



NEW ACCOUNT APPLICATION

Do not use this form for IRA accounts.

Please print clearly in CAPITAL LETTERS

Please refer to the Fund's prospectus for minimum investment amounts and subsequent investment requirements.

If you have any questions or need any help filling out the application, please call **(833) 999-2636**.
www.easterlyfunds.com

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

Easterly Funds
PO Box 541150
Omaha, NE 68154

Distributed by Ultimus Fund Distributors, LLC

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 _____ Date of Birth _____ / /

Joint Owner _____ Social Security Number _____ Date of Birth _____ / /

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) _____

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 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
Authorized Individual	Social Security Number		Date of Birth
Co-Authorized Individual	Social Security Number		Date of Birth

E. Estate (Include a copy of a probate document indicating the name of the Executor of the Estate, such as Letters Testamentary or Letters of Administration.)

Name of Estate		Estate Tax ID Number	Email
Executor	Social Security Number		Date of Birth
Co-Executor	Social Security Number		Date of Birth

2. 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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3. INITIAL INVESTMENT (Please refer to the Fund's prospectus for minimum investment amounts.)

		Share Class
Easterly Global Macro Fund	\$ _____	<input type="checkbox"/> Class I <input type="checkbox"/> Class R6
Easterly Global Real Estate Fund	\$ _____	<input type="checkbox"/> Class A <input type="checkbox"/> Class C <input type="checkbox"/> Class I <input type="checkbox"/> Class R6
Easterly Multi Strategy Alternative Income Fund	\$ _____	<input type="checkbox"/> Class A <input type="checkbox"/> Class C <input type="checkbox"/> Class I <input type="checkbox"/> Class R6
Easterly Hedged Equity Fund	\$ _____	<input type="checkbox"/> Class A <input type="checkbox"/> Class C <input type="checkbox"/> Class I <input type="checkbox"/> Class R6
Easterly Hedged High Income Fund	\$ _____	<input type="checkbox"/> Class A <input type="checkbox"/> Class C <input type="checkbox"/> Class I <input type="checkbox"/> Class R6
Easterly Total Hedge Portfolio	\$ _____	<input type="checkbox"/> Class I <input type="checkbox"/> Class R6
Easterly EHS Fund	\$ _____	<input type="checkbox"/> Class I <input type="checkbox"/> Class R6
Easterly Structured Credit Value Fund	\$ _____	<input type="checkbox"/> Class A <input type="checkbox"/> Class C <input type="checkbox"/> Class I <input type="checkbox"/> Class R6
Total	\$ _____	

Make check payable to **Easterly Funds**.

If investing by wire: Call **(833) 999-2636** 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 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.

\$25,000 \$50,000 \$100,000 \$250,000
 \$500,000 \$1,000,000

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: _____

Rights of Accumulation

If you already own Class A shares of the Easterly 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. _____

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 8 and attach a voided check**.

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

Monthly Quarterly on the _____ day of the month 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 Easterly Funds account: _____

\$_____ exact dollars per period (**\$25 minimum**)

Send checks: Monthly Quarterly 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 on Bank Account

Bank Account Number

Bank Name

Bank Routing/ABA Number

Bank Address

Please attach a voided check from your account.

9. COST BASIS METHOD

Note: The default cost basis calculation method for your new account will be Average Cost. If you wish to elect a different cost basis method, please contact the Fund to obtain a Cost Basis Election Form.

10. DEALER/REGISTERED INVESTMENT ADVISOR INFORMATION

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

Dealer Name

Representative's Last Name, First Name

DEALER HEAD OFFICE

REPRESENTATIVE'S BRANCH OFFICE

Address

Address

City, State, ZIP

City, State, ZIP

Telephone Number

Rep Telephone Number

Rep ID Number

Email Address

Rep Email Address

Branch ID Number

Branch Telephone Number (if different than Rep Phone Number)

11. 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.

12. SIGNATURE(S) & CERTIFICATION (REQUIRED)

We must have signatures to process your Application and to certify your Taxpayer Identification number. IRS regulations require your signature to avoid any backup withholding.

W-9 Certification: Under penalty of perjury:

- (a) I certify that the number shown on this form is my/our current Social Security number(s) or Taxpayer Identification number(s).
- (b) I am not subject to backup withholding because; (1) I am exempt from backup withholding, or (2) 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 (3) the IRS has notified me that I am no longer subject to backup withholding.
- (c) I am a U.S. person (including a resident alien.)
- (d) I am exempt from FATCA reporting.

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.

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 **Easterly 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 (833) 999-2636

In Writing

Easterly Funds

PO Box 541150

Omaha, NE 68154

or

Via Overnight Delivery

4221 N. 203rd Street, Suite 100

Elkhorn, NE 68022

Internet

www.easterlyfunds.com

Distributed by Ultimus Fund Distributors, LLC

PRIVACY NOTICE
JAMES ALPHA FUNDS TRUST

March 2021

FACTS

WHAT DOES JAMES ALPHA FUNDS 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 James Alpha Funds Trust chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information:	Does James Alpha Funds 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.	YES	YES
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 (888) 814-8180

What we do:

How does James Alpha Funds Trust protect my personal information?	<p>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.</p> <p>Our service providers are held accountable for adhering to strict policies and procedures to prevent any misuse of your nonpublic personal information.</p>
How does James Alpha Funds Trust collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none">• open an account or deposit money• direct us to buy securities or direct us to sell your securities• seek advice about your investments <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none">• 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. <p>State laws and individual companies may give you additional rights to limit sharing.</p>

Definitions

Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none">• <i>James Alpha Funds Trust does not share with our affiliates.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none">• <i>James Alpha Funds Trust does not share with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none">• <i>James Alpha Funds Trust doesn't jointly market.</i>