

Mail To: Tributary Funds
P.O. Box 219022
Kansas City, MO 64121-9022
1-800-662-4203

Please Print Clearly

PLEASE NOTE: FAILURE TO COMPLETE ALL SECTIONS OF THIS APPLICATION MAY RESULT IN A REJECTION OF YOUR APPLICATION. THE INFORMATION PROVIDED WILL BE VERIFIED AS REQUIRED BY THE USA PATRIOT ACT.

The USA Patriot Act

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 to you: When you open an account, we will ask you for your name, date of birth and other information that will allow us to identify you. This information will be verified to ensure the identity of all persons opening a mutual fund account.

Notice for Non-U.S. Persons:

The Fund(s) generally do not accept investments from foreign investors (e.g. foreign financial institutions; non-U.S. persons). The Fund(s) has instructed its transfer agent accordingly. If the Fund(s) does accept such investors, the transfer agent is expected to conduct due diligence on such foreign investors as may be required under Section 312 of the USA Patriot Act and applicable Treasury or SEC rules, regulations and guidance (if any).

1 Account Registration

Individual Joint

YOUR NAME: FIRST, MIDDLE, LAST, SUFFIX

YOUR SOCIAL SECURITY NUMBER

YOUR DATE OF BIRTH (MM/DD/YYYY)

JOINT OWNER NAME: FIRST, MIDDLE, LAST, SUFFIX

JOINT OWNER'S ADDRESS

CITY STATE ZIP

JOINT OWNER'S SOCIAL SECURITY NUMBER

JOINT OWNER'S DATE OF BIRTH (MM/DD/YYYY)

Custodial / Gift to Minors

CUSTODIAN'S NAME: FIRST, MIDDLE, LAST, SUFFIX

CUSTODIAN'S ADDRESS

CUSTODIAN'S SOCIAL SECURITY NUMBER

CUSTODIAN'S DATE OF BIRTH (MM/DD/YYYY)

CITY STATE ZIP

MINOR'S NAME: FIRST, MIDDLE, LAST, SUFFIX

MINOR'S SOCIAL SECURITY NUMBER MINOR'S STATE OF RESIDENCE

MINOR'S DATE OF BIRTH (MM/DD/YYYY)

Corporation*, Trust or Partnership†

Documents provided in connection with your application will be used solely to establish and verify your identity. The fund will have no obligation with respect to the terms of any such document. Please include the first and last page of the Trust document with your completed application.

NAME OF CORPORATION OR OTHER ENTITY

TYPE OF ENTITY

TAXPAYER IDENTIFICATION NUMBER

TRUSTEE NAME: FIRST, MIDDLE, LAST, SUFFIX

DATE OF TRUST AGREEMENT

AUTHORIZED TRADER'S NAME: FIRST, MIDDLE, LAST, SUFFIX

AUTHORIZED TRADER'S ADDRESS

CITY STATE ZIP

DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NUMBER

PARTNER'S NAME: FIRST, MIDDLE, LAST, SUFFIX

PARTNER'S ADDRESS

CITY STATE ZIP

DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NUMBER

*Enclose a corporate resolution, which identifies individuals authorized to conduct transactions on this account.

†Attach a separate list for additional trustees, authorized traders and each individual partner of a partnership, including full name, social security number, address and date of birth.

2 Shareholder Address

I am a U.S. Citizen I am not a U.S. Citizen

STREET ADDRESS OR P.O. BOX
IF MAILING ADDRESS IS A POST OFFICE BOX (OTHER THAN AN ARMY POST OFFICE BOX OR A FLEET POST OFFICE BOX) A STREET ADDRESS IS ALSO REQUIRED BY THE USA PATRIOT ACT

CITY STATE ZIP

DAYTIME PHONE EVENING PHONE

COUNTRY OF TAX RESIDENCE

3 Investment Instructions

Please indicate fund(s) and investment amount(s). You may enclose one check for the total amount of your investment.

Minimum investment: \$1000 per fund.

	CLASS I	AMOUNT
<input type="checkbox"/> Income Fund (FOINX)	707	_____
<input type="checkbox"/> Short Intermediate Fixed Income Fund (FOSIX)	704	_____
<input type="checkbox"/> Balanced Fund (FOBAX)	706	_____
<input type="checkbox"/> Core Equity Fund (FOEQX)	702	_____
<input type="checkbox"/> Growth Opportunities Fund (FOGRX)	700	_____
<input type="checkbox"/> Small Company Fund (FOSCX)	705	_____
<input type="checkbox"/> Large Cap Growth Fund (FOLCX)	749	_____
Total Investment		\$ _____

Please note: The Funds do not accept traveler's checks, money orders, starter, counter or third party checks. To purchase shares by federal funds or bank wire, call 1-800-662-4203.

4 Dividend Income and Capital Gains

Check your choice of dividend/capital gain distribution and choose your payment method, if applicable.

Check only one. If none are checked, all dividend income and capital gains, if any, will be reinvested automatically.

- Reinvest all dividend income and capital gains.
- Pay all dividend income and capital gains in cash.
- Pay dividends and short term capital gains in cash and reinvest all long term capital gains.

Method of Payment: If dividend income and capital gains are to be distributed in cash, select one of the following:

- Check sent to the address of record.
- Cash via Automated Clearing House (ACH).
PLEASE COMPLETE SECTION 7 AND ATTACH A VOIDED CHECK TO THIS FORM.
- Dividends and capital gains distributions, if any, are to be paid via check to:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

5 Cost Basis

On October 3, 2008, the Emergency Economic Stabilization Act, HR 1424, was signed into law, which included provisions from the Energy Improvement and Extension Act of 2008, requiring mutual funds to provide cost basis reporting to their customers.

The Tributary Funds will provide cost basis information to you and the IRS for shares purchased on and after January 1, 2012 (covered shares). The elected method will be used for all accounts established by this application and any future accounts established.

Note: The Tributary Fund's default method of Average Cost will be used if a choice is not indicated.

In order to provide you and the IRS with accurate cost basis accounting, please make one selection from the following cost basis methods:

- Average Cost:** Values the cost of shares in an account by averaging the effect of all purchases made after 1/1/2012 in the account.
- First-In First-Out:** Shares acquired first in the account are the first shares depleted.
- Last-In First-Out:** Shares acquired last in the account are the first shares depleted.
- High Cost:** Shares acquired with the highest cost per share are the first shares depleted.
- Low Cost:** Shares acquired with the lowest cost per share are the first shares depleted.
- Loss/Gain Utilization:** Depletes losses before gains, consistent with the objective of minimizing taxes.
- Specific Lot:** Shareholder selects which lots to deplete at the time of each redemption.
When selecting Specific Lot, please choose a secondary method to be used as an alternate in the event specific lot depletion information is not provided.
 - First-In First-Out
 - Last-In First-Out
 - High Cost
 - Low Cost
 - Loss/Gain Utilization

6 Telephone Redemption and Exchange (Optional)

Check one or more boxes to authorize telephone redemptions, exchanges, ACH and/or wire transfers. You will not be able to exchange into other funds or receive a redemption by mail, wire, or ACH via telephone instructions if you fail to select this option.

I authorize the Funds to act upon instructions received by telephone from me to perform the following services:

- Telephone Redemptions:** Mail payment.
- Exchange Between Funds:** I understand an exchange is made by redeeming shares of one Tributary Fund and using the proceeds to buy shares of another Tributary Fund.
- Wire Transfers:** I understand that redemptions of Fund shares may be completed by electronic wire to the bank account I specify in Section 7. I understand that a fee is charged each time I request a wire redemption.
- ACH Transfers:** By selecting an ACH transfer, I understand that the proceeds will be delivered to the bank account I specify in Section 7 within four business days from the date of my request. By choosing an ACH transfer, I do not incur any additional wire fees.

7 Bank and Wire Instructions (Optional)

IF YOU WISH TO REDEEM SHARES WITH PAYMENT VIA WIRE TRANSFER, OR MAKE USE OF THE AUTO INVEST PLAN OR AUTO WITHDRAWAL PLAN, YOU MUST ATTACH A VOIDED CHECK FOR THE BANK ACCOUNT YOU WISH TO USE, AND PROVIDE FULL BANK INFORMATION AS SHOWN BELOW. ANY CHANGE IN THESE INSTRUCTIONS MUST BE MADE IN WRITING TO THE FUNDS WITH A SIGNATURE GUARANTEE.

BANK NAME _____ BRANCH OFFICE (IF APPLICABLE) _____

BANK ADDRESS (DO NOT USE P.O. BOX) _____

CITY _____ STATE _____ ZIP _____

NAME(S) ON YOUR BANK ACCOUNT _____

BANK ACCOUNT NUMBER _____ BANK BRANCH PHONE NUMBER _____

BANK ROUTING NUMBER _____

Account Type (check one): Checking Savings

8 Auto Invest Plan (Optional)

IF YOU CHOOSE THIS OPTION, YOU MUST COMPLETE SECTION 7

Check box if you want this service

I authorize the Funds to draw on my bank account on a periodic basis as indicated below, for investment in my Tributary Fund account, I understand that if there are insufficient funds in my account, bank charges may apply.

I/We have attached a voided check.

I/We have provided bank information in Section 7.

Periodic investment amount \$ _____
(S\$50 MINIMUM)

Name of Tributary Fund _____
TO SPECIFY ADDITIONAL AUTO INVESTMENTS, PLEASE ATTACH A SEPARATE SHEET.

Preferred Investment Schedule:

YOU MAY DESIGNATE ANY FREQUENCY OF INVESTMENT DATES.

Monthly on the following date(s): _____

Starting _____
MONTH YEAR

9 Auto Withdrawal Plan (Optional)

IF YOU CHOOSE THIS OPTION, YOU MUST COMPLETE SECTION 7. IF, IN THE FUTURE, YOU WANT TO CHANGE THE AMOUNT OR DATE OF THE WITHDRAWAL, CONTACT THE FUND. IF YOU NEED TO CHANGE THE BANK WIRE INSTRUCTIONS, PLEASE CONTACT THE FUND TO REQUEST AN ACCOUNT OPTIONS CHANGE FORM.

Check box if you want this service.

Name of Tributary Fund _____
TO SPECIFY ADDITIONAL AUTO WITHDRAWALS, PLEASE ATTACH A SEPARATE SHEET.

Amount and Frequency of Withdrawals:

(WITHDRAWALS ARE ONLY PROCESSED ON THE 20TH OF THE MONTH.)

Beginning in _____, _____ please make withdrawals.
MONTH YEAR

in the amount of \$ _____
(S\$100 MINIMUM)

Monthly Quarterly

Payment Instructions: (check one)

I wish to have withdrawals under the Auto Withdrawal Plan paid via ACH to my bank account. (Please be sure to complete Section 7).

I wish to have withdrawals under the Auto Withdrawal Plan paid to me by check and sent to the address on my account.

I wish to have withdrawals under the Auto Withdrawal Plan paid to me by check at the following address:

ADDRESS _____

CITY _____ STATE _____ ZIP _____

10 Interested Party Mailing

THIS ALLOWS YOU TO AUTHORIZE THE FUNDS TO ISSUE COPIES OF STATEMENTS TO INTERESTED PARTIES. IF YOU REQUIRE MORE SPACE THAN PROVIDED, PLEASE ATTACH A SEPARATE SHEET OF PAPER.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

11 Shareholder Agreement

In this Agreement, "I", "my", "you" and "your" means each customer individually and /or any two or more customers signing this Agreement.

• I am in my state of residence and have full right, power, authority and legal capacity to purchase shares of the Fund(s). I affirm that I have received and read the current prospectus of the Fund(s) selected and agree to its terms. I understand the investment objectives and program, and have determined that the Fund(s) are a suitable investment, based upon my investment needs and financial situation. I agree that the Funds' Distributor, the Transfer Agent, Tributary Funds or any affiliate or their officers, directors or employees will not be liable for any loss, expense or cost for acting upon any instructions or inquiries believed genuine.

• A shareholder's property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

• I understand that the authorization(s), with respect to Wire Redemptions are subject to the conditions and limitations set forth in the current prospectus. I ratify any instructions given, pursuant to the above authorization(s) and agree that the Funds' Distributor, the Transfer Agent, Tributary Funds or any affiliate or their officers, directors or employees will not be liable for any loss, expense or cost for acting upon any instructions or inquiries believed genuine.

• I understand the Tributary Funds are distributed by Northern Lights Distributors, LLC, Member FINRA, which is not affiliated with the Fund's Adviser, Tributary Capital Management.

• I understand and agree that any telephone conversation with the Funds' Distributor, the Transfer Agent or any of their affiliates will be recorded for accuracy.

• I understand and agree that I will receive quarterly statements disclosing all activity in my account.

- This Agreement shall be governed by the laws of the Commonwealth of Pennsylvania.
- The undersigned consents to allow the Tributary Funds to share my account information with any First National of Nebraska, Inc. affiliate.

12 Signature and Certification

Under the penalties of perjury, I certify the following:

- I am a U.S. resident (including a U.S. resident alien).
- The number shown on this form is my correct Social Security/ Taxpayer I.D. number.
- I am not subject to back-up withholding either because I have not been notified that I am subject to back-up withholding as a result of failure to report all interest and dividends, or the Internal Revenue Service has notified me that I am no longer subject to back-up withholding, or I am exempt from back-up withholding.
Note: The internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid back-up withholding.

By my signature below, I certify on my behalf or on behalf of the investor I am authorized to represent, that:

- (1) the investor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and
- (2) the information provided by the investor in this application is true and correct and any documents provided herewith are genuine.

I understand and acknowledge that the Tributary Funds:

- are not deposits, other obligations of, or guaranteed by First National Bank of Omaha or any of its affiliates.
- are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other government agency.
- involve investment risks, including the possible loss of the principal amount invested.

X _____
SIGNATURE (INDIVIDUAL, CUSTODIAN, PARTNER OR AUTHORIZED OFFICER) DATE

X _____
SIGNATURE (JOINT REGISTRANT, IF ANY) DATE

X _____
SIGNATURE (CORPORATE OFFICER, PARTNER, TRUSTEE, ETC.) DATE

- Check box if you have received IRS notification that you are subject to back-up withholding.

**THANK YOU FOR YOUR INVESTMENT.
YOU WILL RECEIVE WRITTEN CONFIRMATION SHORTLY.**