CFAL Balanced Fund Ltd.

Third Floor 308 East Bay Street Nassau, The Bahamas Tel: (242) 502-7010 Fax: (242) 394-3252



SUBSCRIPTION FORM - CLASS A SHARES - INDIVIDUAL(S)

Name	LAST	FIRST		MIDDLE						
Address	HOUSE NUMBER AND STREET									
	CITY		COUNTRY	Date of Birth DAY MONTH YEAR						
Telephone	MOBILE		НОМЕ	WORK						
P.O.Box	Occupation									
Nationality	PASSPORT NUMBER NIB NUMBER									
If self-employed, Name and Nature of Business										
Online Access Required YES NO Email										
IF JOINT ACCOUNT - INDIVIDUAL #2										
Name	LAST	FIRST		MIDDLE						
Address		HOUSE NUMBER AND STREET								
	CITY	COUNTRY		Date of Birth Day MONTH YEAR						
Telephone	MOBILE		HOME	WORK						
P.O.Box		Occupation								
Nationality			PASSPORT NUME	BER NIB NUMBER						
If self-employed, Name and Nature of Business										
JOINT ACCOUNT SIGNING MANDATE (IF APPLICABLE) Please select signing mandate for joint account:										
Select one:	Single (any one to sign)	Joint	Other If selected, d	lescribe alternative method of signing instructions above.						

CFAL Balanced Fund Ltd.

Third Floor 308 East Bay Street Nassau, The Bahamas Tel: (242) 502-7010 Fax: (242) 394-3252



Investment Account Number To be compiled by current shareholders of the Fund only Please attach: Certified copy of Passport (Photo & Signature pages) ResidencyCard (if applicable) NIB Card Certified copy of Proof of Address (Utility Bill, Bank Statement or Voters Card) Wire Transfer Confirmation (if applicable) DECLARATION Whereby acknowledge that I live have read The CFAL Balanced Fund, Ltd. Offering Memorandum and accept the risks associated with the Fund. I live declare that the enther an eligible investor as defined in the Offering Memorandum and live waive the right to be sent copies of the financial statements of the Fund, which shall be evaluable at the registered office of the Fund thins specien. Source of funds (if applicable): live certify that the source of funds listed represents my true source of funds status as of this date, and my/our subscription to the mutual fund. live further declare that the proceeds declared are derived from legitimate sources. Signature	Amount of Investment	B\$							
Bank: CIBC FirstCaribban (Swift FOIBBSIS) Account Number: 201667073 Source of Funds Account Number: 201667073 Investment Account Number (To be completed by current stareholders of the Fund only) Please attach: Certified copy of Passport (Photo & Signature pages) ResidencyCard (flapplicable) NIB Card Certified copy of Proof of Address (Utility Bill, Bank Statement or Voters Card) Wire Transfer Confirmation (if applicable) DECLARATION Ilves hereby acknowledge that live have read The CFAL Balanced Fund, List. Offering Memorandum and accept the risks associated with the Fund. Ilve declare that live aminer an eligible residency of the Offering Memorandum and socept the risk associated with the Fund. Ilve declare that live aminer an eligible resided in the Offering Memorandum and socept the risks associated with the Fund. Ilve declare that live aminer an eligible resided in the Offering Memorandum and socept the risks associated with the Fund. Ilve declare that live aminer an eligible residence of the Offering Memorandum and accept the risk associated with the Fund. Ilve declare that the registered office of the Fund only of the Fund. Investment of the Fund.			Minimum initial investment \$1,000.00						
Investment Account Number To be compiled by current shareholders of the Fund only Please attach: Certified copy of Passport (Photo & Signature pages) ResidencyCard (if applicable) NIB Card Certified copy of Proof of Address (Utility Bill, Bank Statement or Voters Card) Wire Transfer Confirmation (if applicable) DECLARATION Whereby acknowledge that I live have read The CFAL Balanced Fund, Ltd. Offering Memorandum and accept the risks associated with the Fund. I live declare that the enther an eligible investor as defined in the Offering Memorandum and live waive the right to be sent copies of the financial statements of the Fund, which shall be evaluable at the registered office of the Fund thins specien. Source of funds (if applicable): live certify that the source of funds listed represents my true source of funds status as of this date, and my/our subscription to the mutual fund. live further declare that the proceeds declared are derived from legitimate sources. Signature		Bank:	CIBC FirstCaribbean (Swift: FCIBBSNS)			706)			
Investment Account Number To be completed by current shareholders of the Fund only	Source of Funds								
Please attach: Certified copy of Passport (Photo & Signature pages) ResidencyCard (ifapplicable) NIB Card Certified copy of Proof of Address (Utility Bill, Bank Statement or Voters Card) Wire Transfer Confirmation (if applicable) DECLARATION Ilive hereby acknowledge that live have read The CFAL Balanced Fund, Ltd. Offering Memorandum and accept the risks associated with the Fund, live declare that live anviers an eligible investor as defined in the Offering Memorandum and live waive the right to be sent copies of the financial statements of the Fund, which shall be available at the registered office of the Fund for inspection. Source of funds (if applicable): I've certify that the source of funds listed represents my true source of funds status as of this date, and my/ our subscription to the mutual fund. I've further declare that the proceeds declared are derived from legitimate sources. Signature		Require	for all subscriptions over \$15,000.00						
Please attach: Cartified copy of Passport (Photo & Signature pages) ResidencyCard (if applicable) NIB Card Cartified copy of Proof of Address (Utility Bill, Bank Statement or Voters Card) Wire Transfer Confirmation (if applicable) DECLARATION We hereby acknowledge that tilve have read The CFAL Balancad Fund, Ltd. Offering Memorandum and accept the risks associated with the Fund. I/we declare that live amirare an eligible investor as defined in the Offering Memorandum and I/we waive the right to be sent copies of the financial statements of the Fund, which shall be available at the registered office of the Fund (if applicable): I/we certify that the source of funds listed represents my true source of funds status as of this date, and myl our subscription to the mutual fund. I/we further declare that the proceeds declared are derived from legitimate sources. Signature Signature Signature DAY MONTH YEAR BENEFICIARY DESIGNATION (COMPLETE FOR NEW SUBSCRIPTIONS OR BENEFICIARY UPDATES ONLY) It he undersigned, appoint the below beneficiary and authorize all monies from my investment in the above named fund to be made payable to my beneficiary upon my death indicate Status of the Beneficiary Designation Revocable Irrevocable Name of Beneficiary Relationship to Investor Date of Birth DAY MONTH YEAR Please complete supplementary beneficiary form if designating more than one beneficiary.	Investment Account Number								
Certified copy of Proof of Address (Utility Bill, Bank Statement or Voters Card) DECLARATION We hereby acknowledge that I live have read The CFAL Balanced Fund, Ltd. Offering Memorandum and accept the risks associated with the Fund. I live declare that I live anviare an eligible investor as defined in the Offering Memorandum and live waive the right to be sent copies of the financial statements of the Fund, which shall be available at the registered office of the Fund for inspection. Source of funds (if applicable): live certify that the source of funds listed represents my true source of funds status as of this date, and myl our subscription to the mutual fund. I live further declare that the proceeds declared are derived from legitimate sources. Signature			(To be completed by current shareholders of the Fund or	nly)					
DECLARATION Live hereby acknowledge that I/we have read The CFAL Balanced Fund, Ltd. Offering Memorandum and accept the risks associated with the Fund. I/we declare that I/we arrivare an eligible investor as defined in the Offering Memorandum and I/we warve the right to be sent copies of the financial statements of the Fund, which shall be available at the registered office of the Fund for inspection. Source of funds (if applicable): I/we certify that the source of funds listed represents my true source of funds status as of this date, and my/ our subscription to the mutual fund. I/we further declare that the proceeds declared are derived from legitimate sources. Signature	Please attach: Cer	tified co	py of Passport (Photo & Signature pages)	Residency Card (if applicable	e) NIB	Card			
live hereby acknowledge that I/we have read The CFAL Balanced Fund, Ltd. Offering Memorandum and accept the risks associated with the Fund. I/we declare that I/we am/are an eligible investor as defined in the Offering Memorandum and I/we waive the right to be sent copies of the financial statements of the Fund, which shall be available at the registered office of the Fund for inspection. Source of funds (if applicable): I/we certify that the source of funds listed represents my true source of funds status as of this date, and my/ our subscription to the mutual fund. I/we further declare that the proceeds declared are derived from legitimate sources. Signature	Cer	tified co	py of Proof of Address (Utility Bill, Bank Stat	tement or Voters Card)	Vire Transfer Confir	mation (if applicable)			
investor as defined in the Offering Memorandum and I/we waive the right to be sent copies of the financial statements of the Fund, which shall be available at the registered office of the Fund for inspection. Source of funds (if applicable): I/we certify that the source of funds listed represents my true source of funds status as of this date, and myl our subscription to the mutual fund. I/we further declare that the proceeds declared are derived from legitimate sources. Signature	DECLARATION								
Signature	investor as defined in the Offering Memorandum and I/we waive the right to be sent copies of the financial statements of the Fund, which shall be available at the registered office of the								
BENEFICIARY DESIGNATION (COMPLETE FOR NEW SUBSCRIPTIONS OR BENEFICIARY UPDATES ONLY) It, the undersigned, appoint the below beneficiary and authorize all monies from my investment in the above named fund to be made payable to my beneficiary upon my death Indicate Status of the Beneficiary Designation Revocable Irrevocable Relationship to Investor Date of Birth DAY MONTH YEAR Please complete supplementary beneficiary form if designating more than one beneficiary.									
BENEFICIARY DESIGNATION (COMPLETE FOR NEW SUBSCRIPTIONS OR BENEFICIARY UPDATES ONLY) If, the undersigned, appoint the below beneficiary and authorize all monies from my investment in the above named fund to be made payable to my beneficiary upon my death Indicate Status of the Beneficiary Designation Revocable Irrevocable Name of Beneficiary Relationship to Investor Date of Birth DAY MONTH YEAR Please complete supplementary beneficiary form if designating more than one beneficiary.	Signature		_ Signature			DAY MONTH YEAR			
Indicate Status of the Beneficiary Designation Revocable Irrevocable Name of Beneficiary Relationship to Investor Contingent Beneficiary(ies) Relationship to Investor Date of Birth Date of Birth Day Month YEAR Please complete supplementary beneficiary form if designating more than one beneficiary.									
Indicate Status of the Beneficiary Designation Revocable Irrevocable Name of Beneficiary Relationship to Investor Contingent Beneficiary(ies) Relationship to Investor Date of Birth Day Month YEAR Date of Birth Day Month YEAR Please complete supplementary beneficiary form if designating more than one beneficiary.	BENEFICIARY DESIGNATION	N (COM	PLETE FOR NEW SUBSCRIPTIONS OR B	ENEFICIARY UPDATES ONLY)					
Name of Beneficiary Relationship to Investor Contingent Beneficiary(ies) Relationship to Investor Date of Birth Day MONTH YEAR Please complete supplementary beneficiary form if designating more than one beneficiary.	I, the undersigned, appoint the death	below	beneficiary and authorize all monies from m	y investment in the above named	fund to be made pay	vable to my beneficiary upon my			
Relationship to Investor Date of Birth DAY MONTH YEAR Contingent Beneficiary(ies) Relationship to Investor Date of Birth DAY MONTH YEAR Please complete supplementary beneficiary form if designating more than one beneficiary.	Indicate Status of the Beneficia	ary Des	ignation Revocab	le Irrevocable					
Contingent Beneficiary(ies) Relationship to Investor Date of Birth Day Month Year Please complete supplementary beneficiary form if designating more than one beneficiary.	Name of Beneficiary								
Relationship to Investor Date of Birth Day Month YEAR Please complete supplementary beneficiary form if designating more than one beneficiary.	Relationship to Investor				Date of Birth	DAY MONTH YEAR			
Please complete supplementary beneficiary form if designating more than one beneficiary. Date of Birth Please complete supplementary beneficiary form if designating more than one beneficiary.	Contingent Beneficiary(ies)								
DAY MONTH YEAR	Relationship to Investor				Date of Birth	DAY MONTH YEAR			
Signature (s) DAY MONTH YEAR New Update	Please complete supplementar	ry bene	iciary form if designating more than one ben	neficiary.					
- I I I I I I I I I I I I I I I I I I I	Signature (s)			DAY MONTH	YEAR	New Update			