

Please print clearly in CAPITAL LETTERS

The minimum initial investment in Class A and C shares is \$2,000 with a subsequent investment minimum of \$500. The minimum initial investment for Class I shares is \$1,000,000 with a subsequent investment minimum of \$5,000.

If you have any questions or need any help filling out the application, please call **(888) 985-9830**.

NEW ACCOUNT APPLICATION

Do not use this form for IRA accounts.

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

PINNACLE FUNDS c/o Gemini Fund Services, LLC PO Box 541150 Omaha, NE 68154

Distributed by Northern Lights Distributors, LLC www.pinnacletacticalfunds.com

ACCOUNT O	WNERSHIP		
Please provide co	mplete information for EI	THER A, B, C or D:	
A. INDIVIDUA	L OR JOINT (Please che	eck one):	
☐ Individual	☐ Joint Account*	*Tenants with Rights of Survivorship will be assu	umed, unless otherwise specified.
Name		Social Security Number	/ / Date of Birth
		·	
			/ /
Joint Owner		Social Security Number	Date of Birth
Email			
	U.S. or Resident Alien	☐ Other (please specify)	
Citizeristiip L	0.5. of Resident Allen	□ Other (piease specify)	
		OURIT (10141) OR	
	IFTS TO MINORS ACC		
UNIFORM II	RANSFERS TO MINORS	S ACCOUNT (UTMA)	
Custodian's Name		Custodian's Social Security Number	/ / Custodian's Date of Birth
Custoulairs 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 Res	idence		Email
		e, authorized individual page and signature page of the	Trust Agreement. Failure to provide thi
documentation	n may result in a delay in pro	ocessing your application.)	
Trust or Plan Name		Email	
Trust Date (mo/day,	/yr)	Employer or Trus	st Taxpayer Identification Number
Trustee's (Authorize	d Signer's) Name (First, Mid	dle Initial, Last)	
Trustee's Date of Bir	rth (mo/day/yr)	Trustee's Social S	Security Number
Co-Trustee's (Autho	rized Signer's) Name (First,	Middle Initial, Last)	
Co-Trustee's Date of	f Birth (mo/day/yr)	Co-Trustee's Soc	ial 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 <i>(please spet)</i> If no classification is	ecify) s provided, per IRS re	egulations, your a	ccount will default to a	n S Corporation.		
Nan	ne of Corporation or Othe	er Business Entity	Tax ID N	umber	Email		
Aut	horized Individual	Social Security Nu	ımber		Date of Birth		
Co-	Authorized Individual	Social Security Nu	ımber		Date of Birth		
MA	AILING AND CON	ITACT INFORM	ATION	_	_	-	
LEG	GAL ADDRESS (Must	be a street address))				
Stre	eet Address			Daytime Telephone			
City	, State, Zip			Evening Telephone			
	Please send mail to the a	ddress below. Please p	rovide your primary l	egal address above, in add	dition to any mailing address (if	different).	
 Mai	ling Address			City, State, Zip			
IN	ITIAL INVESTME	ENT (The minimum ir	nitial investment in C	lass A and C is \$2,000. (Class I minimum is \$1,000,000)		
					Share Class		
	PINNACLE SHERM	AN MULTI-STRATE	EGY CORE FUND	\$	☐ Class A ☐ Class	C □ Class I	
	PINNACLE TACTIC	AL ALLOCATION F	UND	\$	☐ Class A ☐ Class	C □ Class I	
	Make check payable If investing by wire:			amount of the wire \$_	<u>.</u>		
		Thir	d Party checks a	re not accepted.			
DI	VIDEND AND CA	PITAL GAIN DI	STRIBUTIONS	;			
					nless this box is checked.		
\[\tau_{\text{\ti}\text{\ti}}}\titt{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\titt{\text{\text{\text{\text{\texi}\tint{\titit{\text{\text{\text{\texi}\titt{\text{\texi}\titt{\text{\text{\texi}\text{\tex	Please pay all divid			Tuna that pay them a	iless this box is checked.		
	riodoo pay all arrio	ionas ana sapital g	game in oderi.				
RE	EDUCED SALES (CHARGE Complete	this section if you qua	lify for a reduced sales char	ge. See Prospectus for Terms & (Conditions.	
You o	er of Intent can reduce the sales cha ting a certain amount ate the total amount you hs.	over a 13-month pe	eriod. Please	be eligible for a reduce Please provide the acco	ss A shares of Pinnacle Funds, ged sales charge on Class A sunt number(s) below to qualify	hare purchase (if eligible).	
□\$25]\$100,000 □ \$250,0	00	Account No			
□\$50				Account No			
	et Asset Value (NAV). I hapresentatives may compl				s charge on Class A shares. Reg	istered	
Re	eason for Waiver:						

О.	AUTOMATIC	INVESTMEN	I PLAN (All	P)				
	AIP allows you to a Your bank must be and attach a voice	e a member of						
	Please transfer \$ (\$50 minimum) from my bank account:							
	☐ Monthly ☐ Important Note: I business day.	Quarterly f the AIP date fal		day of rweekend the dec		Beginning: checking or saving		on the next
7.	AUTOMATIC \	WITHDRAWA	AL PLAN (A)	WP)				
	The Fund accour	nt must be valu	ued at \$10,000	0 or more to es	tablish Autom	atic Withdrawa	I Plan.	
	As specified below	v, please withdra	w from Pinnacl	e Funds				
	\$	exact dollars	per period (\$5	0 minimum)				
	Send checks:	☐ Monthly	□ Quarterly	Beginning:	//			
	Send checks to:	☐ Address of	record \square	Bank of record	(See Section 8) 🗆 Alternate	payee	
	Name				Daytime Teleph	none		
	City, State, Zip				Evening Teleph	one		
8.	BANK INFORM	MATION						_
0.	I authorize the Fun which my bank is a	d to purchase s	shares through	the Automatic I	nvestment Plan	via the Automat	ted Clearing House	e of
	Type of Account:	□ Ch	ecking \Box	l Savings				
	Name on Bank Acco	unt			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 complete a Cost Basis Election Form.

10. DEALER/REGISTERED INVESTMENT ADVISOR INFORMATION

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.

Branch ID Number

Branch Telephone Number (if different than Rep Phone Number)

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 Pinnacle Funds and agree to be bound by the terms contained therein;
- 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 (888) 985-9830

In Writing

Pinnacle Funds c/o Gemini Fund Services, LLC PO Box 541150 Omaha, NE 68154 Or Via Overnight Delivery 17605 Wright Street, Suite 2 Omaha, NE 68130 **Internet**

www.pinnacletacticalfunds.com

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PRIVACY NOTICE

FACTS WHAT DOES NORTHERN LIGHTS FUND TRUST III 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
- Assets
- Retirement Assets
- Transaction History
- Checking Account Information
- Purchase History
- Account Balances
- Account Transactions
- Wire Transfer Instructions

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 Northern Lights Fund Trust III chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Northern Lights Fund Trust III 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 (402) 493-4603

who we are			
Who is providing this notice?	Northern Lights Fund Trust III		
What we do			
How does Northern Lights Fund Trust III 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 Northern Lights Fund Trust III collect my personal information? Why can't I limit all sharing?	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. 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. • Northern Lights Fund Trust III does not share with our affiliates.		
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies Northern Lights Fund Trust III 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. Northern Lights Fund Trust III doesn't jointly market. 		

Who we are