



NEW ACCOUNT APPLICATION

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

LPL Financial
Attn: Alternative Investments
1055 LPL Way
Ft. Mill, SC 29715

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

Please print clearly in CAPITAL LETTERS

To establish an account, the minimum initial investment for Class A and Class L shares is \$2,500. Once your account is established, the minimum for additional investments is \$100.

If you have any questions or need any help filling out the application, please call (888) 459-1059.

1. INITIAL INVESTMENT (Minimum initial investment is \$2,500 for Class A & Class L)

Initial Investment

Additional Investment

(Subsequent investments may be made with at least \$100 for regular accounts and \$50 for retirement plan accounts.)

Total Investment Amount \$ _____

Share Class

Class A (Advisory)

Class L (Brokerage)

Net Asset Value (NAV). I have read the prospectus and qualify for a complete waiver of the sales charge on Class L shares. Registered representatives may complete the Dealer Information section as proof of eligibility.

Reason for Waiver: _____

2. NON-CUSTODIAL 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

Trust or Plan Name _____
_____/_____/_____
Trust Date (mo/day/yr)

Email _____
Tax ID 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. CORPORATION OR OTHER ENTITIES

- 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 _____
Authorized Individual _____
Co-Authorized Individual _____

Tax ID Number _____
Social Security Number _____
Social Security Number _____

Email _____
_____/_____/_____
Date of Birth _____
_____/_____/_____
Date of Birth _____

3. CUSTODIAL ACCOUNT OWNERSHIP

- IRA (type): _____ Qualified Pension or Profit Sharing Plan Non-Qualified Custodial Account
 Other (specify): _____

Private Trust Company
Custodian/Trustee Name _____
Name of Trust (If Applicable) _____
Street Address _____
City, State, Zip _____
Email Address _____
Telephone _____

Investor Name _____
Investor Social Security Number _____
Joint Investor Name _____
Joint Investor Social Security Number _____
Custodian Tax ID # _____
Custodian Account # _____
Name of Custodian or Other Administrator _____

4. MAILING AND CONTACT INFORMATION

LEGAL ADDRESS (Must be a street address)

Street Address _____
City, State, Zip _____

Daytime Telephone _____
Evening Telephone _____

Please send mail to the address below. Please provide your primary legal address above, in addition to any mailing address (if different).

Street Address _____

City, State, Zip _____

5. 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.

6. DEALER/REGISTERED INVESTMENT ADVISOR INFORMATION

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

LPL Financial (Attn: Alternative Investments)

Dealer Name

1055 LPL Way

Address

Ft. Mill, SC 29715

City, State, Zip

Representative's Last Name,

First Name

REPRESENTATIVE'S BRANCH OFFICE

Address

City, State, ZIP

Rep Telephone Number

Rep ID Number

Rep Email Address

Brand ID Number

Branch Phone Number

7. 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.

8. 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 **Total Income+ Real Estate Fund** 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), 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 Date

Signature of joint owner (or corporate officer, partner or other) Date

Trustee (if applicable) Date

TO CONTACT THE FUND'S TRANSFER AGENT:

By Telephone

Toll free **(888) 459-1059**

In Writing

Total Income+ Real Estate Fund
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.bluerockfunds.com

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