



**Pomona Investment Fund Investor Initial Application  
(Class A & Class I Shares)**

This Investor Application is utilized for the offering of shares of beneficial interest (the “Shares”) of the Pomona Investment Fund (the “Fund”).

<b>Subscription Action</b>	<b>Deadline</b>
Investor Application Received by Transfer Agent	<b>FIVE BUSINESS DAYS</b> before month end
Subscription Funding via Wire Received	<b>THREE BUSINESS DAYS</b> before month end
Subscription Funding via Check Received	<b>TEN BUSINESS DAYS</b> before month end

Completed applications, including custodial section, if applicable, can be sent to:  
**[pomona@ultimusfundsolutions.com](mailto:pomona@ultimusfundsolutions.com)**, with a Cc: to **[PIFIR@pomonacapital.com](mailto:PIFIR@pomonacapital.com)**

**NOTES:**

- Subscriptions by individual retirement accounts (IRAs) require the signature of the qualified IRA custodian or trustee*
- Subscriptions through firms that are custodied require custodial signoff on all purchase paperwork*
- DocuSign signatures are accepted with the accompaniment of a DocuSign Certificate of Completion*

<b>Points of Contact and Mailing</b>	<b>Contact Information</b>
Direct questions via phone:	<i>Phone Number: 1-844-2-POMONA (1-844-276-6662)</i>
Fax Documents and/or Requests	<i>Fax Number: 402-609-7043</i>
For more information, visit our website:	<i>Website: <a href="https://www.pomonacapital.com/">https://www.pomonacapital.com/</a></i>
U.S. Mailing Address:	Pomona Investment Fund PO Box 46707 Cincinnati, OH 45246
Overnight Address:	Pomona Investment Fund 225 Pictoria Dr, Suite 450 Cincinnati, OH 45246

**Wiring Instructions:**  
 UMB Bank N.A.  
 928 Grand Boulevard  
 Kansas City, MO 64106  
 ABA: 101000695  
 Account Number: 9872335716  
 Account Name: UMB Escrow for Pomona Investment Fund  
 FBO: (Insert Investor Name)

## Acknowledgment

- A. I agree to become a shareholder of the Fund and in connection therewith subscribe for and agree to purchase Shares of the Fund on the terms provided for herein, in the Prospectus, the Statement of Additional Information, the Agreement and Declaration of Trust, and the By-Laws (collectively, the "Fund Agreements") and in the Privacy Policy of the Fund in which I am investing and agree to be bound by their terms and conditions. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- B. I authorize the Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with the procedures described in the Prospectus for this account. I agree that neither the Fund nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions.
- C. I am aware that an investment in the Fund involves substantial risks and have determined that a subscription is a suitable investment for me and that, at this time, I can bear a complete loss of my entire investment therein.
- D. I understand that under the Fund Agreements, shareholders cannot withdraw from the Fund and Shares cannot be transferred, except as provided in the Fund Agreements. I understand that liquidity will generally only be available through periodic tender offers by the Fund, that the Fund is under no legal obligation to conduct any such tender offers. Consequently, I acknowledge that I am aware that I may have to bear the economic risk of investment in the Fund indefinitely.
- E. I will acquire Shares of the Fund for my own account for investment purposes only, and not with a view to or for the re-sale, distribution or fractionalization thereof, in whole or in part. I agree not to offer, sell, transfer, pledge, hypothecate or otherwise dispose of, directly or indirectly, all or any number of the Shares or any interest therein, except in accordance with the terms and provisions of the Fund Agreements and applicable law.
- F. I certify that I am not a Foreign Financial Institution as defined in the U.S.A. Patriot Act.
- G.
1. I certify that if I am a Fiduciary executing this investor certification on behalf of an employee benefit plan as defined in Section 3(3) of the United States Employee Retirement Income Security Act of 1974, as amended ("ERISA"), that is subject to ERISA (a "Plan"), I represent and warrant that Pomona Management LLC (the "Investment Manager"), and its affiliates have not acted as a Fiduciary under ERISA with respect to the purchase, holding or disposition of Shares, and that no advice provided by the Investment Manager or any of its affiliates has formed a basis for any investment decision by the Plan or me in connection with such purchase, holding or disposition.
2. I further represent and warrant that the investment by the Plan in the Fund is prudent for the Plan (taking into account any applicable liquidity and diversification requirements of ERISA), and that the investment in the Fund is permitted under ERISA, the Internal Revenue Code, other applicable law and the governing plan documents of the Plan.
  3. I further represent and warrant that the Plan's purchase of the Shares does not, and will not (to the best of the Plan's knowledge and assuming compliance by the Fund with its governing agreements), result in a non-exempt prohibited transaction under Section 406 of ERISA or Section 4975 of the Internal Revenue Code (or in the case of any governmental plan or other plan that is not subject to the foregoing-referenced Section 406 or Section 4975, any Federal, state or local law that is substantially similar thereto).
- H. In connection with the Fund's efforts to comply with applicable laws concerning money laundering and related activities, I represent, warrant and agree that to the best of my knowledge based upon reasonable diligence and investigation:
1. I am not (nor is any person or entity controlled by, controlling or under common control with me, or any of my beneficial owners) any of the following:
    - a. A person or entity listed in the Annex to Executive Order 13224 (2001) issued by the President of the United States, which is posted on the website of the U.S. Department of Treasury (<http://www.treas.gov>).
    - b. Named on the List of Specially Designated Nationals and Blocked Persons maintained by the U.S. Office of Foreign Assets Control (OFAC), which is posted on the website of the U.S. Department of Treasury (<http://www.treas.gov>) under "OFAC/SDN List."
    - c. A person or entity resident in, or whose subscription funds are transferred from or through an account in, a foreign country or territory that has been designated as a "Non-Cooperative Jurisdiction" by the Financial Action Task Force.
    - d. A person or entity resident in, or in the case of an entity organized or chartered under the laws of, a jurisdiction that has been designated by the Secretary of the U.S. Treasury under Sections 311 or 312 of the U.S.A. Patriot Act, and the regulations promulgated thereunder as warranting special measures due to money laundering concerns. For updates, see the website of the U.S. Department of Treasury (<http://www.treas.gov>).

- e. A foreign shell bank (See U.S.A. Patriot Act and related regulations for definition).
  - f. A senior foreign political Figure. This restriction on senior foreign political Figures also applies to any immediate family member of such Figure or close associate of such Figure (See U.S.A. Patriot Act and related regulations for definition).
2. No consideration that I have contributed or will contribute to the Fund:
    - a. Shall originate from, nor will it be routed through, a foreign shell bank or a bank organized or chartered under the laws of a Non-Cooperative Jurisdiction.
    - b. Has been or shall be derived from, or Related to, any activity that is deemed criminal under U.S. law.
    - c. Shall cause the Fund or the Investment Manager to be in violation of the U.S. Bank Secrecy Act and all other federal anti-money laundering regulations.
  3. I understand and agree that if at any time it is discovered that any of the representations in this Section H are incorrect, or if otherwise required by applicable law related to money laundering and similar activities, the Investment Manager, in its sole discretion and notwithstanding anything to the contrary in the Fund's Fund Agreements, as they may be amended or modified from time to time, undertake appropriate actions to ensure compliance with applicable law, including but not limited to freezing, segregating or redeeming my subscription in the Fund.
  4. I further understand that the Fund or the Investment Manager may release confidential information about me and, if applicable, any underlying beneficial ownership, to proper authorities if the Fund or the Investment Manager, in its sole discretion, determines that it is in the best interests of the Fund in light of applicable law concerning money laundering and similar activities.
  5. I agree to provide to the Fund any additional information that the Fund deems necessary or appropriate to ensure compliance with all applicable laws concerning money laundering and similar activities. I shall promptly notify the Fund if any of the representations in this Section H cease to be true and accurate. I agree to call the Fund if I need more information about Section H or if I am unsure whether any of the categories apply to me.
- I. I understand that the Fund and its affiliates are relying on the certification and agreements made herein in determining my qualification and suitability as an investor in the Fund. I understand that an investment in the Fund is not appropriate for, and may not be acquired by, any person who cannot make this certification, and, to the extent permitted by applicable law, agree to indemnify the Fund, the Investment Manager and its affiliates, and their respective directors, trustees, managers, members, shareholders, partners, officers, and employees and hold each of them harmless from any liability that they may incur as a result of this certification being untrue in any respect.
  - J. The representations, warranties, agreements, undertakings and acknowledgments made by me in this Investor Application are made with the intent that they be relied upon by the Fund in determining my suitability as an investor in the Fund, and shall survive my investment. I agree to provide, if requested, any additional information that may reasonably be required to determine eligibility to invest in the Fund or to enable the Fund to determine the Fund's compliance with applicable regulatory requirements or tax status. In addition, I undertake to notify the Fund immediately of any change with respect to any of the information or representations made herein and to provide the Fund with such further information as the Fund may reasonably require.
  - K. I acknowledge that this Investor Application shall be governed by and construed and enforced in accordance with the laws of the State of Delaware with all rights being governed by Delaware law without regard to any applicable rules relating to conflicts of laws.

## AML and Due Diligence - Required Documentation

In order to fulfill the fund's due diligence obligations, the following documentation is to be provided with the subscription application. Please refer to the applicable entity type in the below chart to confirm the requirements:

*\*Please note, in the case of custodied accounts, the below documents are not required by the Transfer Agent.*

Entity Type	Required Documentation / Information
Individual	<ul style="list-style-type: none"> <li>In-date, government issued ID or Driver's License reflective of specimen signature or DocuSign signature with a DocuSign Certificate of Completion</li> </ul>
Corporation	<ul style="list-style-type: none"> <li>Certificate/Articles of Incorporation</li> <li>Copy of the Authorized Signatory List</li> <li>Names of the Shareholders that own 25% or more of the corporation</li> <li><i>Provide details of controlling persons in Section 11</i></li> </ul>
Limited Liability Company	<ul style="list-style-type: none"> <li>Signed copy of the Operating Agreement</li> <li>Copy of the Certificate of Formation</li> <li>Names of the members owning 25% or more of the equity interest</li> <li><i>Provide details of controlling persons in Section 11</i></li> </ul>
Partnership or Limited Partnership	<ul style="list-style-type: none"> <li>Copy of Partnership Agreement</li> <li>Names of General Partner(s) (if not available on Partnership Agreement)</li> <li>Copy of signed organizational documents for each entity that is a GP</li> <li><i>Provide details of controlling persons in Section 11</i></li> </ul>
Foundation or Endowment (or other Tax Exempt Entity)	<ul style="list-style-type: none"> <li>Copy of signed organizational documents</li> <li>Current Authorized Signatory List</li> <li><i>Provide details of controlling persons in Section 11</i></li> </ul>
Estate	<ul style="list-style-type: none"> <li>Copy of Death Certificate</li> <li>Letters Testamentary or Letter of Administration Letter of Instructions from Executor</li> <li><i>Provide details of beneficial owners Section 11</i></li> </ul>
Trust	<ul style="list-style-type: none"> <li>A copy of the Title Page</li> <li>A copy of the authorized individual page</li> <li>A copy of the signature page of the Trust Agreement</li> <li><i>Provide details of Trustees in Section 11</i></li> </ul>
Pension or Profit Sharing Plan	<ul style="list-style-type: none"> <li>Signed copy of Plan document and Trust Agreement</li> <li>Current authorized signatory list (if signatory is an entity)</li> <li><i>Provide details of controlling persons in Section 11</i></li> </ul>

## Pomona Investment Fund Subscription Document

The Fund accepts investments from individuals or entities with a U.S. Social Security Number or Taxpayer Identification Number. Please note that the value of your account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

### Section 1 - Investment Instructions

**Share Class** (Check Box for Applicable Share Class)

Class A Shares       Class I Shares

**Subscription Amount:**

(Initial investment minimum is \$25,000 for Class A and I Shares)

\$ \_\_\_\_\_

**Sales Load** (If Applicable):

\*A sales load of up to 3% of the Subscription Amount may be charged

\_\_\_\_\_ %

\*The Investor acknowledges that a sales load of up to 3.0% of the Subscription Amount specified above may be charged by the Sales Agent in connection with this investment and that only the net amount, after deduction of the sales load, will be invested in the Fund.

### Section 2 - Account Registration

\_\_\_\_\_  
Account Registration (As it would appear on the Capital Account Statement)

\_\_\_\_\_  
Date of Birth / Date Established

**Please check only one account type below (may not be a minor):**

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Government
<input type="checkbox"/> *Joint Tenants	<input type="checkbox"/> LLC Classified Partnership	<input type="checkbox"/> C-Corporation
<input type="checkbox"/> IRA	<input type="checkbox"/> LLC Classified C-Corporation	<input type="checkbox"/> S-Corporation
<input type="checkbox"/> Trust	<input type="checkbox"/> LLC Classified S-Corporation	<input type="checkbox"/> Other Entity: _____

\* Joint tenants with rights of survivorship, unless otherwise noted.

### Section 3 - Account Tax Information

\_\_\_\_\_  
Individual Name / Entity Name

\_\_\_\_\_  
Social Security Number / Tax Identification Number

\_\_\_\_\_  
Joint Individual Name / Trustee Name (if applicable)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Additional Trustee (if applicable)

\_\_\_\_\_  
Social Security Number

**Check if appropriate:**  I am an exempt recipient as defined under U.S. federal income tax regulations (e.g., C-Corporation, financial institution, registered broker-dealer, or tax-exempt organization).

**Exempt Payee Code:** \_\_\_\_\_ (see IRS Form W-9 for a list of exempt payee codes)

## Section 4 - Consent for E-Delivery

Please select **one** of the following delivery methods for the investment account:

I would like to **enroll in e-delivery**: \_\_\_\_\_  
Email Address\*

I would like to receive **physical paper mailings**.

\* Please note that by providing an e-mail address, you are consenting to electronic delivery of Fund documentation if and when it becomes available. Your selection applies to any periodic reports and all other account-related documents that the Fund will send to you, except for tax documents which will be mailed. Many of the documents will contain confidential information that is specific to your private financial matters. Regardless of the delivery method you select, the Fund will take reasonable precautions to ensure the integrity, confidentiality and security of the documents, but will not be liable for any interception.

Please note, to access your documents electronically, you will need to register your account for on-line access. You will receive a hard copy trade confirmation with your account number that you will need to register your account on-line. The Fund will deliver a document to you by sending you an e-mail that contains a link to the document. Such selection will remain in effect as long as you maintain an investment with the Fund or until you notify the Fund of a change. The Fund does not impose any additional charge for electronic delivery, but you may incur charges from your Internet service provider and your telephone company or other Internet access provider. In addition, there are risks, such as systems outages, that are associated with electronic delivery.

## Section 5 - Registered Mailing Address

*(Investor Applications will only be accepted if they contain a U.S. street address.)*

\_\_\_\_\_  
Street Address (If PO Box, please indicate the residential/street address below.)

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Telephone Fax Number

Additional Address or  Residential/Street Address Send copies of confirmations and statements for this account to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP

## Section 6 - Bank Information

*(For direct investments only, all custodied accounts must complete section 7.) Please attach a voided, unsigned check = or deposit slip for this bank account. If information on voided check differs from information on this application, information from the voided check will be used.*

\_\_\_\_\_  
Bank Name Bank Phone Number

\_\_\_\_\_  
Bank Address City State Zip

\_\_\_\_\_  
Name(s) on Bank Account

\_\_\_\_\_  
Bank Account Number ABA Number (available from your bank)

\_\_\_\_\_  
*For Further Credit Number (If applicable, where funds should be further credited to another account or beneficiary))*

Please select one of the following account types:  Checking Account  Savings Account  Brokerage Account

## Section 7 - Custodian Information

(Must be completed for IRA and custodied taxable accounts)

Name \_\_\_\_\_ Custodian Tax ID \_\_\_\_\_ Custodian Account Number \_\_\_\_\_  
 Street Address \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_

## Section 8 - Broker/Dealer or Financial Advisor Information\*

Broker/Dealer or Other Advisory Firm or Financial Institution Name \_\_\_\_\_  
 Mailing Address (Branch) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Firm CRD#/IARD# \_\_\_\_\_  
 Rep Name \_\_\_\_\_ Rep Phone Number \_\_\_\_\_ Rep CRD#/IARD# \_\_\_\_\_  
 Rep Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Rep Email Address \_\_\_\_\_

\*Prospective investors are advised and hereby acknowledge that the Investment Manager and/or its respective affiliates may pay ongoing consideration to intermediaries in connection with the offering and sale of Shares and/or ongoing services provided by such parties in connection therewith.

## Section 9 - Distribution Instructions

**All distributions will be REINVESTED unless one of the following is checked:**

- Send all *cash* distributions to the *Custodian* listed in Section 7.  
 Send all *cash* distributions to the *Bank* listed in Section 6.

## Section 10 - Cost Basis Election

The Fund has elected the average cost method as the default cost basis method for purposes of this requirement. If a Shareholder wishes to accept the average cost method as its default cost basis calculation method in respect of Shares in its account, the Shareholder does not need to take any additional action.

**If, however, a Shareholder wishes to affirmatively elect an alternative cost basis calculation method other than average cost in respect of its Shares, please select one of the following:**

<input type="checkbox"/> FIFO (first in, first out)	<input type="checkbox"/> LIFO (last in, first out)
<input type="checkbox"/> HIFO (Highest in, first out)	<input type="checkbox"/> LOFO (Lowest in, first out)
<input type="checkbox"/> Specific Lot Identification	

## Section 11 - Certification of Controlling Person(s), Beneficial Owner(s), Trustee(s)

**This section requires the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of non-U.S. Persons) for the following individuals:**

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); or
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer) or
- (iii) Each individual trustee / heir of the trust (if applicable)

**Details of Controlling Person(s), Beneficial Owner(s), and Trustee(s):**

<b>1</b>	Individual Name (First and Last)	Social Security / Passport Number	Date of Birth
	Residential Address	City	State      Zip
	Type of Owner (E.g. Controlling Persons, Beneficial Owner, Trustee)	Ownership Percentage (If applicable)	
	Title on Account	Email	
<b>2</b>	Individual Name (First and Last)	Social Security / Passport Number	Date of Birth
	Residential Address	City	State      Zip
	Type of Owner (E.g. Controlling Persons, Beneficial Owner, Trustee)	Ownership Percentage (If applicable)	
	Title on Account	Email	
<b>3</b>	Individual Name (First and Last)	Social Security / Passport Number	Date of Birth
	Residential Address	City	State      Zip
	Type of Owner (E.g. Controlling Persons, Beneficial Owner, Trustee)	Ownership Percentage (If applicable)	
	Title on Account	Email	
<b>4</b>	Individual Name (First and Last)	Social Security / Passport Number	Date of Birth
	Residential Address	City	State      Zip
	Type of Owner (E.g. Controlling Persons, Beneficial Owner, Trustee)	Ownership Percentage (If applicable)	
	Title on Account	Email	

## Section 12 - Investor Acknowledgment and Signature

**By signing below:**

- I certify that I have received and read the current Prospectus, Statement of Additional Information, Privacy Policy, and Investor Application of the Fund in which I am investing and agree to be bound by the terms and conditions of each. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- I authorize Pomona Investment Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with the procedures described in the Prospectus for this account. I agree that neither Pomona Investment Fund nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions.
- I certify that I am not a Foreign Financial Institution as defined in the USA Patriot Act.

**Under penalty of perjury, I certify that:**

1. The Social Security Number or Taxpayer Identification Number shown on this application is correct.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S citizen or other U.S. Person (including resident alien).
4. I am exempt from FATCA reporting.

**Note:** Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.

AN INVESTMENT IN THE FUND SHOULD BE CONSIDERED A SPECULATIVE INVESTMENT THAT ENTAILS SUBSTANTIAL RISKS, INCLUDING BUT NOT LIMITED TO:

- LOSS OF CAPITAL, UP TO THE ENTIRE AMOUNT OF A SHAREHOLDER'S INVESTMENT
- THE FUND'S SHARES ARE ILLIQUID SECURITIES AND AN INVESTMENT IN THE FUND IS APPROPRIATE ONLY FOR THOSE INVESTORS WHO DO NOT REQUIRE A LIQUID INVESTMENT
- SHARES WILL NOT BE LISTED ON ANY NATIONAL OR OTHER SECURITIES EXCHANGE AND NO SECONDARY MARKET IS EXPECTED TO DEVELOP FOR SHARES OF THE FUND.
- SHARES ARE SUBJECT TO SUBSTANTIAL RESTRICTIONS ON TRANSFERABILITY, AND LIQUIDITY, IF ANY, MAY BE PROVIDED BY THE FUND ONLY THROUGH REPURCHASE OFFERS, WHICH MAY, BUT ARE NOT REQUIRED TO, BE MADE FROM TIME TO TIME BY THE FUND AS DETERMINED BY THE FUND'S BOARD OF TRUSTEES IN ITS SOLE DISCRETION
- AN INVESTMENT IN THE FUND IS APPROPRIATE ONLY FOR THOSE INVESTORS WHO CAN TOLERATE A HIGH DEGREE OF RISK AND DO NOT REQUIRE A LIQUID INVESTMENT AND FOR WHOM AN INVESTMENT IN THE FUND DOES NOT CONSTITUTE A COMPLETE INVESTMENT PROGRAM.

**If this is an individual retirement account, the custodian or trustee of the account is also required to execute this Application.**

\_\_\_\_\_  
Signature of Account Owner or Trustee \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Account Owner or Trustee

\_\_\_\_\_  
Signature of Joint Owner or Trustee \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Joint Account Owner or Trustee

\_\_\_\_\_  
Signature of Custodian (if Applicable) \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Custodian (If Applicable)

**If the subscriber(s) is purchasing Shares through a registered dealer or registered investment adviser that has full discretionary authority for the subscriber(s), then the broker, financial advisor or other investor representative is required to execute this Agreement below AND attach a complete copy of the documentation evidencing such discretionary authority to this Application.**

\_\_\_\_\_  
Signature of Broker/Financial Advisor/Other Investor Representative \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Broker/Financial Advisor/Other Investor Representative

## Section 13 - Entity Acknowledgment and Signature

Please refer to the below chart to confirm which of the following signature sections are required for the purchase:

Section 13(a)	FINRA - Registered Brokers/Representatives
Section 13(b)	Registered Investment Adviser Representatives
Section 13(c)	Bank/Bank Trust Representatives
Section 13(d)	Custodial Signatures

### 13(a) - FINRA - Registered Brokers/Representatives

#### Broker/Financial Advisor Information & Signatures:

By signing below:

- I certify that I am a broker, financial advisor or other investor representative duly licensed or exempt from licensing and lawfully able to sell Shares in the jurisdiction of the legal residence of the subscriber.
- I have reasonable grounds to believe that the information and representations concerning the subscriber contained herein are true, correct and complete in all respects.
- I have verified that the form of ownership selected is accurate, secured all identifying and supporting documents, including, without limitation, copies of trust agreements, where applicable, and if other than individual ownership, verified that the individual executing on behalf of the subscriber is properly authorized and identified.
- My firm has, acting in its capacity as agent, broker, financial advisor or other investor representative, performed functions required by U.S. federal and state securities laws, including, but not limited to Know Your Customer, Patriot Act (AML and Customer Identification) as required by its relationship with the subscriber identified in this Subscription Agreement.

\_\_\_\_\_  
Signature of Broker/Financial Advisor/Other Investor Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Broker/Financial Advisor/Other Investor Representative

\_\_\_\_\_  
Signature of Registered Supervisory Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Registered Supervisory Principal

### 13(b) - Registered Investment Adviser Representatives

#### Registered Investor Adviser/Investment Adviser Representative Information & Signatures

By signing below:

- I certify that my firm is a Registered investment adviser duly licensed and lawfully able to transact business in Shares in the jurisdiction of the legal residence of the subscriber.
- I have made every reasonable effort to determine the eligibility of subscriber for this purchase of Shares and the information and representations concerning the subscriber contained herein are true, correct and complete in all respects.
- I have verified that the form of ownership selected is accurate, secured all identifying and supporting documents, including, without limitation, copies of trust agreements, where applicable, and if other than individual ownership, verified that the individual executing on behalf of the subscriber is properly authorized and identified. In addition, I have taken reasonable steps to verify and document that the purpose and nature of the account is legitimate and that the client's wealth and source of funds for this investment is not from criminal proceeds.
- I represent and warrant that I have not made and will not make any representations concerning the Fund except as contained in the Prospectus or in sales materials provided by the Fund or Voya Investments Distributor, LLC ("Distributor") and that I have not and will not distribute any other sales material relating to the Fund without the prior written approval of Distributor. I further represent that I will retain such documents and records as required under applicable law and will make such documents and records available to (a) the Distributor or Fund upon request; and (b) representatives of the SEC, FINRA and applicable state securities administrators upon the Distributor's or Fund's receipt of an appropriate document subpoena or other appropriate request for documents from any such agency.
- I agree to indemnify and hold harmless the Fund, Distributor, and their respective officers, directors, employees, affiliates or agents from and against any losses, claims, damages, liabilities or expenses (including reasonable attorneys' fees and expenses) claimed to have resulted from (a) my negligence or violation of any applicable law or regulation; or (b) any breach of the representations and warranties set forth herein by me or any of my officers, directors, employees or agents.
- My firm has, acting in its capacity as agent, broker, financial advisor or other representative, performed functions required by U.S. federal and state securities laws, as required by its relationship with the subscriber identified in this Subscription Agreement.

\_\_\_\_\_  
Signature of Investment Adviser/Other Investor Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Investment Adviser/Other Investor Representative

\_\_\_\_\_  
Signature of Registered Supervisory Principal (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Registered Supervisory Principal

### 13(c) - Bank/Bank Trust Representatives

#### Bank/Bank Trust Representative Information & Signatures

By signing below:

- I certify that my firm meets the definition of a bank pursuant to Section 202(a)(2) of the Investment Advisers Act of 1940, and that I am otherwise authorized to provide investment advice with respect to the Shares in the jurisdiction of the legal residence of the subscriber.
- I have made every reasonable effort to determine the eligibility of subscriber for this purchase of Shares and the information and representations concerning the subscriber contained herein are true, correct and complete in all respects.
- I have verified that the form of ownership selected is accurate, secured all identifying and supporting documents, including, without limitation, copies of trust agreements, where applicable, and if other than individual ownership, verified that the individual executing on behalf of the subscriber is properly authorized and identified. In addition, I have taken reasonable steps to verify and document that the purpose and nature of the account is legitimate and that the client's wealth and source of funds for this investment is not from criminal proceeds.
- I represent and warrant that I have not made and will not make any representations concerning the Fund except as contained in the Prospectus or in sales materials provided by the Fund or Voya Investments Distributor, LLC ("Distributor") and that I have not and will not distribute any other sales material relating to the Fund without the prior written approval of Distributor. I further represent that I will retain such documents and records as required under applicable law and will make such documents and records available to (a) the Distributor or Fund upon request; and (b) representatives of the SEC, FINRA and applicable state securities regulators upon the Distributor's or Fund's receipt of an appropriate document subpoena or other appropriate request for documents from any such agency.
- I agree to indemnify and hold harmless the Fund, Distributor, and their respective officers, directors, employees, affiliates or agents from and against any losses, claims, damages, liabilities or expenses (including reasonable attorneys' fees and expenses) claimed to have resulted from (a) my negligence or violation of any applicable law or regulation; or (b) any breach of the representations and warranties set forth herein by me or any of my officers, directors, employees or agents.
- My firm has performed functions required by U.S. federal and state banking laws, as applicable, including, as required by its relationship with the subscriber identified in this Subscription Agreement.

\_\_\_\_\_  
Signature of Investment Adviser/Other Investor Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Investment Adviser/Other Investor Representative

\_\_\_\_\_  
Signature of Registered Supervisory Principal (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Registered Supervisory Principal (if applicable)

### 13(d) - Custodial Signatures (Custodial accounts require custodial authorization)

Medallion Stamp Guarantee  
(required if account held direct)

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature of Custodian (if applicable)

\_\_\_\_\_  
Print Name of Custodian (if applicable)

\_\_\_\_\_  
Date (mm/dd/yyyy)