RIVERNORTH® FUNDS

USA PATRIOT ACT

SUPPLEMENT INSERT TO APPLICATIONS

This form must be completed and returned along with an application.

In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account or others who may be authorized to act on an account.

What this means for you:

When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. The information is required for all owners, co-owners, or anyone who will be signing on behalf of a legal entity that will own the account. We may also ask to see your driver's license or other identifying documents. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes.

SECTION 1: Registered Owner #1

(*Denotes Required Information)

Name* ***(First, Middle Initial, Last)***

Social Security Number* | Date of Birth* *(MM/DD/YY)*

Address of Residence* - *P.O. Box is not accepted* | City, State, Zip

Mailing Address - *If different from above (P.O. Boxes accepted)* | City, State, Zip

( ) Day Phone* | ( ) Evening Phone

SECTION 2: Registered Owner #2

(*Denotes Required Information)

Name* ***(First, Middle Initial, Last)***

Social Security Number* | Date of Birth* *(MM/DD/YY)*

Address of Residence* - *P.O. Box is not accepted* | City, State, Zip

Mailing Address - *If different from above (P.O. Boxes accepted)* | City, State, Zip

( ) Day Phone* | ( ) Evening Phone

SECTION 3: Registered Owner #3

(*Denotes Required Information)

Name* ***(First, Middle Initial, Last)***

Social Security Number* | Date of Birth* *(MM/DD/YY)*

Address of Residence* - *P.O. Box is not accepted* | City, State, Zip

Mailing Address - *If different from above (P.O. Boxes accepted)* | City, State, Zip

( ) Day Phone* | ( ) Evening Phone

Note: If there are additional owners on the account, please provide the necessary information on a separate sheet attached to this form.

SECTION 4: Signature

By signing this form, I certify that the information provided is accurate and I acknowledge that Shareholder Services will use this information to attempt to verify my identity. Shareholder Services is requesting a copy of the articles of incorporation, partnership document, trust agreement or other similar documents solely for the purpose of allowing us to verify the identity as required by federal law. Shareholder Services is not assuming any responsibility for monitoring, maintaining, interpreting, or enforcing any terms or provisions of those documents.
All owners must sign.

Shareholder, Custodian, Trustee, or Authorized Officer — Date *(MM/DD/YY)*

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Shareholder, Custodian, Trustee, or Authorized Officer — Date *(MM/DD/YY)*

Please mail completed form and application to:

Mailing Address	**Overnight Address**
RiverNorth Funds	RiverNorth Funds
P.O. Box 1920	1290 Broadway, Suite 1100
Denver, CO 80201	Denver, CO 80203

If you have any questions, please contact an Investor Service Representative at 1-888-848-7569 or visit www.rivernorth.com.