



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 Class C, and Class U shares is \$1,000, Class I is \$1,000,000. Each share class has a subsequent minimum investment amount of \$50.

AMERICAFIRST FUNDS
c/o Mutual Shareholder Services, LLC
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147

If you have any questions or need any help filling out the application, please call 1-877-217-8501.

Distributed by Arbor Court Capital
www.americafirst.fund

1. ACCOUNT OWNERSHIP

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

A. INDIVIDUAL OR JOINT (Please check one):

Individual Joint Account\*

NAME SOCIAL SECURITY NUMBER BIRTH DATE
JOINT OWNER SOCIAL SECURITY NUMBER BIRTH DATE
EMAIL
Citizenship: U.S. or Resident Alien Other (please specify):

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

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
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 CUSTODIAN'S SOCIAL SECURITY NUMBER TRUST DATE (MO/DAY/YR)
EMPLOYER OR TRUST TAXPAYER IDENTIFICATION # TRUSTEE'S (AUTHORIZED SIGNER'S) NAME (FIRST, MIDDLE INITIAL, LAST)

## 2. INITIAL INVESTMENT

The minimum initial investment in share classes of A,C, or U is \$1,000, Class I is \$1,000,000.

_____ 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 list.)

C Corporation  S Corporation  Corporation  Partnership  Government Entity  Other \_\_\_\_\_

*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	_____ DATE OF BIRTH
_____ CO-AUTHORIZED INDIVIDUAL	_____ SOCIAL SECURITY NUMBER	_____ DATE OF BIRTH

## 3. 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
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		SHARE CLASS		
<b>AmericaFirst Defensive Growth Fund</b>	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class U	<input type="checkbox"/> Class I
<b>AmericaFirst Income Fund</b>	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class U	<input type="checkbox"/> Class I
<b>AmericaFirst Large Cap Share Buyback Fund</b>	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class U	<input type="checkbox"/> Class I
<b>AmericaFirst Risk On Risk Off Fund</b>	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class U	<input type="checkbox"/> Class I

Make check payable to **DSS AmericaFirst Funds**.

If investing by wire: **1-877-217-8501** and indicate the amount of the wire.

**Third Party checks are not accepted.**

## 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 or Class U 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 or Class U shares of the DSS AmericaFirst Funds, 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 7 and attach a voided check.**

Please transfer \$ \_\_\_\_\_ (**\$100 minimum**) from my bank account: \_\_\_\_\_

Monthly       Quarterly      (on the \_\_\_ day of the month (1st or 15th) 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)

As specified below, please withdraw from AmericaFirst Funds:

\$ \_\_\_\_\_ exact dollars per period.

**Send checks:**  Monthly       Quarterly      (on the \_\_\_ day of the month (1st or 15th) 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 OF BANK ACCOUNT	BANK ACCOUNT NUMBER
BANK NAME	BANK ROUTING/ABA NUMBER
BANK ADDRESS	

**Please attach a voided check from your account.**

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 DSS AmericaFirst 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.**

SIGNATURE OF OWNER (OR CUSTODIAN)	DATE
SIGNATURE OF JOINT OWNER (OR CORPORATE OFFICER, PARTNER OR OTHER)	DATE
TRUSTEE (IF APPLICABLE)	DATE

### TO CONTACT US

By Telephone

Toll-free: **1-877-217-8501**

[www.americafirst.fund](http://www.americafirst.fund)

### REGULAR OR OVERNIGHT MAIL

AmericaFirst Funds

c/o Mutual Shareholder Services, LLC  
8000 Town Centre Drive, Suite 400  
Broadview Heights, OH 44147

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## PRIVACY NOTICE

### FACTS

# WHAT DOES DSS AMERICAFIRST QUANTITATIVE FUNDS 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
- Purchase History
- Assets
- Account Balances
- Retirement Assets
- Account Transactions
- Transaction History
- Wire Transfer Instructions
- Checking Account Information

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 AmericaFirst Funds chooses to share; and whether you can limit this sharing.

### REASONS WE CAN SHARE YOUR PERSONAL INFORMATION

### DOES AMERICAFIRST FUNDS SHARE?

### 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 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

**WHO WE ARE**

**Who is providing this notice?**

AmericaFirst Funds.

**WHAT WE DO**

**How does DSS AmericaFirst Quantitative Funds 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 DSS AmericaFirst Quantitative Funds 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

*AmericaFirst Funds does not share with our affiliates.*

**Nonaffiliates**

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

*AmericaFirst Funds 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

*AmericaFirst Funds does not jointly market.*