

SUBSCRIPTION FORM – CLASS A SHARES – INDIVIDUAL(S)

Name

Address

Date of Birth

Telephone

P.O.Box Occupation

Nationality

If self-employed, Name and Nature of Business

Online Access Required? YES NO Email

IF JOINT ACCOUNT - INDIVIDUAL #2

Name

Address

Date of Birth

Telephone

P.O.Box Occupation

Nationality

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, describe alternative method of signing instructions above.

CFAL Global Bond Fund Ltd.

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



Amount of Investment

US\$

Minimum initial investment US\$5,000.00, Government Stamp Tax – 1.75%

Please deduct the stamp tax from the investment amount

I/we will send additional monies to cover the stamp tax

CFAL Global Bond Fund Wire Transfer Details:

Bank: CIBC FirstCaribbean (Swift: FCIBBSNS)

Account Name: CFAL Global Bond Fund Ltd.

Branch: Main Branch, Shirley Street (Transit: 09706)

Account Number: 201753591

Source of Funds

Required for all subscriptions over \$15,000.00

Investment Account Number

(To be completed by current shareholders of the Fund only)

Please attach:

Certified copy of Passport (Photo & Signature pages)

Residency Card (if applicable)

NIB Card

Certified copy of Proof of Address (Utility Bill, Bank Statement or Voters Card)

Wire Transfer Confirmation (if applicable)

DECLARATION

I/we hereby acknowledge that I/we have read The CFAL Global Bond 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. I/we acknowledge that neither the Investment Manager nor any other person guarantees the return of capital, or the performance of the Fund.

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 _____ Signature _____

| DAY | MONTH | YEAR |
|-----|-------|------|
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BENEFICIARY DESIGNATION (COMPLETE FOR NEW SUBSCRIPTIONS OR BENEFICIARY UPDATES ONLY)

I, 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 |
|-----|-------|------|
| | | |
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Contingent Beneficiary(ies)

Relationship to Investor

Date of Birth

| DAY | MONTH | YEAR |
|-----|-------|------|
| | | |
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*Please complete supplementary beneficiary form if designating more than one beneficiary.

Signature (s) _____

| DAY | MONTH | YEAR |
|-----|-------|------|
| | | |
| | | |
| | | |

New

Update