# COUNTERPOINT

MUTUAL FUNDS

### COVERDELL EDUCATION SAVINGS ACCOUNT ("ESA")

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 Counterpoint Funds at **1-844-273-8637**.

#### Instructions

1. If you are requesting a transfer of current plan assets (held elsewhere) to your Counterpoint Funds ESA, complete the Transfer Request form. You should complete this form **in addition** to the ESA Application.

2. Mail this application to: Counterpoint Funds 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 Counterpoint Funds Privacy Policy Statement, please contact the Fund at **1-844-273-8637** or contact the Counterpoint Funds at P.O. Box 541150 Omaha, NE 68154.

#### **1. DESIGNATED BENEFICIARY**

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

Name (First, Middle, Last)

Street Address

Social Security Number

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

#### **RESPONSIBLE INDIVIDUAL**

(Must be a parent or guardian of the Designated Bene	eficiary. 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 Indiv	vidual 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.

**Evening Telephone** 

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 in Class A and C is \$5,000. Class I minimum is \$100,000)

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

				Share Cla	ISS	
Counte	rpoint Tactical Income Fund	\$		□ Class A	□ Class C	$\Box$ Class I
Counte	rpoint Tactical Equity Fund	\$		□ Class A	□ Class C	$\Box$ Class I
Counterpoint Tactical Municipal Fund \$			□ Class A	□ Class C	🗆 Class I	
	Total:	\$				
	Contribution for tax year *		Amount \$			
	I am enclosing a check for \$		representing a rollove	er (within 60 days)	from anothe	r ESA.
	Transfer of Assets from an existing ESA	. (Comple	te the separate Tran	sfer of Assets Fo	orm).	

6. REDUCED SALES CHARGE Complete this section if you of	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 □ Net Asset Value (NAV). I have read the prospectus and q shares. Registered representatives may complete the Dec Reason for Waiver:	
7. AUTOMATIC INVESTMENT PLAN (AIP) AIP allows you to add regularly to your investment by authorizing account every month. Your bank must be a member of the Autom	
Please transfer \$ (\$50 minimum) from m	y bank account:
□ Monthly □ Quarterly on the d	lay of the month    Beginning://
<b>Important Note:</b> If the AIP date falls on a holiday or weekend the de business day.	eduction from your checking or savings account will occur on the next
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 ADVISOI	R INFORMATION
If opening your account through a Broker/Dealer or Registered In	vestment Advisor, please have them complete this section.

Dealer Name	Representative's Last Name,	First Name
DEALER HEAD OFFICE	REPRESENTATIVE'S BRANCH O	FFICE
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 differe	ent 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 Counterpoint 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.

Signature of Responsible Individual	Date
Signature of Donor	Date
Authorized Signature of Custodian	Date

#### **TO CONTACT US:**

**By Telephone** Toll-free **1-844-273-8637** Fax **402-963-9094** 

#### In Writing COUNTERPOINT FUNDS PO Box 541150 Omaha, NE 68154 Or Via Overnight Delivery 4221 n. 203<sup>rd</sup> Street, Suite 100 Elkhorn, NE 68022

Internet www.counterpointmutualfunds.com

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#### 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
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes – information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes – information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

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

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?	<ul> <li>We collect your personal information, for example, when you</li> <li>Open an account</li> <li>Provide account information</li> <li>Give us your contact information</li> <li>Make deposits or withdrawals from your account</li> <li>Make a wire transfer</li> <li>Tell us where to send the money</li> <li>Tells us who receives the money</li> <li>Show your government-issued ID</li> <li>Show your driver's license</li> <li>We also collect your personal information from other companies.</li> </ul>
Why can't I limit all sharing?	<ul> <li>Federal law gives you the right to limit only</li> <li>Sharing for affiliates' everyday business purposes – information about your creditworthiness</li> <li>Affiliates from using your information to market to you</li> <li>Sharing for nonaffiliates to market to you</li> </ul>
	State laws and individual companies may give you additional rights to limit sharing.
Definitions	
Affiliates	<ul> <li>Companies related by common ownership or control. They can be financial and nonfinancial companies.</li> <li>Northern Lights Fund Trust III does not share with our affiliates.</li> </ul>
Nonaffiliates	<ul> <li>Companies not related by common ownership or control. They can be financial and nonfinancial companies</li> <li>Northern Lights Fund Trust III does not share with nonaffiliates so they can market to you.</li> </ul>
Joint marketing	<ul> <li>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</li> <li>Northern Lights Fund Trust III doesn't jointly market.</li> </ul>