



Please complete this application to establish a new Education Savings Account. This application must be preceded or accompanied by a current 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 the HCM Funds at **(855) 969-8464**.

**Instructions**

1. If you are requesting a transfer of current plan assets (held elsewhere) to your HCM Funds ESA, complete the Transfer Request form. You should complete this form **in addition** to the ESA Application.
2. Mail this application to:  
**HCM Funds  
c/o Gemini Fund Services, LLC.  
PO Box 541150  
Omaha, NE 68154**
3. Retain a copy for your records.

**Custody Fee**

The Custody Fee is \$15 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.

**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 HCM Funds Privacy Policy Statement, please contact the Fund at **(855) 969-8464**, [www.howardcmfunds.com](http://www.howardcmfunds.com), or contact the HCM Funds at P.O. Box 541150 Omaha, NE 68154.

**1. DESIGNATED BENEFICIARY**

*(The account generally cannot accept contributions after the beneficiary's 18<sup>th</sup> birthday)*

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City, State, Zip

Please send mail to the address below. Please provide your primary legal address above, in addition to any mailing address (if different).

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

## 2. RESPONSIBLE INDIVIDUAL

(Must be a parent or guardian of the Designated Beneficiary. If guardian is selected, you must provide proof of guardianship).

Mother     Father     Guardian

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Evening Telephone

## 3. DONOR INFORMATION

(To be completed if donor is not the Responsible Individual identified in Section 2 above).

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Evening Telephone

## 4. AMENDMENTS TO THE CUSTODIAL AGREEMENT

(You may select any of the below provisions by marking the corresponding box. These provisions change the standard provisions contained in the Custodial Agreement. Please refer to your Custodial Agreement)

- The Responsible Individual shall have authority to change the Designated Beneficiary at any time to a Family Member of the Designated Beneficiary.
  
- The Responsible Individual shall continue to serve as the Responsible Individual for the Coverdell ESA account after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the Coverdell ESA account and the Coverdell ESA account terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Responsible Individual shall be the Designated Beneficiary.

## 5. INITIAL INVESTMENT (The minimum initial investment is \$2,500.)

(\*Maximum annual contribution to an ESA is \$2,000 per year, per child, subject to certain income limitations).

### Share Class

**HCM Tactical Growth Fund**      \$ \_\_\_\_\_  Class A     Investor Class

**HCM Dividend Sector Plus Fund**      \$ \_\_\_\_\_  Class A     Investor Class

**HCM Income Plus Fund**      \$ \_\_\_\_\_  Class A     Investor Class

- Contribution for tax year \* \_\_\_\_\_ Amount \$ \_\_\_\_\_
- I am enclosing a check for \$ \_\_\_\_\_ representing a rollover (within 60 days) from another ESA.
- Transfer of Assets from an existing ESA. **(Complete the separate Transfer of Assets Form).**

**6. 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.

- \$25,000     \$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 HCM Funds, you may already be eligible for a reduced sales charge on Class A share purchases. Please provide the eligible account number(s) below to qualify (if eligible).

Account No. \_\_\_\_\_  
 Account No. \_\_\_\_\_

- 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: \_\_\_\_\_

**7. AUTOMATIC INVESTMENT PLAN (AIP)**

AIP allows you to add regularly to your investment by authorizing us to deduct money directly from your checking or savings account every month. Your bank must be a member of the Automated Clearing House (ACH). **Attach a voided check.**

Please transfer \$\_\_\_\_\_ (**\$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.

Name on Bank Account	Account Number
Bank Name	Bank Routing/ABA Number
Signature of Bank Account Holder	Signature of Joint Owner

**8. 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

**DEALER HEAD OFFICE**

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, ZIP

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Representative's Last Name,                      First Name

**REPRESENTATIVE'S BRANCH OFFICE**

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, ZIP

\_\_\_\_\_  
 Rep Telephone Number                      Rep ID Number

\_\_\_\_\_  
 Rep Email Address

\_\_\_\_\_  
 Branch ID Number

\_\_\_\_\_  
 Branch Telephone Number (if different than Rep Phone Number)

## 9. 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.

## 10. SIGNATURES & CERTIFICATIONS

I hereby certify that I understand the eligibility requirements for an Education Savings Account ("ESA") and I qualify to establish an ESA. I have received a copy of the Application, Custodial Agreement and Disclosure Statement. I understand that the terms and conditions, which apply to this Coverdell ESA are contained in this Application and Custodial Agreement(s) and I agree to be bound by those terms and conditions. I hereby appoint and authorize Constellation Trust Company as the Custodian and Gemini Fund Services, LLC to act as the Custodian's agent. I agree to indemnify Constellation Trust Company and Gemini Fund Services, LLC when making distributions in accordance with my beneficiary designation on file or in accordance with the Custodial Account Agreement absent such designation. I understand that within seven (7) days from the date I open this Coverdell ESA, I may revoke it without penalty by mailing or delivering written notice to the Custodian's agent. I have received a copy of the Prospectus and understand that this investment is not FDIC insured.

I assume complete responsibility for:

- 1) Determining that I am eligible for a Coverdell ESA;
- 2) Insuring that all contributions I make are within the limits set forth by the tax laws; and
- 3) The tax consequences of any contribution (including rollover contributions) and distributions.
- 4) I have received and read a current prospectus for HCM Funds and agree to be bound by the terms contained therein.
- 5) The information contained on this ESA Account Application is complete and accurate.

### 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.) The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.
- (d) I am exempt from FATCA reporting.

**Certification Instructions.** You must cross out item (b) 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.

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 certifications required to avoid backup withholding.**

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Signature of Responsible Individual

Date

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Signature of Donor

Date

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Authorized Signature of Custodian

Date

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**TO CONTACT US:**

**By Telephone**

Toll-free (855) 969-8464

**In Writing**

**HCM FUNDS**

c/o Gemini Fund Services, LLC

PO Box 541150

Omaha, NE 68154

Or

Via Overnight Delivery

17605 Wright Street, Suite 2

Omaha, NE 68130

**Internet**

[www.howardcmfunds.com](http://www.howardcmfunds.com)

Distributed by Northern Lights Distributors, LLC

**PRIVACY NOTICE**

**FACTS** **WHAT DOES NORTHERN LIGHTS FUND TRUST III 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 depend on the product or service you have with us. This information can include:

- Social Security number
- Assets
- Retirement Assets
- Transaction History
- Checking Account Information
- Purchase History
- Account Balances
- Account Transactions
- Wire Transfer Instructions

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 Northern Lights Fund Trust III chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Northern Lights Fund Trust III share?	Can you limit this sharing?
<b>For our everyday business purposes –</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes –</b> to offer our products and services to you	No	We don't share
<b>For joint marketing with other financial companies</b>	No	We don't share
<b>For our affiliates' everyday business purposes –</b> information about your transactions and experiences	No	We don't share
<b>For our affiliates' everyday business purposes –</b> information about your creditworthiness	No	We don't share
<b>For nonaffiliates to market to you</b>	No	We don't share

**Questions?** Call (402) 493-4603

## Who we are

**Who is providing this notice?** Northern Lights Fund Trust III

## What we do

**How does Northern Lights Fund Trust III 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 Northern Lights Fund Trust III collect my personal information?** We collect your personal information, for example, when you

- Open an account
- Provide account information
- Give us your contact information
- Make deposits or withdrawals from your account
- Make a wire transfer
- Tell us where to send the money
- Tells us who receives the money
- Show your government-issued ID
- Show your driver's license

We also collect your personal information from 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 nonfinancial companies.

- *Northern Lights Fund Trust III does not share with our affiliates.*

**Nonaffiliates** Companies not related by common ownership or control. They can be financial and nonfinancial companies

- *Northern Lights Fund Trust III does not share with nonaffiliates so they can market to you.*

**Joint marketing** A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Northern Lights Fund Trust III doesn't jointly market.*