

Caribbean Growth Fund

Caribbean High Interest Fund

## 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**  
(Minimum Bds \$100)

Make cheques payable to Fortress Mutual Fund Ltd.

**Initial Investment**

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

**Individual**

**Joint** (requires either shareholder signature for redemptions)

**Joint** (requires two signatures for redemptions)

**Fortress Caribbean High Interest Fund**  
(Minimum Bds \$500)

Make cheques payable to Fortress Caribbean High Interest Fund

**Initial Investment**

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

- Accumulation Shares**  
 **Distribution Shares**

### 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 (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		
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 copies of any ONE of the following): <input type="checkbox"/> National I.D. Card <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport		
Kindly enter the identification number for the I.Ds 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 (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		
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 copies of any ONE of the following): <input type="checkbox"/> National I.D. Card <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport		
Kindly enter the identification number for the I.Ds you have supplied: National I.D. #: ..... Driver's License #: ..... 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 Funds**

Inheritance  Savings  Other

Other (*please give details*): \_\_\_\_\_

**Account Activity**

Expected level of activity (*estimate annual investment amount*): \$ \_\_\_\_\_

Expected transaction frequency (*estimate annual number of transactions*):

One off  Monthly  Quarterly  Annually

**Would you like online access to the account?**

Yes (*if yes provide email address of primary contact below*)

Email address of the 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.

**SELF-CERTIFICATION CONT'D**

Client #:

Account #:

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

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

<b>Primary Shareholder</b>	<b>Joint Shareholder (if applicable)</b>
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.

**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).

<b>Primary Shareholder</b>		
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:  _____		
<b>Joint Shareholder</b>		
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:  _____		

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**TERMS & CONDITIONS**

Client #:

Account #:

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.

**AND**

**I/We certify that the holders of this account**  
(please tick one of the boxes below accordingly)

- are  
 are not

**citizens of the USA or resident for tax purposes.**

<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>	

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<b>Verification of:</b> 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"/> Risk rating completed	
<input type="checkbox"/> Proof of address		<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):