



# NEW ACCOUNT APPLICATION

*Do not use this form for IRA accounts.*

Please print clearly in CAPITAL LETTERS

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

The minimum initial investment in Class A and Investor Class shares of the Fund is \$2,500. The minimum initial investment in Institutional Class shares of the Fund is \$100,000. The minimum subsequent investment in Class A and Investor Class shares of the Fund is \$100. There is no minimum subsequent investment for Institutional Class shares of a Fund.

**ABSOLUTE CAPITAL FUNDS**  
**c/o GEMINI FUND SERVICES, LLC**  
**PO BOX 541150**  
**OMAHA, NE 68154**

Distributed by Northern Lights Distributors, LLC

If you have any questions or need any help filling out the application, please call **1-877-594-1249**.

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

## 1. ACCOUNT OWNERSHIP

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

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

Individual     Joint Account\*    \*Tenants with Rights of Survivorship will be assumed, unless otherwise specified.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Joint Owner \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email \_\_\_\_\_

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

### 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 \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Minor's Name \_\_\_\_\_ Minor's Social Security Number \_\_\_\_\_ Minor's Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Minor's State of Residence \_\_\_\_\_ Email \_\_\_\_\_

### 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 \_\_\_\_\_

Trust Date (mo/day/yr) \_\_\_\_\_ Employer or Trust Taxpayer Identification Number \_\_\_\_\_

Trustee's (Authorized Signer's) Name (First, Middle Initial, Last) \_\_\_\_\_

Trustee's Date of Birth (mo/day/yr) \_\_\_\_\_ Trustee's Social Security Number \_\_\_\_\_

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 \_\_\_\_\_

**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.)

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                  |
| Authorized Individual                        | Social Security Number | Co Authorized Individual | Social Security Number |

**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 |
|-----------------|------------------|

**3. INITIAL INVESTMENT** (Minimum initial investment in Class A and Investor class is \$2,500. Minimum initial in Institutional class is \$100,000.)

**Share Class**

|  |          |                                  |                                   |  |
|--|----------|----------------------------------|-----------------------------------|--|
| <b>Absolute Capital Asset Allocator Fund</b> | \$ _____ | <input type="checkbox"/> Class A | <input type="checkbox"/> Investor | <input type="checkbox"/> Institutional |
| <b>Absolute Capital Defender Fund</b>        | \$ _____ | <input type="checkbox"/> Class A | <input type="checkbox"/> Investor | <input type="checkbox"/> Institutional |

**Total** \$ \_\_\_\_\_

Make check payable to the **Absolute Capital Funds**.

If investing by wire: Call **1-877-594-1249** and indicate the amount of the wire \$ \_\_\_\_\_.

**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

**Rights of Accumulation**

If you already own Class A shares of the Fund, 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. \_\_\_\_\_

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)**

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 in to:

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.

**7. AUTOMATIC WITHDRAWAL PLAN (AWP)**

**The Fund account must be valued at \$10,000 or more to establish Automatic Withdrawal Plan.**

As specified below, please withdraw from Absolute Capital 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**)     Alternate payee

\_\_\_\_\_  
Name

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

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

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

**8. BANK INFORMATION**

I authorize the Fund to purchase shares through the Automatic Investment Plan via 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**

Note: The default cost basis calculation method for your new account will be Average Cost. If you wish to elect a different cost basis method, please contact the Fund to obtain a Cost Basis Election Form.

## 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, 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)

## 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 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.

## 12. 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:

- I have full authority and am of legal age to purchase shares of the Fund;
- I have received and read a current prospectus for Absolute Capital Funds and agree to be bound by the terms contained therein; and
- 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.**

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Signature of owner (or custodian) Date

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Signature of joint owner (or corporate officer, partner or other) Date

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Trustee (if applicable) Date

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**TO CONTACT US:**

**By Telephone**

Toll-free **1-877-594-1249**

**In Writing**

**Absolute Capital Funds**

c/o Gemini Fund Services, LLC

PO Box 541150

Omaha, NE 68154

Or

Via Overnight Delivery

4221 N. 203<sup>rd</sup> Street, Suite 100

Elkhorn, NE 68022

**Internet**

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

**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><br>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><br>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><br>information about your transactions and experiences   | No   | We don't share              |
| <b>For our affiliates' everyday business purposes –</b><br>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.*