

APPLICATION FOR PURCHASE OF SHARES

FOR OFFICIAL USE ONLY

Client #:

Account #:

INDIVIDUALS

Investment Selection: *Select one (1) option ONLY*

Ownership: *Select one (1) option ONLY*

Fortress Caribbean Growth Fund

Make cheques payable to Fortress Mutual Fund Ltd.

Initial Investment

\$ _____

Fortress Caribbean High Interest Fund

Make cheques payable to Fortress Caribbean High Interest Fund

Initial Investment

\$ _____

Individual

Joint *(requires either shareholder signature for redemptions)*

Joint *(requires two signatures for redemptions)*

Primary Shareholder

Joint Shareholder (if applicable)

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

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

FUNDING & ACTIVITY

Client #:
Account #:

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 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.

SELF-CERTIFICATION CONT'D

Client #:
Account #:

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. TAMIS 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. TAMIS 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: _____		

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

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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Account #:

TERMS & CONDITIONS

I/We confirm:

1. That I/we have read the prospectus, 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 Caribbean Growth Fund has an emphasis on generating capital appreciation, rather than on interest income or dividends;
3. That I/we am/are aware that the objective of the Fortress Caribbean High Interest Fund is to achieve the highest level of income compatible with the preservation of capital;
4. 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;
5. That I/we understand, that the value of shares in the Fund 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.
6. That for amounts invested that are equal to and exceed Bds \$10,000 or its equivalent, an Anti-Money Laundering 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 Bds \$10,000.
7. That the information in this application is true, complete and accurate.
8. That all transactions to the above described account are and will be beneficially owned by the account holder(s).
9. 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
10. That the recipient, may obtain independent verification of information provided in the application.
11. That where legally obliged to do so, I/we hereby consent to the recipient sharing this information with the relevant tax information authorities.
12. Where an account is held jointly by more than one shareholder, we understand that in the case of death of a joint shareholder(s), the surviving shareholder(s) will be entitled to the shares in the account, not the legal representative of the deceased joint shareholder.

Electronic Signatures:

I/We agree that my/our electronic signature is the legal equivalent of my/our manual/handwritten signature on this document. By signing electronically, I/we consent to the legally binding terms and conditions of this document. I/We further agree that my/our signature on this document is as valid as if I/we signed the document in writing. I/We are also confirming that I/we are authorized to enter into this Agreement. If I am signing this document on behalf of a minor, I represent and warrant that I am the minor's parent or legal guardian.

I/We may decline to electronically sign this document and withdraw my consent to sign this document electronically by contacting the signature requestor directly, which may delay transactions. I/We may contact the signature requestor separately to request to sign this document on paper or to receive a paper copy of the signed document.

DATA PROTECTION

I/We consent to Fortress Fund Managers Limited collecting and processing my/our personal data for this application, account administration, and compliance with the laws of Barbados. My/Our data will not be further processed or disclosed without my/our consent, except where mandatory based on the laws of Barbados. I/We understand that I/we may access, correct, or withdraw this consent at any time.

<i>Primary Shareholder (print name):</i>			
<i>Primary Shareholder Signature:</i>		<i>Date:</i>	
<i>Joint Shareholder (print name):</i>			
<i>Joint Shareholder Signature:</i>		<i>Date:</i>	

INSTRUCTIONS - AUTHORITY AND INDEMNITY

Client #:
Account #:

Tick All That Apply: VERBAL EMAIL

To: Fortress Fund Managers Ltd.

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 Fund Managers Ltd. ("FFM") in relation to any and all my/our existing accounts, facilities and other agreements with Fortress Fund Managers Ltd. and any accounts, facilities and other arrangements which I/we may now or in the future have with FFM.

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

1. That FFM 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 FFM purportedly by the person (or by any of the persons, if more than one) specified below, FFM 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 FFM 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 FFM may act if FFM 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 FFM 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 FFM shall not be under any obligation to so decline in any case, and FFM shall in no event or circumstance be liable in any respect for not so declining; and
5. To release FFM from and indemnify FFM against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to, FFM 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 FFM 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:

FOR OFFICIAL USE ONLY

<i>Verification of:</i> 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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