



## **Employment Verification Form**

Name of Payor/Employee		Department	
P.O. Box	Telephone	Cell Phone	
Name of Employer		Employee Number	
Contact	Email		
National Insurance Number	Monthly Payment Amount		

☐ I acknowledge that I am responsible for making payments to CFAL via wire transfer every month starting August 2025 until May 2026 for payment for my investment in the CFAL Private Equity Fund.

☐ I acknowledge that my subscription in the CFAL Private Equity Fund will be deemed default with shares forfeited if I fail to make three consecutive payments to CFAL. If my shares are forfeited, I agree to receive notification of the forfeiture via email and funds be refunded to the account provided on my application within 60 days from the forfeiture date.

☐ I acknowledge that CFAL will not make any efforts to contact me to collect payments if three consecutive payments are missed.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name, Title & Signature of Employer Representative

\_\_\_\_\_  
Date & Stamp

*Note: After the failure to pay three consecutive payments, an investor's subscription will be deemed default with shares forfeited. Funds will be refunded without any interest within 60 days of the subscriptions being deemed default.*