



NEW ACCOUNT APPLICATION

Do not use this form for IRA accounts.

Please print clearly in CAPITAL LETTERS

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.

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

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

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

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

Name _____ Social Security Number _____ Birth Date ____/____/____

Joint Owner _____ Social Security Number _____ 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) _____

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

Co-Trustee's (Authorized Signer's) Name (First, Middle Initial, Last)	Trustee's Social Security Number
<hr/>	
Trustee's Date of Birth (mo/day/yr)	
<hr/>	
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
<hr/>		
Authorized Individual	Social Security Number	Date of Birth
<hr/>		
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
<hr/>	
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	Share Class		
AmericaFirst Defensive Growth Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class U	<input type="checkbox"/> Class I
AmericaFirst Income Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class U	<input type="checkbox"/> Class I
AmericaFirst Large Cap Share Buyback Fund	\$ _____	<input type="checkbox"/> Class A	<input type="checkbox"/> Class U	<input type="checkbox"/> Class I
AmericaFirst Risk On Risk Off Fund	\$ _____	<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 on ____/____/____

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

Regular or Overnight Mail

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

Internet

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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

Questions?

Call 1-877-217-8501

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.