

SIMPLE IRA CUSTODIAL ACCOUNT ADOPTION AGREEMENT

Please complete this application to establish a new SIMPLE IRA. 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 Grant Park Fund at **(855)** 501-4758.

Instructions

- 1. If you are requesting a transfer or direct rollover of current plan assets (held by another custodian) you must complete the Transfer of Assets Form in addition to this form.
- 2. Mail this application to:

GRANT PARK FUND 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.

Grant Park Fund Privacy Policy Statement

Your privacy is important to us. The Grant Park Fund are committed to maintaining the confidentiality, integrity and security of your personal information. When you provide personal information, the Funds believe that you should be aware of policies to protect the confidentiality of that information.

The Funds collect the following nonpublic personal information about you:

- Information we receive from you on or in applications or other forms, correspondence, or conversations, including, but not limited
 to, your name, address, phone number, social security number, assets, income and date of birth; and
- Information about your transactions with us, our affiliates, or others, including, but not limited to, your account number and balance, payments history, parties to transactions, cost basis information, and other financial information.

The Funds do not disclose any nonpublic personal information about our current or former shareholders to nonaffiliated third parties, except as permitted by law. For example, the Funds are permitted by law to disclose all of the information we collect, as described

above, to our transfer agent to process your transactions. Furthermore, the Funds restrict access to your nonpublic personal information to those persons who require such information to provide products or services to you. The Funds maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

In the event that you hold shares of the Funds 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 nonpublic personal information would be shared with nonaffiliated third parties.

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 Grant Park Fund Privacy Policy Statement, please contact the Fund at **(855) 501-4758**, www.grantparkfunds.com or contact the Grant Park Fund at PO Box 541150, Omaha, Nebraska, 68154.

I, the person signing this Adoption Agreement (hereinafter called the "Owner"), established a Individual Retirement Account (IRA), which is a SIMPLE IRA, as indicated below, (the "Account") with Constellation Trust Company as Custodian ("Custodian"). A SIMPLE IRA operates under

Internal Revenue Code Section 408(a). I agree to the terms of my Account, which are contained in the applicable provisions of the document entitled Constellation Trust Company Individual Retirement Account Custodial Agreement and this Adoption Agreement. I certify the accuracy of the information in this Adoption Agreement. My Account will be effective upon acceptance by Custodian.

1. PARTICIPANT ACCOUNT REGISTRATION	
Owner's Name (First, Middle, Last)	Social Security Number
Street Address	Date of Birth
City, State, Zip	Daytime Telephone
Email Address	Evening Telephone
$\hfill\square$ Please send mail to the address below. Please provide your primary legal addre	ess above, in addition to any mailing address (if different).
Street Address	
City, State, Zip	
2. DUPLICATE STATEMENTS (For Dealers, Financial Planners, In	nterested Parties)
Name	Company
Street Address	City, State, Zip
Email Address	Daytime Telephone
Broker/Dealer Code	Branch (if applicable)
Please mark the appropriate box: ☐ Interested Party ☐ Broker/Dealer ☐ Financial Planner	☐ Trust Administrator
3. TYPE OF SIMPLE IRA ACCOUNT (Check either (a) or (b):	
a) New account in connection with a SIMPLE IRA Plan maintained by you	our employer.
b) Transfer from another SIMPLE IRA, which was part of a SIMPLE IRA Complete the following:	Plan maintained by a current or previous employer.
1. Amount to be transferred: \$ (You must also	complete the SIMPLE IRA Transfer Request Form)
2. Date of first contribution to Participant's prior SIMPLE IRA Pla	an:

4. EMPLOYER INFORMATION	
Name of Current Employer	Contact Name (including title)
Employer's Street Address	Contact's Phone Number
City, State, Zip	Email Address
¹ Type of Employer SIMPLE IRA Plan: "Non-DFI Plan". Under a "Non-DFI employees establish a SIMPLE IRA with the financial institution of their employee's SIMPLE IRA.	
5. INVESTMENT INSTRUCTIONS	
This investment, as well as all future contributions, will be invest this designation according to the terms of my employer's plan, are	
Grant Park Absolute Return Fund	\$
\square Class A \square Class C \square Class I \square Class N	
Grant Park Multi Alternative Strategies Fund	\$
□ Class A □ Class I □ Class C □ Class N	
Total:	\$
I acknowledge that I have sole responsibility for my investment class I select. Please read the prospectus of the Funds selected	choices and that I have received a current prospectus for each before investing.
Third Party checks	are not accepted.
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.	Rights of Accumulation If you already own Class A shares of Grant Park Fund, 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).
□ \$25,000 □ \$50,000 □ \$100,000 □ \$250,000 □ \$500,000 □ \$1,000,000 or more	Account No. Account No. Account No.
□ Net Asset Value (NAV). I have read the prospectus and qualify for a conference representatives may complete the Dealer Information section as proof	omplete waiver of the sales charge on Class A shares. Registered
Reason for Waiver:	

7. BENEFICIARY(IES)

As Owner, I hereby make the following designation of beneficiary in accordance with the Constellation Trust Company Traditional Individual Retirement Custodial Account or Roth Individual Retirement Custodial Account:

In the event of my death, pay any interest I may have under my Account to the following Primary Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Primary Beneficiary predeceases me, his share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each such surviving Primary Beneficiary. If none of the Primary Beneficiaries survives me, pay any interest I may have under my Account to the following Alternate Beneficiary or Beneficiaries who survive me.

Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Alternate Beneficiary predeceases me, his share is to be divided among the Alternate Beneficiaries who survive me in the relative proportions assigned to each such surviving Alternate Beneficiary. Proportions for Beneficiaries must total 100%.

Primary Beneficiaries

Primary Beneficiary Name (First, Middle, Last)		Share %
	/ /	
Relationship	/ / Date of Birth (month/day/year)	Taxpayer ID Number
Primary Beneficiary Name (First, Middle, Last)		Share %
	/ /	
Relationship	/ / Date of Birth (month/day/year)	Taxpayer ID Number
Primary Beneficiary Name (First, Middle, Last)		Share %
	/ /	
Relationship	/ / Date of Birth (month/day/year)	Taxpayer ID Number
Alternate Beneficiaries		
Alternate Beneficiary Name (First, Middle, Last)		Share %
	/ / Date of Birth (month/day/year)	
Relationship	Date of Birth (month/day/year)	Taxpayer ID Number
Alternate Beneficiary Name (First, Middle, Last)		Share %
	/ /	
Relationship	/ / Date of Birth (month/day/year)	Taxpayer ID Number
Alternate Beneficiary Name (First, Middle, Last)		Share %
	/ /	
Relationship	/ / Date of Birth (month/day/year)	Taxpayer ID Number
This Designation of Beneficiary may have important to using this Section to designate your beneficiary(ies) predeceases you should take that beneficiary's shadesignation to the Custodian.	(for example, if you wish to provide that the	e surviving children of a beneficiary who
Any amount remaining in the Account that is no estate (unless otherwise required by the laws of at anytime by filing a new Designation of Beneficial Revoke all prior Designations, even if the sur	of your state of residence). You may char iciary with the Custodian. Any subsequent	nge the beneficiary(ies) named above t Designation filed with the Custodian
Spousal Consent*		

I am the spouse of the above-named Owner. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community or marital property interest in this IRA, I have been advised to see a tax professional or legal advisor. I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian, Grant Park Fund or the Sponsor.

Signature of Spouse	Date (month/day/year)
	/ /
Signature of Witness	Date (month/day/year)

^{*}This section should be reviewed if the Owner is married and designates a beneficiary other than the spouse. It is the Owner's responsibility to determine if this section applies. The Owner may need to consult with legal counsel. Neither the Custodian, Grant Park Fund nor the Sponsor are liable for any consequences resulting from a failure of the Owner to provide proper spousal consent.

8. DEALER/REGISTERED INVESTMENT ADVISOR INFORMATION

Representative's Last Name,	First Name
REPRESENTATIVE'S BRANCH OF	FICE
Address	
City, State, ZIP	
Rep Telephone Number	Rep ID Number
Rep Email Address	
Branch ID Number	
	REPRESENTATIVE'S BRANCH OF Address City, State, ZIP Rep Telephone Number Rep Email Address

If opening your account through a Broker/Dealer or Registered Investment Advisor, please have them complete this section.

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 AND CERTIFICATIONS

By signing below, under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number, and 2) I am not subject to back up 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 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), and 4) I am exempt from FATCA reporting. I further acknowledge that I have the sole responsibility for my investment choices and that I have received and read a current prospectus for the Grant Park Fund. I release the Funds and their agents and representatives from all liability and agree to indemnify them from any and all losses, damages or costs for acting in good faith in accordance with instructions, including telephone instructions, believed to be genuine. I certify that I have the authority to establish this account and the information provided herein is accurate and complete. I agree to notify the Grant Park Fund promptly in writing if any information contained in this application changes.

I have received and read the applicable sections of the IRA Disclosure Statements relating to this Account, the Custodial Agreement, and this Adoption Agreement. I understand that my Account will be charged an annual Custody Fee as set forth on the first page of this Adoption Agreement. I understand that I have the right to revoke this Individual Retirement Account within seven (7) days of receiving the IRA Disclosure Statements by notifying the Grant Park Fund in writing.

I acknowledge that it is my sole responsibility to report all contributions to or withdrawals from the Account correctly on my tax returns, and to keep necessary records of all my IRAs (including any that may be held by another custodian or trustee) for tax purposes. All forms must be acceptable to the Custodian and dated and signed by me.

If Fund shares are being purchased on behalf of an Investment Company (as that term is defined under the Investment Company Act of 1940), 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.

	/ /
Signature	Date (month/day/year)

11. CUSTODIAN ACCEPTANCE

Constellation Trust Company will accept appointment as Custodian of the Owner's Account. However, this Agreement is not binding upon the Custodian until the Owner has received a statement confirming the initial transaction for the Account. Receipt by the Owner of a confirmation of the purchase of the Fund shares indicated above will serve as notification of Constellation Trust Company's acceptance of appointment as Custodian of the Owner's Account.

TO CONTACT US:

By Telephone

Toll-free (855) 501-4758

In Writing
Grant Park Fund
PO BOX 541150
Omaha, NE 68154
Or
Via Overnight Delivery
17605 Wright Street, Suite 2
Omaha, NE 68130

Internet

www.grantparkfunds.com

Distributed by Northern Lights Distributors, LLC

PRIVACY NOTICE

NORTHERN LIGHTS FUND TRUST

Rev. February 2014

FACTS

WHAT DOES NORTHERN LIGHTS FUND 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 Northern Lights Fund Trust chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information:	Does Northern Lights Fund 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 nonaffiliates to market to you	NO	We don't share

QUESTIONS? Call 1-402-493-4603

PRIVACY NOTICE

NORTHERN LIGHTS FUND TRUST

Page 2

What we do:	
How does Northern Lights Fund Trust 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 collect my personal information?	 We collect your personal information, for example, when you open an account or deposit money direct us to buy securities or direct us to sell your securities seek advice about your investments
	We also collect your personal information from others, such as credit bureaus, affiliates, or 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 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 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 doesn't jointly market.