

INDIVIDUAL RETIREMENT CUSTODIAL ACCOUNT ADOPTION AGREEMENT

Please complete this application to establish a new Traditional IRA or Roth IRA. This application must be preceded or accompanied by a current IRA Disclosure Statement and Custodial Agreement.

For Additional Copies or Assistance

If you need additional copies of this application, or would like assistance completing it, please call **The North Country Funds** at **1-888-350-2990**.

Instructions

- 1. If you are requesting a transfer or direct rollover of current plan assets (held by another custodian) you must complete the IRA Transfer of Assets Form in addition to this form.
- Mail this application to: The North Country Funds PO Box 541150 Omaha, NE 68154
- 3. Retain a copy for your records.

Custody Fee

The Custody Fee is \$15 annually per account. The Custody Fee may be increased in the future. You will be notified in writing 90 days prior to any fee increases.

The North Country Funds Privacy Policy Statement

Your privacy is important to us. The North Country Funds is committed to maintaining the confidentiality, integrity and security of your personal information. When you provide personal information, the Fund believes that you should be aware of policies to protect the confidentiality of that information.

The Fund collects the following nonpublic personal information about you:

- Information we receive from you on or in applications or other forms, correspondence, or conversations, including, but not limited to, your name, address, phone number, social security number, assets, income and date of birth; and
- Information about your transactions with us, our affiliates, or others, including, but not limited to, your account number and balance, payments history, parties to transactions, cost basis information, and other financial information.

The Fund does not disclose any nonpublic personal information about our current or former shareholders to nonaffiliated third parties, except as permitted by law. For example, the Fund is permitted by law to disclose all of the information we collect, as described above, to our transfer agent to process your transactions. Furthermore, the Fund restricts access to your nonpublic personal information to those persons who require such information to provide products or services to you. The Fund maintains physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

In the event that you hold shares of the Fund through a financial intermediary, including, but not limited to, a broker-dealer, bank, or trust company, the privacy policy of your financial intermediary would govern how your nonpublic personal information would be shared with nonaffiliated third parties.

Anti-Money Laundering

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.

For questions about these policies, or for additional copies of The North Country Funds Privacy Policy Statement(s), please contact the Fund at **1-888-350-2990**, www.northcountryfunds.com or at PO Box 541150, Omaha, NE 68154.

I, the person signing this Adoption Agreement (hereinafter called the "Owner"), establish an Individual Retirement Account (IRA), which is either a Traditional IRA or a Roth IRA, as indicated below, (the "Account") with Glens Falls National Bank as Custodian ("Custodian"). A Traditional IRA operates under Internal Revenue Code Section 408(a). A Roth IRA operates under Internal Revenue Code Section 408A. I agree to the terms of my Account, which are contained in the applicable provisions of the document entitled Glens Falls National Bank Traditional/Roth Individual Retirement Account Custodial Agreement and this Adoption Agreement. I certify the accuracy of the information in this Adoption Agreement. My Account will be effective upon acceptance by Custodian.

1.	IR	A ACCOUNT REGISTRATION	
Owr	ner's	Name (First, Middle, Last)	Social Security Number
 Stre	et Ac	ddress	Date of Birth
City	, Stat	te, Zip	Daytime Telephone
 Ema	ail Ad	ldress	Evening Telephone
	Please	se send mail to the address below. Please provide your primary lega	al address above, in addition to any mailing address (if different).
Stre	et Ac	ddress	
City	, Stat	te, Zip	
2.	TR	RADITIONAL IRA ELECTION	
Trac	dition		below. The requirements for a valid rollover are complex. See the your tax advisor for help if needed. Direct Rollovers are described in
A.	Tra	aditional IRA (Minimum initial investment is \$500.)	
	1.	Annual Contributions	
			nting current contribution for tax year 20 ted amount for the year of contribution as described in the cated, contribution will automatically apply to current year.
	2.	Transfer	
			Custodian or Trustee. Complete the IRA Transfer of Assets ibutions to the transferring account, indicate the amount of]
	3.	Rollover	
		plan, 403(b) arrangement or eligible 457 plan. Check en contribution constitutes all or part of either a withdrawal t from an employer qualified plan or 403(b) arrangement, a	from another Traditional IRA or an eligible rollover distribution and if it includes any after-tax (or nondeductible) contributions an or 403(b) arrangement, indicate the amount of after-tax
	4.	Direct Rollover	
		plan. [If this is a direct rollover contribution from an emplo	employer qualified plan, 403(b) arrangement or eligible 457 yer qualified plan or 403(b) arrangement, and if it includes any r qualified plan or 403(b) arrangement, indicate the amount of

	5.	Recharacterization of an existing IRA
		If Glens Falls National Bank is the current Custodian, please provide current Roth IRA Account Number: Indicate amount recharacterized, if less than entire account balance: \$ (If no amount is inserted here, we will recharacterize the entire account balance.) If current Roth IRA is with another custodian or trustee, please complete the IRA Transfer of Assets Form.
	6	SEP Provision
	∪.	Owner intends to use this Account in connection with a SEP Plan or grandfathered SARSEP Plan established by the
		Owner's employer.
В.	In	herited Traditional IRA
	1.	
		Decedant's name
	2.	
		Decedant's Date of Birth
	3.	
		Decedant's Date of Death
3.	RO	TH IRA ELECTION
If y	ou w	vish to open a Roth IRA, provide all applicable information below.
witl	helo	IX Withholding and Estimated Tax for more information. State tax withholding may also apply if federal income tax is d. TH IRA (Minimum initial investment is \$500.)
	1.	Annual Contributions
		Check enclosed in the amount of \$ representing current contribution for tax year 20 This contribution does not exceed the maximum permitted amount for the year of contribution as described in the Roth IRA Disclosure Statement. If no tax year is indicated, contribution will automatically apply to current year.
	2.	Conversion
		Conversion of existing Traditional IRA with Glens Falls National Bank Account No: to a Roth IRA with Glens Falls National Bank.
		Amount to Convert: All Part (please specify): Caution: Withholding income taxes from the amount converted (instead of paying applicable income taxes from another source) may adversely impact the expected financial benefits of converting from a Traditional to a Roth IRA (consult your financial adviser if you have a question). Because of this impact, by electing to convert a Traditional IRA to a Roth IRA, you are deemed to elect no withholding unless you specify otherwise herein.
		☐ No income tax withholding ☐ Withhold 10% for income tax ☐ Withhold% for income tax
	3.	Conversion of Existing Traditional IRA
		Rollover or Transfer from existing Traditional IRA with another custodian or trustee to a Roth IRA with Glens Falls National Bank.
	4.	Rollover or Transfer of Existing Roth IRA
		Rollover or Transfer from existing Roth IRA with another custodian or trustee to a Roth IRA with Glens Falls National Bank. Date existing Roth IRA was originally opened: Please complete the IRA Transfer of Assets Form if either 3 or 4 is checked and the transaction is a transfer (as opposed to a rollover).

D. Inherited Roth IRA	
1.	
1. Decedant	's name
2. /	
3. /	/s Date of Death
4. INVESTMENT SELECTION (The	minimum initial investment in the Fund is \$500.)
Make checks payable to The North Country	Funds. Invest the transferred amount according to the following instruction:
The North Country Large Ca	p Equity Fund \$
prospectus for each Fund class. Please re	nsibility for my investment choices and that I have received a current ad the prospectus of the Funds selected before investing. hird Party checks are not accepted
	•
5. AUTOMATIC INVESTMENT PLA	AN (AIP)
	y authorizing us to deduct money directly from your checking account every month ed Clearing House (ACH). Attach a voided check .
Please transfer \$	(\$100 minimum) from my bank account:
\square Monthly \square Quarterly on the	day of the month Beginning:/
Important Note: If the AIP date falls on a next business day.	a holiday or weekend the deduction from your checking or savings account will occur on the
Name on Bank Account	Account Number
Bank Name	Bank Routing/ABA #
Signature of Bank Account Holder	Signature of Joint Owner
6. BENEFICIARY(IES)	

As Owner, I hereby make the following designation of beneficiary in accordance with the Glens Falls National Bank Traditional Individual Retirement Custodial Account or Roth Individual Retirement Custodial Account:

In the event of my death, pay any interest I may have under my Account to the following Primary Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Primary Beneficiary predeceases me, his share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each such surviving Primary Beneficiary. If none of the Primary Beneficiaries survives me, pay any interest I may have under my Account to the following Alternate Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Alternate Beneficiary predeceases me, his share is to be divided among the Alternate Beneficiaries who survive me in the relative proportions assigned to each such surviving Alternate Beneficiary. Proportions for Beneficiaries must total 100%.

Primary Beneficiary Name (First, Middle, Last)		Share %
Relationship	/ / Date of Birth (month/day/year)	Taxpayer ID Number
Primary Beneficiary Name (First, Middle, Last)		Share %
Relationship	/ / Date of Birth (month/day/year)	Taxpayer ID Number
Primary Beneficiary Name (First, Middle, Last)		Share %
Relationship	/ / Date of Birth (month/day/year)	Taxpayer ID Number
Alternate Beneficiaries		
Alternate Beneficiary Name (First, Middle, Last)		Share %
Relationship	/ / Date of Birth (month/day/year)	Taxpayer ID Number
Alternate Beneficiary Name (First, Middle, Last)		Share %
Relationship	/ / Date of Birth (month/day/year)	Taxpayer ID Number
Alternate Beneficiary Name (First, Middle, Last)		Share %
	/ / Date of Birth (month/day/year)	
Relationship This Designation of Beneficiary may have important to using this Section to designate your beneficiary(ies) predeceases you should take that beneficiary's shadesignation to the Custodian.	ax or estate planning effects. If you cannot acc of (for example, if you wish to provide that th	e surviving children of a beneficiary who
Any amount remaining in the Account that is no estate (unless otherwise required by the laws of at anytime by filing a new Designation of Benefi will revoke all prior Designations, even if the su	of your state of residence). You may char iciary with the Custodian. Any subsequen	nge the beneficiary(ies) named above t Designation filed with the Custodian
Spousal Consent*		
I am the spouse of the above-named Owner. I acknormal obligations. Due to any possible consequence to see a tax professional or legal advisor. I hereby conadverse consequence that may result. No tax or legal	es of giving up my community or marital proper nsent to the beneficiary designation(s) indicated	ty interest in this IRA, I have been advised I above. I assume full responsibility for any
Circola and Consumer		/ / Date (month/day/year)
Signature of Spouse		
Signature of Witness		/ / Date (month/day/year)
*This section should be reviewed if the Owner is mar determine if this section applies. The Owner may nee		

Sponsor are liable for any consequences resulting from a failure of the Owner to provide proper spousal consent.

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 Telephone Number Rep's ID **Branch Number Branch Number Email Address Email Address**

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

8. STATE ESCHEATMENT LAW

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 Telephone Number

Branch ID

9. SIGNATURES AND CERTIFICATIONS

By signing below, under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number, and 2) I am not subject to back up withholding because; (a) I am exempt from backup withholding, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding, 3) I am a U.S. person (including a U.S. resident alien), and 4) I am exempt from FATCA reporting. I further acknowledge that I have the sole responsibility for my investment choices and that I have received and read a current prospectus for the North Country Funds. I release the Funds and their agents and representatives from all liability and agree to indemnify them from any and all losses, damages or costs for acting in good faith in accordance with instructions, including telephone instructions, believed to be genuine. I certify that I have the authority to establish this account and the information provided herein is accurate and complete. I agree to notify The North Country Funds promptly in writing if any information contained in this application changes.

If I have indicated a Traditional IRA Rollover or Direct Rollover above, I certify that, if the distribution is from another Traditional IRA, that I have not made another rollover within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to this Account; and that no portion of the amount rolled over is a required minimum distribution under the required distribution rules or a hardship distribution from an employer qualified plan or 403(b) arrangement or eligible 457 plan.

If I have indicated a Conversion, Transfer or a Rollover of an existing Traditional IRA to a Roth IRA, I acknowledge that the amount converted will be treated as taxable income (except for any prior nondeductible contributions) for federal income tax purposes, and certify that no portion of the amount converted, transferred or rolled over is a required minimum distribution under applicable rules. If I have elected to convert an existing Traditional IRA with Glens Falls National Bank as custodian to a Roth IRA and have elected no withholding, I understand that I may be required to pay estimated tax and that insufficient payments of estimated tax may result in penalties.

If I have indicated a rollover from another Roth IRA, I certify that the information given herein is correct and acknowledge that adverse tax consequences or penalties could result from giving incorrect information. I certify that any rollover contribution to the Roth IRA was completed within 60 days after the amount was withdrawn from the other IRA.

I have received and read the applicable sections of the IRA Disclosure Statements relating to this Account, the Custodial Agreement, and this Adoption Agreement. I understand that my Account will be charged an annual Custody Fee as set forth on the first page of this Adoption Agreement. I understand that I have the right to revoke this Individual Retirement Account within seven (7) days of receiving the IRA Disclosure Statements by notifying The North Country Funds in writing.

I acknowledge that it is my sole responsibility to report all contributions to or withdrawals from the Account correctly on my tax returns, and to keep necessary records of all my IRAs (including any that may be held by another custodian or trustee) for tax purposes. All forms must be acceptable to the Custodian and dated and signed by me.

If Fund shares are being purchased on behalf of an Investment Company (as that term is defined under the Investment Company Act of 1940), 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 certifications required to avoid backup withholding.

Signature / / /
Date (month/day/year)

10. CUSTODIAN ACCEPTANCE

Glens Falls National Bank will accept appointment as Custodian of the Owner's Account. However, this Agreement is not binding upon the Custodian until the Owner has received a statement confirming the initial transaction for the Account. Receipt by the Owner of a confirmation of the purchase of the Fund shares indicated above will serve as notification of Glens Falls National Bank's acceptance of appointment as Custodian of the Owner's Account.

TO CONTACT US:

By Telephone Toll-free (888) 350-2990 Fax 402-963-9094 In Writing
The North Country Funds
PO Box 541150
Omaha, NE 68154
Or
Via Overnight
4221 N. 203rd Street, Suite 100
Elkhorn, NE 68022

<u>Website</u>

www.northcountryfunds.com

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FACTS

WHAT DO THE NORTH COUNTRY 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 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 The North Country Funds ("The Funds") choose to share; and whether you can limit this sharing.

Reasons we can share your personal information	Do The 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	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes—information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes—information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share

Who we are		
Who is providing this notice?	The North Country Funds	
What we do		
How do The 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. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you.	
How do The Funds collect my personal information?	we collect your personal information, for example, when you open an account or deposit money direct us to buy securities or direct us to sell your securities seek advice about your investments We also collect your personal information from others, such as credit bureaus, affiliates, or 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 non-affiliates 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. Our affiliates include financial companies such as Glens Falls National Bank and Trust Company and North Country Investment Advisers.	
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. • The Funds do not share with nonaffiliates so they can market you.	
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. The Funds do not jointly market.	