NEW ACCOUNT APPLICATION

Use this New Account Application to open an individual, joint, UGMA/UTMA, trust, or corporate account. If you have any questions about completing this form, please contact Shareholder Services at (877) 774-7724

IMPORTANT:
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. When you open an account, you will be asked for your name, date of birth (for a natural person), your residential address or principal place of business, and mailing address, if different, as well as your Social Security Number or Taxpayer Identification Number. Additional information is required for corporations, partnerships and other entities. Applications without such information will not be considered in good order. The Fund reserves the right to deny an application if it is not in good order. Please note that the value of your account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
A3 Alternative Credit Fund
PO Box 2175
Milwaukee WI 53201-2175

Overnight Delivery
A3 Alternative Credit Fund
C/O UMB Fund Services, Inc
235 W Galena Street
Milwaukee WI 53212

SECTION 1: OWNER INFORMATION

Please choose the appropriate section to complete based upon the Account type you wish to establish. Note, if you are completing Section D, it is required that you provide beneficial owner information and authorized Controlling Individual.

Section A:

❑ **Individual** or ❑ **Joint*** *(may not be a minor)*

Name: _____ Social Security Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____

**fill out section below if joint account*

Name: _____ Social Security Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____

Section B:

❑ **Uniform Gift/Transfers to Minor Account (UGMA, UTMA)**

Minor Name: _____ Minor Social Security Number: _____

Minor Residence Address: _____

Minor Date of Birth: _____

Custodian Name: _____ Custodian Social Security Number: _____

Custodian Residence Address: _____

Custodian Mailing Address: _____

Custodian Primary Phone: _____ Custodian Email Address: _____

Custodian Date of Birth: _____

Section C:

❑ **Trust**

Note: For a Statutory Trust, please complete the Entity section below.

Photocopy of the title page and signature page of Trust documents required.

Name of Trust: _____ Date of Trust: _____

Trust Tax ID Number: _____

Mailing Address: _____

Trustee: _____ Trustee Tax ID Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____

Additional Trustee: _____ Additional Trustee Tax ID Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____

Section D: Entity (choose from one of the following):

❑ **Statutory Trust** ❑ **C-Corporation** ❑ **S-Corporation** ❑ **Partnership** ❑ **Government**

❑ **Other Entity:** _____

❑ **Limited Liability Company (LLC) Classified for tax purposes by one of the following:**
❑ Partnership ❑ S-Corporation ❑ C-Corporation

Organization documentation required such as articles of incorporation. If a Statutory Trust, please include entire trust instrument.

Check if appropriate: ❑ I am an exempt recipient as defined under U.S. federal income tax regulations (e.g., C-Corporation, financial institution, registered broker-dealer, or tax exempt organization).

Exempt payee code:_____ **Note:** Please see IRS Form W-9 for a list of exempt payee codes

Name of Entity: _____

Entity Tax ID Number: _____

Permanent Address: _____

Mailing Address: _____

Certification of Beneficial Owners for Legal Entity Clients
This information is required by federal regulations as a means to identify and document information for individuals who own and/or control a legal entity.
To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. A legal entity 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 of America or a foreign country. A legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

Do not complete if the entity is publicly traded on an exchange or subject to ERISA.

Beneficial Owners
Identify each individual who owns—directly or indirectly through any agreement, arrangement, understanding, relationship, or otherwise—25% or more of the equity interests of the legal entity.

❑ Check this box if no individual owns 25% or more of the legal entity and that you will inform the Fund if/when an individual assumes 25% or more ownership.

Beneficial Owner 1:

Name: _____

Residence Address: _____

Date of Birth: _____ Social Security Number: _____

Beneficial Owner 2:

Name: _____

Residence Address: _____

Date of Birth: _____ Social Security Number: _____

Beneficial Owner 3:

Name: _____

Residence Address: _____

Date of Birth: _____ Social Security Number: _____

Beneficial Owner 4:

Name: _____

Residence Address: _____

Date of Birth: _____ Social Security Number: _____

Authorized Controlling Individual
Provide information for one individual with significant responsibility for managing the legal entity (ex: CEO, CFO, managing member, general partner, president, treasurer, etc.).

Name: _____

Residence Address: _____

Date of Birth: _____ Social Security Number: _____

SECTION 2: DUPLICATE ACCOUNT STATEMENT

❑ Yes, please send duplicate statements to:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

SECTION 3: INVESTMENT SELECTION

❑ Addendum attached for additional investment selections. If you need additional space to make investment selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

Fund Name	Share Class (if applicable)	Amount
A3 Alternative Credit Fund		$

SECTION 4: PAYMENT METHOD

You can open your account using any of the methods below. The minimum initial purchase for each fund is $10,000.

❑ **By Check** — Enclose a check payable to Ascent Alternative Advisors Funds for the total amount.

❑ **By Wire** — For wire instructions call (877) 774-7724 A New Account Application must be submitted in advance of sending an initial wire.

❑ **By ACH** — Once a New Account Application has been received and deemed in good order, the initial investment via ACH (automated clearing house) will be processed. Please provide information in Part V about your checking or savings account to establish your investment.

SECTION 5: BANK ACCOUNT INFORMATION

Provide information about your checking or savings account to fund your initial investment via ACH, to receive distributions or redemption proceeds by ACH, or to establish an automatic investment program by ACH.

❑ Attach a voided check or deposit slip for your bank account. ***Please use tape; do not staple***.
❑ Provide information about your bank account below.

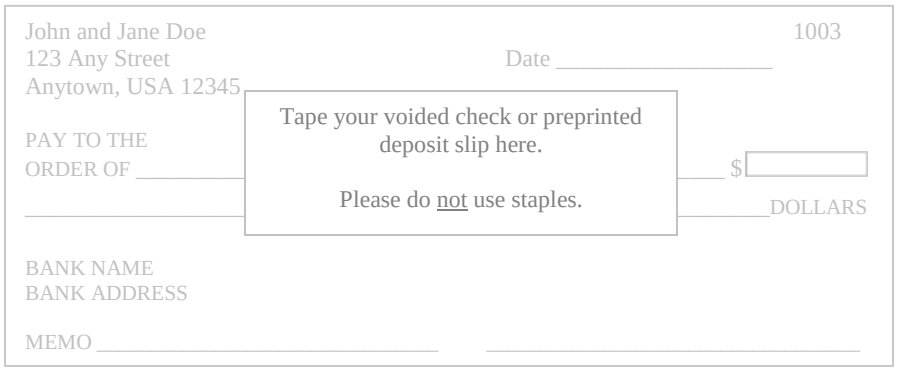
Account Type: ❑ Checking ❑ Savings

Name of Bank: _____ Bank's Phone Number: _____

Bank Address: _____ ABA Routing Number: _____

City: _____ State: _____ Zip Code: _____

Name(s) on Bank Account: _____ Bank Account Number: _____



SECTION 6: DIVIDEND AND CAPITAL GAINS INSTRUCTIONS

All dividends will be reinvested unless one of the following is checked.

❑ Send all dividends and capital gains to the address in Part I.
❑ Send all dividends and capital gains to the bank listed in Part IX.

SECTION 7: COST BASIS ELECTION

The Fund is responsible for tracking and reporting to the IRS your realized gains and losses on covered shares. In general, these are shares acquired on or after Jan. 1, 2012. Purchases or transfers made into your account with shares acquired prior to January 1, 2012, are referred to as noncovered shares. For all methods except Specific Identification, the fund redeems noncovered shares first until they are depleted and then applies your elected method to your remaining covered shares.

The Fund's **default** tax lot identification method is **FIFO (first-in, first-out)**, which means the first Fund shares you acquire are the first Fund shares sold. You may choose another method below. **Note: IRS Regulations do not permit the change of the method on a settled trade.** If you are using average cost as your method, by signing this application you agree to use the fair market value of the shares if the gift is at a loss.

❑ I choose the funds default method of FIFO
❑ I choose a method **other** than FIFO (select a method below)
- ❑ HIFO –Highest in, First Out
- ❑ LIFO – Last in, First Out
- ❑ Specific Identification
- ❑ Average Cost

If no option is selected above, your account will use the Fund's default method. If your account cost basis method is Average Cost, whether by election or default, and you are receiving a gift, you agree to receive that gift at FMV if received at a loss.

SECTION 8: ACCOUNT SERVICE OPTIONS

Automatic Investment Program *(The completion of this section is optional)*

This option provides an automatic investment into your account by transferring money directly from your bank account information provided in Part V via ACH (Automated Clearing House) on a scheduled basis. The automatic investment program may require a minimum deposit. Other account restrictions may also apply.

Frequency:

Choose one*: ❑ Monthly or ❑ Quarterly
Choose one*: ❑ 5th ❑ 10th ❑ 15th ❑ 20th or ❑ 25th Begin date (month/year): _____

**If no time frame or date is specified investments will be made monthly on the 15th. Your first automatic investment will occur no sooner than 15 days after receipt of this application*

Fund Name	Share Class (if applicable)	Amount
A3 Alternative Credit Fund	_____	$ _____

Telephone Transactions

This option provides the ability to conduct purchase and redemption transactions by telephone. You will automatically be granted telephone redemption privileges unless you decline them by checking below. If you decline, you will be required to submit a Medallion signature guaranteed letter of instruction signed by all registered account owners to add telephone transaction privileges in the future.

❑ I decline telephone redemption privileges. All requests to redeem shares from this account must be submitted in writing.

SECTION 9: FOR DEALER USE ONLY

The completion of this section is optional. If you wish to have a dealer listed on your account, please provide the information requested below.

Representative's Full Name: _____

Representative's Signature: _____ Date: _____

Financial Institution Name: _____

Mailing Address: _____ Representative's Branch Office Phone Number: _____

City: _____ State: _____ Zip: _____

Dealer Number: _____ Branch Number: _____ Representative Number: _____

SECTION 10: DOCUMENTATION OPTIONS

We generally deliver a single copy of most annual and semi-annual reports and prospectuses to investors who share the same address and last name. By signing this application, you consent to the delivery of one report and prospectus to the same address unless you indicate otherwise below. You have the right to revoke this consent at any time by calling or writing the Fund at the telephone number or address shown on the first page. The Fund will begin sending you individual copies of these mailings within 30 days after you revoke your consent.

❑ I want to receive individually addressed investor documents at the same address.

SECTION 11: PRIVACY NOTICE

The Funds collects non-public information about you from the following sources:

- Information we receive about you on the application form or other forms;
- Information you give us orally; and/or
- Information about your transactions with us or others.

We do not disclose any non-public personal information about our shareholders or former shareholders without the shareholder's authorization, except as permitted by law or in response to inquiries from governmental authorities. We may share information with affiliated and unaffiliated third parties with whom we have contracts for servicing the Fund. We will provide unaffiliated third parties with only the information necessary to carry out their assigned responsibilities. We maintain physical, electronic and procedural safeguards to guard your non-public personal information and require third parties to treat your personal information with the same high degree of confidentiality. In the event that you hold shares of the Fund 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 non-public personal information would be shared by those entities with unaffiliated third parties.

SECTION 12: ACKNOWLEDGEMENT AND SIGNATURE *Note: This application will not be processed unless signed below by all account owners/trustees. For UGMA/UTMAs, the custodian should sign.*

By signing below:

- I certify that I have received and read the current Prospectus and Privacy Notice of the Fund in which I am investing and agree to be bound by its terms and conditions. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- I authorize the Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with the procedures described in the Prospectus for this account. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions.
- I certify that I am not a Foreign Financial Institution as defined in the USA Patriot Act.

By completing Part V and signing below:
I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that the Fund shall be fully protected in honoring any such transaction. I also agree that the Fund may take additional attempts to credit/debit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.

By selecting the box below, I am certifying that I am **NOT** a U.S. Citizen.
❑ I am a Resident Alien

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (Substitute Form W-9)
Under penalty of perjury, I certify that:
1. The Social Security Number or Taxpayer Identification Number shown on this application is correct.
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 a 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).
4. I am exempt from FATCA reporting.
Certification Instructions: You must cross out item 2 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

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 Owner, Trustee or Custodian: _____ Date: _____

Signature of Joint Owner, Trustee or Custodian: _____ Date: _____

Additional Owner's Signature (if applicable): _____ Date: _____