AXONIC

AXONIC ALTERNATIVE INCOME FUND

NEW ACCOUNT APPLICATION

Contact Information:

Phone: 833-429-6642
Fax: 833-403-5945
Email: axonic.ai@dstsystems.com

Wire the purchase amount to:

Axonic Funds
UMB Bank
928 Grand Blvd.
Kansas City, MO 64106
Bank Routing Number: 101000695
Account Number: 98-7232-485-4

Overnight Mailing address:

Axonic Capital LLC
C/O SS&C
Suite 219576
801 Pennsylvania Avenue
Kansas City, MO 64105-1307

Regular Mailing Address:

Axonic Interval Funds PO
Box 219576
Kansas City, MO 64121-9576

Investors should consider the investment objectives, risks, charges and expenses of the funds carefully before investing. This and other information are contained in the fund's prospectus which may be obtained by contacting your financial advisor or Axonic representative or by visiting axonicfunds.com. Please read them carefully before you invest or send money.

DST Systems, Inc. distributor, 430 W. 7th Street, Kansas City, MO 64105

This application is for clients who wish to invest in the Axonic Alternative Income Fund. The Funds accept daily subscriptions, and will make quarterly repurchase offers for its outstanding common shares of beneficial interest ("Shares"). Shares are not listed on an exchange and no secondary market exists for Shares. Investors should consider Shares of the Fund to be an illiquid investment. For more information about the Fund, please visit axonicfunds.com.

Instructions

I. Please complete all sections of this application form. A new account confirmation will be mailed to you once the account has been established. Payment can be made by wire, electronic transfer from your checking or savings account, or check. The fund does not accept payment by cash, temporary/starter checks, credit cards, traveler's checks, credit card checks, money orders, checks drawn on non-U.S. banks (even if payment may be effected through a U.S bank), foreign checks or debit cards. If submitting your initial purchase by:

- **Wire** - Please fax or email your completed application and send the wire on the same day.

- **Electronic transfer (ACH)** - Please fax or email your completed application and check the box in section 1 for Axonic to draw the initial purchase amount from your bank account.

- **Check** - Please mail your application with a check made payable to Axonic Alternative Income Fund.

II. Once your new Axonic account is funded, subsequent purchases can be made by submitting a completed Purchase Form in the same manner as described above. Purchase Forms must be submitted by the account owner or an Authorized Person and received in good order by the Transfer Agent prior to NYSE close (or as otherwise noted in the prospectus). A Purchase Form can be acquired online at axonicfunds.com or by calling 212-259-0430.

If you have any questions about the Funds or the application, please call Axonic Client Services at 212-259-0430.

ACCOUNT APPLICATION

Important Information About Opening a New Account

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 investor who opens an account. When you open an account, we will ask for documents and information that will allow us to identify you and your organization. In order to process your application, you must complete all sections of the form.

1. Fund Selection(s)

Select the fund you are purchasing below and indicate the amount to be invested per fund.

All purchases must be received in good order by the Transfer Agent prior to NYSE close (or as otherwise noted in the prospectus). The minimum to invest is $50,000.

Fund name and share class	Fund ticker	Fund Number	Investment amount
☐ Axonic Alternative Income Fund (Class I)	AAIDX	4560	TOTAL: $_____

☐ Initial investment ☐ Additional investment

All purchases must be received in good order by the Transfer Agent prior to NYSE close (or as otherwise noted in the prospectus). The minimum to invest is $2,500.

Fund Name and Share Class	Fund Ticker	Fund Number	Investment Amount
☐ Axonic Alternative Income Fund (Class A)	AAIAX	4563	TOTAL: $_____

☐ Initial investment ☐ Additional investment

Please indicate how you will make your initial purchase:

☐ Wire

☐ Check

☐ Electronic transfer (ACH). I authorize the Transfer Agent of the Axonic Interval Funds to draw the purchase amount from the bank account provided in Section 8. The maximum amount allowable by ACH is $500,000. (The initial purchase will be debited from your bank account up to 2-3 business days after the application is received and the account is established.)

2. Account Registration

Please select only one type of registration below.

A. ☐ Individual or Joint Account

Name (First, Middle Initial, Last) _____

Date of Birth (mm/dd/yyyy)_____Social Security Number_____/_____/ _____

U.S. Citizen Resident Alien

Joint owner (First, Middle Initial, Last) _____

Date of Birth (mm/dd/yyyy)_____Social Security Number /_____/ _____

U.S. Citizen Resident Alien

Registration will be Joint Tenants with Right of Survivorship unless otherwise specified.

B. ☐ Qualified Account

All qualified accounts will require a custodian. Please list the custodian's information below. If you do not have a custodian, a default custodian will be assigned. Please note custodians may require additional account opening documentation. Please contact the fund with any questions.

Custodian Name _____

Custodian Address _____

Custodian Tax ID _____

Custodian Account Number _____

Traditional IRA Simple IRA SEP IRA Roth IRA Rollover IRA

C. ☐ **Partnership** (Complete C and Section 11: Certification Regarding Beneficial Owners of Legal Entity Customers)

Name _____

Tax ID Number _____

Attach a copy of the Partnership Agreement.

D. ☐ **UGMA/UTMA** (Complete D only)

Custodian's Name (First, Middle Initial, Last)_____

Date of Birth (mm/dd/yyyy)_____Social Security Number /_____/ _____

Minor's Name (Only one per account)_____

Date of Birth (mm/dd/yyyy)_____Social Security Number /_____/ _____

U.S. Citizen Resident Alien

E. ☐ **Trust** (Complete E only)

Name of Trust _____

Trust Agreement Date (mm/dd/yyyy) _____

Trustee's Name (First, Middle Initial, Last)_____

Date of Birth (mm/dd/yyyy)_____Social Security Number /_____/ _____

Trustee's Name (First, Middle Initial, Last)_____

Date of Birth (mm/dd/yyyy)_____Social Security Number /_____/ _____

Account will be established under (select one):

☐ Tax ID Number_____ or ☐ Social Security Number /_____/ _____

Attach copies of the title and signature page of the Trust Agreement.

F. ☐ **Institutional** (Complete F and, if applicable, Section 11: Certification Regarding Beneficial Owners of Legal Entity Customers) Account

Name _____

Client Name_____State_____ZIP Code _____

(If account is registered in nominee name, please provide the underlying client's name and locations.)

☐ U.S. Person ☐ Other_____Tax ID Number_____

Corporations: Attach the articles of incorporation and either a corporate resolution or the minutes of a board meeting documenting the Authorized Officers for your organization.

Limited Liability Companies: Attach a copy of the operating agreement.

Foundations and Endowments/Unincorporated Associations: Attach a copy of your organization's charter document and the minutes of a meeting documenting the Authorized Officer for your organization.

* See Exempt payee as defined in the instructions from the IRS Form W-9; www.irs.gov.

2. Account Registration (continued)

Institutional Account Type (select one)		
Beneficial Owners Certification Required *	**Non-Exempt Payee**	**Exempt Payee ****
S-Corp		
C-Corporation (non-publicly traded)		
Limited Liability Company		
Hospital/Medical Institution		
Non-profit		
College/university (private)		
No Beneficial Owners Certification Required	**Non-Exempt Payee**	**Exempt Payee ****
C-Corporation (publicly traded)		
Custodian/nominee		
College/university (public)		
Multi-employer		
Bank/credit union		
Insurance company separate account		

* Required to complete section 11: Beneficial Owners of Legal Entity Customers Supplement at the end of the application
** See Exempt payee as defined in the instructions from the IRS Form W-9; www.irs.gov.

3. Mailing Address and Telephone Number

Mailing Address: _____

(If you provide a P.O. Box, you must fill out Physical Address below)

City_____State_____ZIP Code ____

Email Address _____

Daytime Telephone Number _____

Physical Address (if mailing address is a P.O. Box): _____

(Required if different from above)

City_____State_____ZIP Code _____

4. Trusted Contact Information

In conjunction with new FINRA Rule 2165 and amendments to FINRA Rule 4512, that became effective on February 5, 2018, we are seeking to obtain the name and contact information for a "trusted contact" person for shareholder accounts. We could reach out to the "trusted contact" if, for example, we were unable to contact you after multiple attempts, or if you became subject to a disability, or we had reason to believe that you were being abused or exploited by a third party.

If you choose to provide information about a trusted contact person, you agree that the trusted contact you have listed below may be contacted by the firm about your account. You are also agreeing that the firm, or an associated person of the firm, is authorized to contact the trusted contact, and disclose information about your account, to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165. You are not required to provide a trusted contact person to us.

4. Trusted Contact Information (continued)

Please note, assigning a trusted contact does not give the trusted contact any discretionary authority over your account; accordingly, the individual you list, on the basis of being listed as a trusted contact, will not be able to make purchases, effectuate sales or disbursements, or conduct any other activity.

Trusted contact name_____Relationship to Owner ____

Home phone number _____Cell phone number _____

Email address _____

Mailing address _____

5. Dealer Information

☐ I/We do not have a financial advisor. By marking this box, I/we are certifying that there is no financial advisor associated with this account and that I/we take full responsibility for all investment selections made.

Dealer Name_____Representative's Name (First, Middle Initial, Last) _____

Rep ID Number_____Representative's Branch Office _____

Branch Office Address: _____

Branch Telephone Number: _____

Dealer Head office Address

Address _____

Telephone Number _____

6. Dividend and Capital Gain Reinvestment Plan

The Fund will declare its income dividends or capital gains or other distributions ("Distributions") payable in Shares, or, at the option of Shareholders, in cash. Therefore, **each Shareholder will have all Distributions, net of any applicable U.S. withholding taxes, on his or her Shares automatically reinvested in additional Shares, unless such Shareholder elects to receive such Distributions in cash** by contacting the Agent. An election to receive cash may be revoked or reinstated at the election of the Shareholder.

☐ Reinvest in the same fund that pays them.

☐ Pay by check to the mailing address of record on the account.

☐ Pay to 3rd Party/Brokerage Account

☐ Deposit via electronic transfer to my bank account.

* Shareholders located in Ohio, Maryland, New Jersey or Maine must make a selection.

7. Cost Basis Election

If an Exempt Payee account type was chosen in Section 2, then this section is not applicable.

The Internal Revenue Service (IRS) released mandatory cost basis regulations requiring fund companies to report cost basis information to shareholders and to the IRS on fund shares acquired and subsequently redeemed after January 1, 2012 (hereinafter referred to as "covered shares").

To comply with this regulation, we ask that you choose one of the following cost basis methods for your new account. You may wish to consult your tax advisor to determine which method best suits your individual tax situation.

If you do not elect a method, the fund default method of First In, First Out will apply until revoked or changed by you.

☐ **First In, First Out (FIFO):** Depletes shares beginning with the earliest acquisition date.

☐ **Average Cost (ACST):** A method for valuing the cost of covered shares in an account by averaging the effect of all covered transactions in the account. The average cost is calculated by taking the cumulative dollar cost of the covered shares owned and dividing it by the number of covered shares in the account. Non-covered securities are calculated separately from covered securities and are not reported to the IRS.

☐ **Last In, First Out (LIFO):** Depletes shares beginning with the latest acquisition date.

☐ **High Cost, First Out (HIFO):** Depletes shares beginning with shares purchased at the highest cost.

☐ **Low Cost, First Out (LOFO):** Depletes shares beginning with shares purchased at the lowest cost.

☐ **Loss/Gain Utilization (LGUT):** A method that evaluates losses and gains and then strategically selects lots based on that gain/loss in conjunction with a holding period.

☐ **Specific Lot Identification (SLID):** You will need to designate which specific shares to redeem at the time you place your redemption request. A secondary accounting method must also be selected below and will only be activated if the lots chosen are no longer available. If a secondary accounting method is not selected, the default method of First In, First Out will be applied until revoked or changed by you. Please note that Average Cost cannot be used as a secondary accounting method.

- ☐ First In, First Out (FIFO) Last
- ☐ In, First Out (LIFO) High
- ☐ Cost, First Out (HIFO) Low
- ☐ Cost, First Out (LOFO)
- ☐ Loss/Gain Utilization (LGUT)

A few things to note:

- *Your cost basis election method will be applied to all fund positions being opened with this account form as well as to all future funds added to this account unless otherwise indicated by you.*
- *If a method is not selected, your account will automatically default to the First In, First Out (FIFO) method until revoked or changed by you. Please note that if you have selected the First In, First Out (FIFO) method for existing shares and a redemption has occurred, this method cannot be revoked for these shares. However, a new method can be selected for new shares purchased in this account. Please consult your tax advisor to determine which method is most appropriate for you. Note that Axonic is unable to provide tax advice related to specific investments or accounts.*
- *If you would like more information about these options, you can call an Axonic Client Service Representative at (212) 259-0430.*

8. Bank Account Information

☐ Use the bank account information on the attached initial purchase check.

☐ Use the bank account information provided below.

Bank ABA Number_____Bank Account Number _____

Bank Account Name

_____

For the Benefit of _____

Bank Name _____ _____

Bank Contact_____Telephone Number _____

Please note that future changes to the wire instructions must be received in writing from the account owner or Authorized Person and must contain a Medallion Signature Guarantee or Signature Validation Program Stamp.

9. Signature(s) and Certification

I/We understand that my/our account will be automatically subject to certain email privileges and that Axonic Interval Funds and their affiliated persons and service providers shall not be liable for any loss incurred by me/us by reason of accepting unauthorized email requests for my/our account provided that Axonic Interval Funds and their affiliated persons and service providers follow reasonable procedures and believe the instructions to be genuine. The undersigned certify(ies) that I/we have full authority and, if a natural person, I/we am/are of legal age to purchase Shares pursuant to this application, have received a current prospectus and agree to be bound by all the terms, conditions and account features selected in any and all parts of this Application and the prospectus. A copy of the current prospectus(es) can be accessed at axonicfunds.com. Additionally, the undersigned agree(s) that I/we will access and review an applicable then current prospectus for any additional Axonic Interval Funds that I/we may purchase in the future prior to completing any purchase of each such Axonic Interval Funds and in each case agree(s) to be bound by all of the terms, conditions and account features in each then applicable prospectus. **Under the penalties of perjury, I certify that: (i) the number shown in Section 2 above is my correct Social Security/Taxpayer Identification Number or Government Issued ID number, or I have applied, or will apply, for such a number and will provide it within sixty (60) days after signing this application [if I don't supply such a number within sixty (60) days, I am subject to withholding tax], (ii) I am not subject to backup withholding because the IRS (a) has not notified me that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) has rescinded a previously imposed backup withholding requirement, and (iii) I am a U.S. Person (including a U.S. Resident Alien). I am aware that if the Social Security/Tax Identification Number or Government Issued ID number I have provided is incorrect, I am subject to backup withholding.** I/We understand that in accordance with applicable state regulations, my/our account balance may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law. I represent I understand that one copy of prospectuses and annual/semiannual reports will be mailed to a single household ("householding"), thereby eliminating wasteful duplication, and a household is defined as two or more investors with the same last name and address. [ ] Check here if you do not want your account to be combined with others in your household.

If you are subject to backup withholding, please cross out number (ii) above. The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Signature of Account Owner(s) or Authorized Person(s):

Signature X_____ Date _____

Signature X_____ Date _____

Signature X_____ Date _____

10. Account Access and Mutual Fund Literature for Institutions

Control Person (required): For one individual with significant responsibility for managing the legal entity listed above, such as: an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions.

First Name_____Last Name _____

Address _____

(Residential or Business Address; P.O. Box is not allowed)

City_____State_____ZIP Code _____

Date of Birth (mm/dd/yyyy)_____Social Security Number /_____/ _____

Passport Number (Non-US Person)_____Country of Issuance_____

Citizenship: ☐ US Citizen ☐ US Resident Alien ☐ Non-US

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11. Beneficial Owners

Beneficial Owners: Persons opening an account on behalf of a legal entity must provide the following information for individual, **if any**, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above (If no individual meets this definition, please write "Not Applicable.")

First Name_____Last Name _____

Address _____

(Residential or Business Address; P.O. Box is not allowed)

City_____State_____ZIP Code _____

Date of Birth (mm/dd/yyyy)_____Social Security Number_____/_____/ _____

Passport Number (Non-US Person)_____Country of Issuance_____

Citizenship: US Citizen US Resident Alien Non-US

First Name_____Last Name _____

Address _____

(Residential or Business Address; P.O. Box is not allowed)

City_____State_____ZIP Code _____

Date of Birth (mm/dd/yyyy)_____Social Security Number /_____/ _____

Passport Number (Non-US Person)_____Country of Issuance_____

Citizenship: ☐ US Citizen ☐ US Resident Alien ☐ Non-US

If there are additional individuals, attach a separate page that includes all of the information requested above. Sign and date the page.

In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Legal Entity Identifier_____(Optional)

Privacy Policy

Axonic Interval Funds (collectively, the "Funds")

Axonic Capital LLC

The Funds[1,2] consider customer privacy to be a fundamental aspect of their relationships with shareholders and are committed to maintaining the confidentiality, integrity and security of their current, prospective and former shareholders' non-public personal information. The Funds have developed policies that are designed to protect this confidentiality, while allowing shareholder needs to be served.

Obtaining Personal Information

In the course of providing shareholders with products and services, the Funds and certain service providers to the Funds, such as the Funds' investment adviser or sub-advisers ("Advisers"), may obtain non-public personal information about shareholders, which may come from sources such as account applications and other forms, from other written, electronic or verbal correspondence, from shareholder transactions, from a shareholder's brokerage or financial advisory firm, financial advisor or consultant, and/or from information captured on applicable websites.

Respecting Your Privacy

As a matter of policy, the Funds do not disclose any non-public personal information provided by shareholders or gathered by the Funds to non-affiliated third parties, except as required or permitted by law or as necessary for such third parties to perform their agreements with respect to the Funds. As is common in the industry, non-affiliated companies may from time to time be used to provide certain services, such as preparing and mailing prospectuses, reports, account statements and other information, conducting research on shareholder satisfaction and gathering shareholder proxies. The Funds or their affiliates may also retain non-affiliated companies to market Fund shares or products which use Fund shares and enter into joint marketing arrangements with them and other companies. These companies may have access to a shareholder's personal and account information, but are permitted to use this information solely to provide the specific service or as otherwise permitted by law. In most cases, the shareholders will be clients of a third party, but the Funds may also provide a shareholder's personal and account information to the shareholder's respective brokerage or financial advisory firm and/or financial advisor or consultant.

Sharing Information with Third Parties

The Funds reserve the right to disclose or report personal or account information to non-affiliated third parties in limited circumstances where the Funds believe in good faith that disclosure is required under law, to cooperate with regulators or law enforcement authorities, to protect their rights or property, or upon reasonable request by any Fund in which a shareholder has invested. In addition, the Funds may disclose information about a shareholder or a shareholder's accounts to a non-affiliated third party at the shareholder's request or with the consent of the shareholder.

Sharing Information with Affiliates

The Funds may share shareholder information with their affiliates in connection with servicing shareholders' accounts, and subject to applicable law may provide shareholders with information about products and services that the Funds or their Advisers, distributors or their affiliates ("Service Affiliates") believe may be of interest to such shareholders. The information that the Funds may share may include, for example, a shareholder's participation in the Funds or in other investment programs sponsored by a Service Affiliate, a shareholder's ownership of certain types of accounts (such as IRAs), information about the Funds' experiences or transactions with a shareholder, information captured on applicable websites, or other data about a shareholder's accounts, subject to applicable law. The Funds' Service Affiliates, in turn, are not permitted to share shareholder information with non- affiliated entities, except as required or permitted by law.

Procedures to Safeguard Private Information

The Funds take seriously the obligation to safeguard shareholder non-public personal information. In addition to this policy, the Funds have implemented procedures that are designed to restrict access to a shareholder's non-public personal information to internal personnel who need to know that information to perform their jobs, such as servicing shareholder accounts or notifying shareholders of new products or services. Physical, electronic and procedural safeguards are in place to guard a shareholder's non-public personal information.

Information Collected from Websites

Websites maintained by the Funds or their service providers may use a variety of technologies to collect information that help the Funds and their service providers understand how the website is used. Information collected from your web browser (including small files stored on your device that are commonly referred to as "cookies") allow the websites to recognize your web browser and help to personalize and improve your user experience and enhance navigation of the website. In addition, the Funds or their Service Affiliates may use third parties to place advertisements for the Funds on other websites, including banner advertisements. Such third parties may collect anonymous information through the use of cookies or action tags (such as web beacons). The information these third parties collect is generally limited to technical and web navigation information, such as your IP address, web pages visited and browser type, and does not include personally identifiable information such as name, address, phone number or email address.

You can change your cookie preferences by changing the setting on your web browser to delete or reject cookies. If you delete or reject cookies, some website pages may not function properly.

Changes to the Privacy Policy

From time to time, the Funds may update or revise this privacy policy. If there are changes to the terms of this privacy policy, documents containing the revised policy on the relevant website will be updated.

[2] DST Systems, Inc (DST) serves as the Funds' distributor. This Privacy Policy applies to the activities of DST to the extent that DST regularly effects or engages in transactions with or for a Fund shareholder who is the record owner of such shares. For purposes of this Privacy Policy, references to "the Funds" shall include DST when acting in this capacity.

[3] When distributing this Policy, a Fund may combine the distribution with any similar distribution of its investment adviser's privacy policy. The distributed, combined policy may be written in the first person (i.e., by using "we" instead of "the Funds").