

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).

General Information

1. Read the Fund prospectus, the IRA Custodial Agreement, and the IRA Disclosure Statement, and retain them for your files.
2. Complete your Tributary Funds Individual Retirement Adoption Agreement.
3. If your IRA is with another Custodian, we will transfer the account directly to a Tributary IRA with FNBO as IRA Custodian. Simply complete Question 5 of this application and the IRA Transfer/Direct Rollover Request Form. The Tributary Funds will handle the transfer of assets for you. The form can be found at www.tributaryfunds.com.
4. Send the completed application and, if applicable, the IRA Transfer/Direct Rollover Request Form along with your check to: Tributary Funds, P.O. Box 219022, Kansas City MO 64121-9022.
5. For assistance, call the Tributary Funds at 1-800-662-4203.
6. Accounts can be opened online at www.tributaryfunds.com

Sections 1, 2, 5, 6, and 8 must be read and completed for all applications.

Sections 3, 4, and 7 are for optional services.

Please print or type all items except signature.

1 General Information

NAME: FIRST	MIDDLE	LAST
STREET ADDRESS (DO NOT USE P.O. BOX)		
CITY	STATE	ZIP
COUNTRY		COUNTRY OF CITIZENSHIP
DAYTIME TELEPHONE		EVENING TELEPHONE
SOCIAL SECURITY NUMBER		DATE OF BIRTH

2 Investment Instructions

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

Minimum investment: \$500 per fund.

	CLASS	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"/> Growth Opportunities Fund (FOGRX)	700	_____
<input type="checkbox"/> Small Company Fund (FOSCX)	705	_____
<input type="checkbox"/> Small/Mid Cap Fund (FSMCX)	753	_____

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.

3 Auto Invest Plan (Optional)

IF YOU CHOOSE THIS OPTION, YOU MUST COMPLETE SECTION 4

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 understand that Auto Invest IRA contributions will be for the current tax year only.

I/We have attached a voided check.

I/We have provided bank information in Section 4.

Periodic investment amount \$ _____ (>\$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

4 Bank and Wire Instructions (Optional)

IF YOU WISH TO MAKE USE OF THE AUTO INVEST PLAN; OR REDEEM SHARES VIA WIRE OR ACH TRANSFER, 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.

PLEASE NOTE: ADDITIONS OR CHANGES TO THE BANK INFORMATION AFTER YOUR ACCOUNT HAS BEEN ESTABLISHED REQUIRES A MEDALLION 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

5 Type of IRA and Investment Accounts

Please check the box(es) indicating the type of IRA that you are opening.

Regular/Traditional

IRA

Current Year

Prior Year

Direct transfer from existing IRA*

Rollover IRA*

From another IRA*

From an employer qualified plan*

Roth IRA

Current Year

Prior Year

Direct transfer from existing Roth IRA;
account start date: _____*

Rollover from Roth IRA;
account start date: _____*

Roth Conversion IRA*

Convert my existing Regular IRA to a Roth Conversion IRA*

Direct transfer from existing Roth IRA;
account start date: _____*

Rollover from Roth IRA;
account start date: _____*

SEP IRA (Simplified Employee Pension)

For Simple IRA's please complete the Simple IRA Adoption Agreement found at www.tributaryfunds.com or by calling (800) 662-4203.

*Please complete the IRA Transfer/Direct Rollover Request form.

6 Beneficiary Designation

Designate the beneficiary or beneficiaries who will receive your IRA account in the event of your death. If you name more than one beneficiary, indicate the percentage each is to receive, otherwise your named beneficiaries (if more than one) will share equally.

Primary Beneficiary(ies)

NAME _____ PERCENT _____

RELATIONSHIP _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

NAME _____ PERCENT _____

RELATIONSHIP _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

Secondary Beneficiary(ies)

NAME _____ PERCENT _____

RELATIONSHIP _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

NAME _____ PERCENT _____

RELATIONSHIP _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

7 Telephone Exchange (Optional)

You can use the telephone to make exchanges among any of the Tributary Funds with the same registration. If you want this privilege, check the box below.

Yes, I want Telephone Exchange Privileges.

I authorize the Custodian or its agent to act upon instructions received by telephone and believed to be genuine to exchange shares of any Fund(s) held, at the then current net asset value for shares of any other eligible Fund(s). I agree that neither the Fund, the Custodian, nor any of their agents will be liable for any loss, expense or cost for acting upon my instructions or inquiries believed genuine.

8 Shareholder Agreement

- I am a U.S. resident (including a U.S. resident alien).
- I certify that my Social Security number stated above is correct, that I am of legal age and I agree that the designation of the tax year for my deposit and my election to treat a deposit as a rollover (if applicable) are irrevocable.
- By signing this application, I hereby authorize and appoint FNBO to act as IRA Custodian of my account.
- I indemnify FNBO when making distributions in accordance with my beneficiary designation on file or in accordance with the Custodial Account Agreement absent any such designation.
- I acknowledge that I have received the IRS Form 5305-A, Traditional Individual Retirement Custodial Account, a Disclosure Statement, and a Financial Disclosure. I agree to be bound by the terms and conditions found in the Agreement, Disclosure Agreement, Financial Disclosure, and amendments thereto. I also certify that I have read the current prospectus for each Fund selected.
- 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 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 acknowledge that the Tributary Funds:

- are not deposits, other obligations of, or guaranteed by FNBO 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.

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.

X _____
SIGNATURE DATE

9 Mail the Completed Form To:

Regular Mail:
Tributary Funds
P.O. Box 219022
Kansas City, MO 64121-9022

Overnight Mail:
Tributary Funds
430 West 7th Street
Kansas City, MO 64105

Questions Call: 1-800-662-4203

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