



NEW ACCOUNT APPLICATION

Do not use this form for IRA accounts.

Please print clearly in CAPITAL LETTERS

The minimum initial investment in each share class is \$2,500, with a minimum subsequent investment of \$50.

If you have any questions or need any help filling out the application, please call **(866) 447-4228**.

www.catalystmf.com

After you have completed and signed this application, Please mail to:

CATALYST FUNDS
PO Box 541150
Omaha, NE 68154

Distributed by Northern Lights Distributors, LLC

1. ACCOUNT OWNERSHIP

Please provide complete information for EITHER A, B, C, D or E:

A. INDIVIDUAL OR JOINT *(Please check one):*

- Individual
- Individual with Transfer on Death Designation (Section 10 must be completed)
- Joint Account (Joint owners have rights of survivorship, unless state laws regarding community property apply)
- Joint Other: (Specify) _____ (i.e. tenants in common, community property)
(if no account type is specified, account will be established as joint tenants with rights of survivorship)
- Joint Account with Transfer on Death Designation (Section 10 must be completed)

Name	Social Security Number	Date of Birth
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Joint Owner	Social Security Number	Date of Birth
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Email

Citizenship U.S. or Resident Alien Other *(please specify)*

Joint Owner's Relationship to Owner Spouse Non-spouse (if no election, relationship to owner will be considered Non-Spouse)

B. UNIFORM GIFTS TO MINORS ACCOUNT (UGMA) OR UNIFORM TRANSFERS TO MINORS ACCOUNT (UTMA)

Custodian's Name	Custodian's Social Security Number	Custodian's Date of Birth
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Minor's Name	Minor's Social Security Number	Minor's Date of Birth
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Minor's State of Residence	Email
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C. TRUST (Include a copy of the title page, authorized individual page and signature page of the **Trust Agreement**. Failure to provide this documentation may result in a delay in processing your application.)

Trust or Plan Name	Email
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Trust Date (mo/day/yr)	Employer or Trust Taxpayer Identification Number
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Trustee's (Authorized Signer's) Name (First, Middle Initial, Last)
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Trustee's Date of Birth (mo/day/yr)	Trustee's Social Security Number
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Co-Trustee's (Authorized Signer's) Name (First, Middle Initial, Last)

Co-Trustee's Date of Birth (mo/day/yr)	Co-Trustee's Social Security Number
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D. CORPORATIONS OR OTHER ENTITIES (Include a copy of one of the following documents: registered articles of incorporation, government-issued business license, partnership papers, plan documents or other official documentation that verifies the entity and lists the authorized individuals. Failure to provide this documentation may result in a delay in processing your application.)

To help the government fight financial crime, Federal regulation requires certain financial institutions, including mutual funds, to obtain, verify, and record information about the beneficial owners of legal entity customers.

Please complete section entitled "**Certification Regarding Beneficial Owners of Legal Entity Customers**" if the account is to be established on behalf of a legal entity, which includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf. Failure to provide this documentation may result in a delay in processing your application.)

- C Corporation
 S Corporation
 Corporation
 Partnership
 Government Entity
 Other (please specify) _____

If no classification is provided, per IRS regulations, your account will default to an S Corporation.

Name of Corporation or Other Business Entity	Tax ID Number	Email
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Authorized Individual	Social Security Number	Date of Birth
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Co-Authorized Individual	Social Security Number	Date of Birth
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Co-Authorized Individual	Social Security Number	Date of Birth
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Co-Authorized Individual	Social Security Number	Date of Birth
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The number of individual(s) required to transact business without the consent of the board or any director, officer, or other person of the Corporation as indicated below (check one):

- Any authorized signer may act independently.
 Two authorized signers are required.
 Three authorized signers are required.
 All authorized signers are required.

E. Estate (Include a copy of a probate document indicating the name of the Executor of the Estate, such as Letters Testamentary or Letters of Administration.)

Name of Estate	Estate Tax ID Number	Email
Executor	Social Security Number	Date of Birth
Co-Executor	Social Security Number	Date of Birth

2. MAILING AND CONTACT INFORMATION

LEGAL ADDRESS (Must be a street address)

Street Address	Daytime Telephone
City, State, Zip	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
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3. INITIAL INVESTMENT (The minimum initial investment in each class is \$2,500.)

		Share Class		
Catalyst Buffered Shield Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
Catalyst Dynamic Alpha Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
Catalyst Energy Infrastructure Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
Catalyst Enhanced Income Strategy Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
Catalyst Income and Multi Strategy Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
Catalyst Insider Buying Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
Catalyst Insider Income Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
Catalyst Nasdaq-100 Hedged Equity Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
Catalyst Systematic Alpha Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
Catalyst/CIFC Floating Rate Income Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C1 <input type="checkbox"/> Class C	<input type="checkbox"/> Class I
Catalyst/Lyons Tactical Allocation Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
Catalyst/MAP Global Balanced Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
Catalyst/MAP Global Equity Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
Catalyst/Millburn Dynamic Commodity Strategy Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
Catalyst/Millburn Hedge Strategy Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C1 <input type="checkbox"/> Class C	<input type="checkbox"/> Class I
Catalyst/SMH High Income Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
Catalyst/SMH Total Return Income Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I
Catalyst/Warrington Strategic Program Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class C	<input type="checkbox"/> Class I

Total \$ _____

Make check payable to **Catalyst Funds**.

If investing by wire: Call **(866) 447-4228** and indicate the amount of the wire \$ _____.

If opening an A or C Class account, section 10 must be completed.

Third Party checks are not accepted.

4. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

All dividends and capital gains will be reinvested in shares of the Fund that pay them unless this box is checked.

Please pay all dividends and capital gains in cash.

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

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: _____

Rights of Accumulation

If you already own Class A shares of the Catalyst 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 No. _____

Account No. _____

6. AUTOMATIC INVESTMENT PLAN (AIP)

AIP allows you to add regularly to the Fund 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 8 and attach a voided check**.

Please transfer \$_____ (**\$100 minimum**) from my bank account:

Frequency (choose one):

Monthly Twice Monthly Quarterly Annually Twice Annually

Start Date: Month _____ Day* _____

Second Date (for twice options): Month _____ Day* _____

*If no day is specified, 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. AUTOMATIC WITHDRAWAL PLAN (AWP)

As specified below, please withdraw from Catalyst Funds account: _____

\$_____ exact dollars per period (**\$100 minimum**)

Send checks: Monthly Quarterly Beginning: ____/____/____

Send checks to: Address of record Bank of record (**See Section 8**) Following payee

Name

Daytime Telephone

City, State, Zip

Evening Telephone

8. BANK INFORMATION

I authorize the Fund 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

Please attach a voided check from your account.

9. COST BASIS METHOD

Cost Basis calculation method for all accounts established by this application:

- Average Cost (default method, if not specified)
- First-In, First-Out (FIFO)*
- Last-In, First-Out (LIFO)*
- Highest-Cost, First-Out (HIFO)*
- Specific Share Identification **

* If you have any questions, please contact our shareholder services group at _____.

** If Specific Share Identification is selected and no instruction is provided as to which shares should be redeemed, First-In, First-Out (FIFO) will be used.

10. TRANSFER ON DEATH BENEFICIARY DESIGNATION

Note: Complete only if Individual with Transfer on Death Designation or Joint with Transfer on Death Designation was selected in section 1 and if you want to add a Transfer on Death Beneficiary designation to your account.

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. 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.

If any primary beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining primary beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account(s). If any contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining contingent beneficiary(ies) shall be increased on a pro rata basis.

Additional Information

Account Ownership. The designation of a TOD beneficiary on a registration beneficiary form has no effect of ownership until the owner's death. Beneficiaries have no rights to account information and/or trading authority until the death of all owners and until proper documentation is provided.

NO.	BENEFICIARY NAME	DATE OF BIRTH	RELATIONSHIP	PRIMARY OR CONTINGENT		SHARE %
1				<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	
2				<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	
3				<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	
4				<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	
5				<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	
6				<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	
7				<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	
8				<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	
9				<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	
10				Primary	Contingent	

This section should be completed if any marital or community property interest exists in the aforementioned account(s) and the account holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

CURRENT MARITAL STATUS

- I am not married. I understand that if I become married in the future, I must complete a new designation of beneficiary form.
- I am married. I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

CONSENT OF SPOUSE

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional. No tax or legal advice was given to me by the IRA Custodian, the Fund Company or Ultimus Fund Solutions.

I hereby give the account holder any interest I have in the funds or property deposited in the account referenced herein and consent to the beneficiary designations(s) indicated above. I assume full responsibility for any adverse consequences that may result.

Signature of Spouse

Date

11. 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, 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 than Rep Phone Number)

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

13. SIGNATURE(S) & CERTIFICATION (REQUIRED)

We must have signatures to process your Application and to certify your Taxpayer Identification number. IRS regulations require your signature to avoid any backup withholding.

W-9 Certification: Under penalty of perjury:

- (a) I certify that the number shown on this form is my/our current Social Security number(s) or Taxpayer Identification number(s).**
- (b) I am not subject to backup withholding because; (1) I am exempt from backup withholding, or (2) 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 (3) the IRS has notified me that I am no longer subject to backup withholding.**
- (c) I am a U.S. person (including a resident alien.)**
- (d) I am exempt from FATCA reporting.**

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.

The undersigned represents and warrants that:

- a. I have full authority and am of legal age to purchase shares of the Fund;
- b. I have received and read a current prospectus for **Catalyst Funds** and agree to be bound by the terms contained therein; and
- c. The information contained on this New Account Application is complete and accurate.

If Fund shares are being purchased on behalf of an Investment Company (as that term is defined under the Investment Company Act of 1940, as amended ("the 1940 Act"), including investment companies that are not required to register under the 1940 Act pursuant to section 3(c)(1) or 3(c)(7) exemptions), I hereby certify that said Investment Company will limit its ownership to 3% or less of the Fund's 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.

<i>Signature of owner (or custodian)</i>	Date
<hr/>	
<i>Signature of joint owner (or corporate officer, partner or other)</i>	Date
<hr/>	
<i>Trustee (if applicable)</i>	Date

TO CONTACT US:

By Telephone
Toll-free (866) 447-4228
Fax number (402) 963-9094

In Writing
Catalyst Funds
PO Box 541150
Omaha, NE 68154
Or
Via Overnight Delivery
4221 N. 203rd Street, Suite 100
Elkhorn, NE 68022

Internet
www.catalystmf.com

Distributed by Northern Lights Distributors, LLC

PRIVACY NOTICE
MUTUAL FUND SERIES TRUST

Rev. August 2021

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?

The types of personal information we collect and share depends on the product or service that you have with us. This information can include:

- Social Security number and wire transfer instructions
- account transactions and transaction history
- investment experience and purchase history

When you are *no longer* our customer, we continue to share your information as described in this notice.

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

What we do:

How does Mutual Fund Series Trust protect my personal information?	<p>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.</p> <p>Our service providers are held accountable for adhering to strict policies and procedures to prevent any misuse of your nonpublic personal information.</p>
How does Mutual Fund Series Trust collect my personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> • open an account or deposit money • direct us to buy securities or direct us to sell your securities • seek advice about your investments <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes – information about your creditworthiness. • affiliates from using your information to market to you. • sharing for non-affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>

Definitions

Affiliates	<p>Companies related by common ownership or control. They can be financial and non-financial companies.</p> <ul style="list-style-type: none"> • <i>Mutual Fund Series Trust does not share with affiliates.</i>
Non-affiliates	<p>Companies not related by common ownership or control. They can be financial and non-financial companies.</p> <ul style="list-style-type: none"> • <i>Mutual Fund Series Trust doesn't share with non-affiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • <i>Mutual Fund Series Trust doesn't jointly market.</i>

QUESTIONS? CALL	Alpha Centric	844-223-8637
	Catalyst	866-447-4228
	Day Hagan	877-329-4246
	Empiric	888-839-7424
	Eventide	877-771-3836
	JAG	855-552-4596