

GLOBAL FUNDS SPC INC.

APPLICATION FOR PURCHASE OF SHARES

FOR OFFICIAL USE ONLY

Client #:

Account #:

INDIVIDUALS

Investment Selection:

Ownership: *Select one (1) option ONLY*

| NAME OF FUND (TICK ✓ which applies) | Amount Invested |
|---|-----------------|
| <input type="checkbox"/> Fortress Emerging Markets Fund SP | |
| <input type="checkbox"/> Fortress International Equity Fund SP | |
| <input type="checkbox"/> Fortress US Equity Fund SP | |
| <input type="checkbox"/> Fortress Global Opportunity Wealth Fund SP | |
| <input type="checkbox"/> Fortress Fixed Income Fund SP | |

Individual

Joint *(requires either shareholder signature for redemptions)*

Joint *(requires two signatures for redemptions)*

Primary Shareholder

Joint Shareholder (if applicable)

| | | | |
|---|-------------|-----------------|--|
| Dr. Mr. Mrs. Miss. Ms. | First Name: | Middle Name(s): | |
| | Surname: | | |
| Permanent Address: | | | |
| Parish/Province/State: | | | |
| Postal Code: | | Country: | |
| Mailing Address <i>(if different than above)</i> : | | | |
| Parish/Province/State: | | | |
| Postal Code: | | Country: | |
| Tel: (W) | Tel: (H) | Tel: (C) | |
| Email: | | | |
| Date of Birth (mm/dd/yyyy): | | | |
| Barbados Residency Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident | | | |
| Nationality/Citizenship <i>(list all which apply)</i> : | | | |
| Occupation: | | Employer: | |
| Enclosed certified proof of address <i>(any ONE of the following)</i> : <input type="checkbox"/> Recent Utility Bill <input type="checkbox"/> Bank or Credit Card Statement <input type="checkbox"/> Other: | | | |
| Enclosed identification <i>(certified copy of any ONE of the following)</i> : <input type="checkbox"/> National I.D. Card <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport | | | |
| Kindly enter the identification numbers for the I.D.s you have supplied: National I.D. #: Driver's License #: Passport #: | | | |

| | | | |
|---|-------------|-----------------|--|
| Dr. Mr. Mrs. Miss. Ms. | First Name: | Middle Name(s): | |
| | Surname: | | |
| Permanent Address: | | | |
| Parish/Province/State: | | | |
| Postal Code: | | Country: | |
| Mailing Address <i>(if different than above)</i> : | | | |
| Parish/Province/State: | | | |
| Postal Code: | | Country: | |
| Tel: (W) | Tel: (H) | Tel: (C) | |
| Email: | | | |
| Date of Birth (mm/dd/yyyy): | | | |
| Barbados Residency Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident | | | |
| Nationality/Citizenship <i>(list all which apply)</i> : | | | |
| Occupation: | | Employer: | |
| Enclosed certified proof of address <i>(any ONE of the following)</i> : <input type="checkbox"/> Recent Utility Bill <input type="checkbox"/> Bank or Credit Card Statement <input type="checkbox"/> Other: | | | |
| Enclosed identification <i>(certified copy of any ONE of the following)</i> : <input type="checkbox"/> National I.D. Card <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport | | | |
| Kindly enter the identification numbers for the I.D.s you have supplied: National I.D. #: Driver's License #: Passport #: | | | |

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FUNDING & ACTIVITY

Anti-money laundering legislation requires that we ask:

Are any of the applicant(s) or immediate family members a current or former senior government, political or military official, or do any of them have a **relative** or **close connection** who is a current or former senior government, political or military official?

Yes No

If Yes, please provide details: _____

Source of Initial Investment Funds

Inheritance Savings Other

Other (please give details): _____

Source of Wealth (funds that will continue the account): _____

Account Activity

Expected transaction frequency and level of activity:

One off Monthly Quarterly Annually
\$ _____ \$ _____ \$ _____ \$ _____

Would you like online access to the account?

Yes (if yes provide email address of primary contact): _____

No

SELF-CERTIFICATION**INSTRUCTIONS FOR COMPLETION**

We are obliged under relevant laws, treaties and intergovernmental agreements relating to the **automatic exchange of information** for tax matters (collectively "AEOI"), to collect certain information about each account holder's tax status. Please complete the following sections as directed and provide any additional information that is requested. Please note that we may be obliged to share this information with relevant tax authorities. Terms referenced in this form shall have the same meaning as applicable under the relevant Regulations, Guidance Notes or international agreements.

If any of the following information regarding your tax residence or classification changes in the future, please ensure you advise us of these changes promptly.

Client #:

Account #:

DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES

Complete the section below if you [primary or joint shareholder(s)] have non-U.S. tax residences.

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country).

| Primary Shareholder | | |
|---|--|---|
| Country/countries of tax residency | Tax reference number type <i>e.g. Tax Identification Number</i> | Tax reference number <i>e.g. # 000000-0000</i> |
| | | |
| | | |
| Please indicate not applicable if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent. If applicable, please specify the reason for non-availability of a tax reference number: _____ | | |
| Joint Shareholder | | |
| Country/countries of tax residency | Tax reference number type <i>e.g. Tax Identification Number</i> | Tax reference number <i>e.g. # 000000-0000</i> |
| | | |
| | | |
| Please indicate not applicable if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent. If applicable, please specify the reason for non-availability of a tax reference number: _____ | | |

Please tick either (a) or (b) or (c) and complete as appropriate.

| Primary Shareholder | Joint Shareholder (if applicable) |
|--|--|
| a. <input type="checkbox"/> I confirm that I am a U.S. citizen and/or resident in the U.S. for tax purposes (green card holder or resident under the substantial presence test) and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows: _____ | a. <input type="checkbox"/> I confirm that I am a U.S. citizen and/or resident in the U.S. for tax purposes (green card holder or resident under the substantial presence test) and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows: _____ |
| b. <input type="checkbox"/> I confirm that I was born in the U.S. (or a U.S. territory) but am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents. | b. <input type="checkbox"/> I confirm that I was born in the U.S. (or a U.S. territory) but am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents. |
| c. <input type="checkbox"/> I confirm that I am not a U.S. citizen or resident in the U.S. for tax purposes. | c. <input type="checkbox"/> I confirm that I am not a U.S. citizen or resident in the U.S. for tax purposes. |

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Client #:

Account #:

TERMS & CONDITIONS

I/We confirm:

1. That I/we have read the Offering Memorandum and Supplements, and am/are aware of the nature of the investment opportunity and the related risks;
2. That I/we am/are aware that the objective of the Fortress Global Funds SPC (the "Fund(s)") has an emphasis on generating capital appreciation, rather than on interest income or dividends;
3. That I/we am/are aware that there is an assumption of an average amount of market risk and volatility or loss of principal to achieve higher returns and;
4. That I/we understand, that the value of shares in the Fund(s) are not guaranteed, nor are they insured by any authority, as the value of the shares can go down as well as up, and there is no guarantee of the achievement of the objectives of the Fund(s).
5. That for amounts invested that are equal to and exceed USD \$5,000 or its equivalent, a Declaration of Source of Funds form must be completed before subscriptions are accepted. Completion of an Anti-Money Laundering form may be requested at the discretion of the Fund for amounts below USD \$5,000.
6. That the information in this application is true, complete and accurate.
7. That all transactions to the above-described account are and will be beneficially owned by the account holder(s).
8. That I/we agree to advise the recipient promptly and provide an updated self-certification form within 30 days where any change in circumstances occurs that could affect the operation of the Account including changes to the account holders' full and correct name, nationality, immigration or residency status, or any other change which causes any of the information contained in this form to be inaccurate or incomplete
9. That the recipient, may obtain independent verification of information provided in the application.
10. That where legally obliged to do so, I/we hereby consent to the recipient sharing this information with the relevant tax information authorities.
11. I/We understand that investment in the Fund(s) is on a private basis and only appropriate for those whose investment experience is such that they are capable, in conjunction with their advisers, of evaluating the risks of these investments, have no need for the investment to be liquid and can afford the loss of the whole investment.
12. I/We are responsible for compliance with all laws and regulations affecting the purchase of these Funds and I/We declare that the Shares are not being acquired or held beneficially by or for a US person or other non-qualified person as described in the Offering Memorandum and applicable Supplements.
13. I/We understand and agree that the Offering Memorandum does not constitute an offer or solicitation to anyone in any jurisdiction in which such offer or solicitation is not authorised or to any person to whom it is unlawful to make such offer or solicitation.

| | | | |
|-----------------------------------|--|-------|--|
| Primary Shareholder (print name): | | | |
| Primary Shareholder Signature: | | Date: | |
| Joint Shareholder (print name): | | | |
| Joint Shareholder Signature: | | Date: | |

U.S. RESIDENCY VERIFICATION

Please tick one of the boxes below accordingly:

I/We certify that the holders of this account are/ are not citizens of the USA or resident for tax purposes.

DATA PROTECTION

Please (1) initial and (2) sign below:

All personal data acquired by Fortress Fund Managers from (1) _____ shall only be used for the purposes of this Agreement and shall not be further processed or disclosed without the consent of (2) _____ except where disclosure is mandatory based on the laws of Barbados.

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| | | | |
|--|--|--------------|-----------------------------|
| Verification of: Existing Account <input type="checkbox"/> YES <input type="checkbox"/> NO | Link <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| <input type="checkbox"/> Valid government issued I.D. <input type="checkbox"/> Proof of address | <input type="checkbox"/> Risk rating completed <input type="checkbox"/> Source of funds (for investments of \$10,000 or more) | | |
| Checked/Approved by Compliance Officer: | Agent Name (if applicable): | Received by: | Date Received (dd/mm/yyyy): |

Additional Comments:

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Account #:

INSTRUCTIONS - AUTHORITY AND INDEMNITY

Tick All That Apply: VERBAL FAX EMAIL

To: Fortress Global Funds Ltd SPC

It would be convenient and in my/our interest if I/we could at any time and from time to time send verbal instructions/facsimile transmissions/instructions by means of electronic mail to Fortress Global Funds Ltd SPC ("the funds") in relation to any and all my/our existing accounts, facilities and other agreements with Fortress Global Funds Ltd SPC and any accounts, facilities and other arrangements which I/we may now or in the future have with the funds.

In consideration of the funds agreeing to accept verbal instructions/facsimile transmissions/instructions by means of electronic mail from me/us as aforesaid, I/we agree:

1. That the funds may act on any verbal instructions/facsimile transmissions/instructions by means of electronic mail given by me/us from time to time, and I/we voluntarily and with full knowledge take and assume any and all risks associated therewith;
2. That once verbal instructions/facsimile transmissions/instructions by means of electronic mail have been given to the funds purportedly by the person (or by any of the persons, if more than one) specified below, the funds shall have no obligation to check or verify the authenticity or accuracy of such verbal instructions/ facsimile transmissions/instructions by means of electronic mail purporting to have been sent by me/us and may act thereon as if same had been duly given by me/us;
3. That in acting on verbal instructions/facsimile transmissions/instructions by means of electronic mail the funds shall be deemed to have acted properly and to have fully performed all obligations owed to me/us, notwithstanding that such verbal instructions/facsimile transmissions/instructions by means of electronic mail may have been initiated, sent or otherwise communicated in error or fraudulently, and I/we shall be bound by any verbal instructions/facsimile transmissions/instructions by means of electronic mail on which the funds may act if the funds has in good faith acted in the belief that such verbal instructions/facsimile transmissions/instructions by means of electronic mail were given by me/us;
4. That the funds may, in its absolute discretion, decline to act or in accordance with the whole or any part of a verbal instruction/facsimile transmission/instruction by means of electronic mail pending further enquiry to or further confirmation (whether written or otherwise) by me/us, so however that the funds shall not be under any obligation to so decline in any case, and the funds shall in no event or circumstance be liable in any respect for not so declining; and
5. To release the funds from and indemnify the funds against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to, the funds having acted in accordance with the whole or any part of any verbal instruction/facsimile transmissions/instructions by means of electronic mail or having exercised (or failed to exercise) the discretion upon the funds in Clause 4 above.

For email indemnity, please list all authorised persons and e-mail addresses below:

| | |
|-------|--------|
| Name: | Email: |
| Name: | Email: |

Please note that correspondence originating only from the above email addresses will be acknowledged.

| | |
|-----------------------------------|-------|
| Primary Shareholder (print name): | |
| Primary Shareholder Signature: | Date: |
| Joint Shareholder (print name): | |
| Joint Shareholder Signature: | Date: |

Supporting Documents

Securities regulations require that we perform **Know Your Client** and **Anti-Money Laundering** due diligence as part of this Application Form & Subscription Agreement. To comply with this, please send the following documents with the original Subscription Agreement to Fortress Fund Managers Limited at the address above. Prior to sending the documents and placing the order, however, **please fax or email**, to the above contact details, the collected due diligence and Application Form & Subscription Agreement for approval. A follow up email will be provided once reviewed. Upon receipt of an email approval, the originals may be sent and the investment amount may be wired to the custodian to continue the subscription process. The due diligence requirements are as follows:

- Two certified copies of photo identification. This includes a certified copy of the investor's passport, the front and back of the investor's driver's licence or other government-issued identification showing the investor's full name, nationality, date of birth, photograph and signature.
- An original or certified copy of a bill or statement (less than three months old) that confirms the investor's residential address. For example: utility bill, bank statement, credit card statement, property tax bill or pension statement.

- A professional reference letter (less than three months old), written by a professional (lawyer, accountant, etc.) who has known the investor for at least three years and can verify the investor's good standing.

OR

- A bank reference letter (less than three months old). This letter should state how long the investor has had the account and that the account is in good standing.

Please contact us if you would like a template for either of these letters.

Note: Certification (that the document is a true copy of the original and that the photograph is a true likeness) should be by a notary public, lawyer or accountant known or otherwise satisfactory to the Fund, or by a manager of a regulated financial institution.

All applications should be accompanied with a Declaration of Source of Funds (please see following page).

DECLARATION OF SOURCE OF FUNDS

Anti-Money Laundering regulations require that we collect the information contained in the form below for **each investment**. Please include with all subscriptions, initial and subsequent.

Office use: Account # _____

| | | | |
|---|---------------|-------------------|-----------------------|
| Name: | | | |
| Address: | | | |
| Telephone: | Work: | Home: | Cell: |
| Date of Birth (mm/dd/year): | | Country of Birth: | Country of Residence: |
| Occupation: | | | |
| Employer: | | | |
| Please provide any two pieces of the following identification. | | | |
| | NUMBER | ISSUER | |
| Passport | | | |
| Driver's Licence | | | |
| Other I.D. | | | |

Please complete this section:

| NAME OF FUND (TICK <input checked="" type="checkbox"/> which applies) | CURRENCY | AMOUNT |
|---|----------|--------|
| <input type="checkbox"/> Fortress Emerging Markets Fund SP | | |
| <input type="checkbox"/> Fortress International Equity Fund SP | | |
| <input type="checkbox"/> Fortress US Equity Fund SP | | |
| <input type="checkbox"/> Fortress Global Opportunity Wealth Fund SP | | |
| <input type="checkbox"/> Fortress Fixed Income Fund SP | | |

I declare that the source of this currency is: Savings Sale of property / investments
 Inheritance Other (Please Specify) _____

ANTI-MONEY LAUNDERING LEGISLATION REQUIRES THAT THE SOURCE OF FUNDS BE DECLARED AND VERIFIED.

| | | |
|----------------------------------|-----------------------------------|---|
| _____ Shareholder's Signature | _____ Staff Member's Signature | _____ Compliance Officer's Signature |
| _____ Date (mm/dd/year) | _____ Date (mm/dd/year) | _____ Date (mm/dd/year) |

Method of Payment for Subscriptions

Subscription payments must be made prior to the applicable Valuation Date by **wire transfer only**. The applicable Valuation Date for your subscription will be the first Valuation Date occurring on or after the day of receipt of the application form.

You can provide a copy of this page directly to your financial institution to assist with the wire instruction.

To: Wells Fargo Bank, N.A., New York, NY
SWIFT Code: PNBUS3NNYC
ABA Code: 026005092
For Credit to: FirstCaribbean International Bank (Cayman) Limited
SWIFT Code: FCIBKYKY

For Further Credit to:

- Fortress Emerging Markets Fund SP**
Account Number: 10457291
Subscription Amount: _____
- Fortress International Equity Fund SP**
Account Number: 10457287
Subscription Amount: _____
- Fortress US Equity Fund SP**
Account Number: 10457285
Subscription Amount: _____
- Fortress Global Opportunity Wealth Fund SP**
Account Number: 10457290
Subscription Amount: _____
- Fortress Fixed Income Fund SP**
Account Number: 10466947
Subscription Amount: _____

Beneficiary Address:

Windward 3, Regatta Office Park, George
Town, Grand Cayman, Cayman Islands KY1-1108