuse of your nonpublic personal information.

How does Mutual Fund Series Trust collect my personal information?

We collect your personal information, for example, when you

- open an account or deposit money
- direct us to buy securities or direct us to sell your securities
- seek advice about your investments

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only:

- sharing for affiliates' everyday business purposes – information about your creditworthiness.
- affiliates from using your information to market to you.
- sharing for nonaffiliates to market to you.

State laws and individual companies may give you additional rights to limit sharing.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and non-financial companies.

- Mutual Fund Series Trust has no affiliates.

Non-affiliates

Companies not related by common ownership or control. They can be financial and non-financial companies.

- Mutual Fund Series Trust does not share with non-affiliates so they can market to you.

Joint marketing

A formal agreement between nonaffiliated financial companies

that together market financial products or services to you.

- Mutual Fund Series Trust does not jointly market.

Questions? Call 1-877-771-3836