

# Subscription Agreement for Initial Investment

GoldenTree Opportunistic Credit Fund

## USA PATRIOT Act requirements

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we need to capture certain information that allows us to verify your identity. The following information needs to be provided on this application for all individuals who will be the registered owner or co-owner of an account, acting pursuant

to a Power of Attorney or will be signing on behalf of a legal entity that will own the account.

- + Name and Date of Birth
- + Residential/Street address (P.O. Boxes not accepted; APO/FPO addresses accepted)
- + Social Security Number (SSN) or Tax Identification Number (TIN)
- + We may also ask to see your driver's license or other identifying documents

**This form is for initial purchases of the GoldenTree Opportunistic Credit Fund.** If adding funds to your existing investment, please use the Additional Investment form. For questions, please contact your financial advisor.

## 1 Investment

Select Share Class: ☐ Class A ☐ Class C ☐ Class I ☐ Class T ☐ Class U ☐ Class U-2

Enter Initial Investment Amount \$ \_\_\_\_\_

Note: \$25,000 minimum for Class T  
\$2,500 minimum for Class A, C, I, U and U-2

Select Investment  
Method

☐ **By Mail**

Attach a check to this  
Subscription  
Agreement payable to:  
**GoldenTree Opportunistic  
Credit Fund**

☐ **By Wire**

Name: State Street as Agent for GoldenTree  
Opportunistic Credit Fund  
Bank Name: State Street Bank and Trust Company,  
National Association  
ABA Routing Number: 011000028  
Account Number: 11807856

## 2 Financial advisor information

Financial advisor ID number \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name ☐ Mr. ☐ Mrs. ☐ Ms.

\_\_\_\_\_ Is Firm an RIA ☐ YES ☐ No (If unanswered, then NO)  
Firm name

Branch address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Branch number \_\_\_\_\_ Phone number \_\_\_\_\_ Extension \_\_\_\_\_ Email address \_\_\_\_\_

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### 3 Account ownership

Please complete sections A, B, C, or D, as applicable. Complete section E for corporations or other entities.

#### A. Individual or joint account (joint owners will be joint tenants with rights of survivorship unless you instruct us otherwise)

<b>Registered owner # 1</b>	First name		Middle initial	Last name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
	Date of Birth (mm/dd/yyyy)		Social Security Number/Tax ID Number		Phone number
	Street address		City	State	Zip
<b>Citizenship owner #1</b>	Is individual a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, enter country of citizenship) _____ If NO, please attach completed Form W-8BEN				
<b>Eligible Employee</b>	Is this an eligible participant account (eligible employee / eligible family member)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please refer to the Purchase Terms in the Prospectus for qualifying information.					

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<b>Registered owner # 2</b> (for joint account)	First name		Middle initial	Last name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
	Date of Birth (mm/dd/yyyy)		Social Security Number		Phone number
	Street address		City	State	Zip
<b>Citizenship owner #2</b>	Is individual a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, enter country of citizenship) _____ If NO, please attach completed Form W-8BEN				

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**B. Transfer on Death:** You must also complete section A above. Allocations must equal 100%. Assets will be divided equally among beneficiaries if percentages are not provided. If beneficiary is a minor, a custodian must be provided. Provide information for additional beneficiaries and/or custodians on a separate sheet.

<b>Beneficiary Information</b>	Beneficiary first name		Middle initial	Last name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
	Beneficiary Date of Birth (mm/dd/yyyy)		Beneficiary Social Security Number/Tax ID Number		Allocated percentage
	Street address		City	State	Zip

**C. Account that is a transfer or gift to a minor (UTMA/UGMA)**Select account type  
and enter US state☐ UTMA (Uniform Transfer to Minors Act) ☐ UGMA (Uniform Gift to Minors Act)

Under what US state is UTMA/UGMA established?

Is UTMA/UGMA Custodian the same as owner in  
Section A?☐ Yes ☐ No (If No, provide Custodian  
information on separate sheet)**Information for Minor**

Minor first name

Middle initial

Last name ☐ Mr. ☐ Mrs. ☐ Ms.

Minor Date of Birth (mm/dd/yyyy)

Minor Social Security Number/Tax ID Number

**D. Qualified or Custodial accounts**Select Custodial  
Account type☐ IRA (type)☐ Qualified Pension or Profit Sharing☐ Non-Qualified Custodial☐ Other**Custodian information**

Name of custodian or trustee

Custodian or trustee phone number

Mailing address

City

State

Zip

Custodian Tax ID Number

Custodian account number

**E. Account held by Corporations or other entities**

Select entity type

☐ C Corp.☐ S Corp.☐ Estate☐ Partnership☐ Trust☐ Other**Entity information**

Entity name

Tax ID Number of entity

Trust Date (mm/dd/yyyy)

Street address

City

State

Zip

**Country of incorporation**Is entity incorporated or organized in the United  
States?☐ Yes☐ No

(if No, enter country)

**If NO, please complete and attach  
appropriate W-8 form****SEC Rule 206(4)-5  
government account**To assist us in complying with the recordkeeping requirements of the SEC's "Pay to Play" Rule 206(4)-5  
under the Investment Advisers Act, please fill in the circle if the account is being opened for:

- ☐ A government entity, or a plan or program of a government entity. A government entity includes, but is  
not limited to, the government entity itself (and its employees/officers/agents acting in their official  
capacity), state, county and local municipalities, school districts, government-sponsored 403(b) and  
457 plans, accounts for public universities, etc.

This application must be signed by all trustees, executors or corporate officers whose signatures are required  
under the trust agreement or corporate bylaws. If the registered owner of this account is a trust, corporation,  
estate or partnership, please also provide:**Additional documents  
for entities****+ For Estates:** Copy of document appointing executor.**+ For Trusts:** First and last pages of the Trust Agreement indicating current Trust name, Trust date and the  
signature page of the Trust document. All information must match what is on the Trust  
documents you supply to us.

- + **For Partnerships:** Partnership Agreement along with the date of organization.
- + **For LLCs:** Please provide documentation proving LLC existence.

**Additional information for individuals associated with certain entities**

In accordance with Federal regulations, we are required to collect information about individuals associated with certain entities at the time of account opening. This requirement generally applies to legal entities that are required to file registration documents with their respective Secretary of State or similar office. If this account is being opened for this type of entity, please complete the table below with the following instructions:

- A. If applicable:** Trustee, executor, or first/second authorized signer (for trusts and corporations, this form must be signed by all trustees or corporate officers whose signatures are required under their trust agreement or corporate bylaws).
- B. Control person:** Individual(s) with significant responsibility to control, manage, or direct the legal entity (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer).
- C. Beneficial owners:** Provide the names of all individuals who own directly or indirectly 25% or more of the legal entity for which this account is being established. If no individual meets this definition, please reflect "NONE." If appropriate, an individual listed under this section may also be listed as the Control person.

	Name and Title	Address*	Date of Birth (mm/dd/yyyy)	Social Security Number**	Phone Number	Ownership (in %)
Trustee, executor or 1st authorized signer						
Trustee, executor or 2nd authorized signer						
Control person						
25% or more Owner						

Attach separate sheet if additional space is required.

\* We cannot accept a P.O. Box as a residential address; APO/FPO addresses are accepted.

\*\* Foreign persons can provide a passport number, alien identification card number, or number and country of issuance of any other government issued document evidencing nationality or residence that bears a photograph or similar safeguard (a photocopy of the foreign identification document must accompany this form). If the entity for which this account is being established is owned or controlled by another legal entity, these same requirements apply for individuals associated with that other legal entity.

#### 4 Additional options: Distribution, discretion, duplicate statement, and cost basis

Items in this section are optional, but are important and should be reviewed.

**Auto-reinvest opt out**

Accounts will automatically reinvest dividends and capital gains in the fund. Select one of the following cash options to opt out of auto-reinvest (note that distributions for custodial accounts will be paid to the custodian regardless of selection):

☐ Wire

☐ Third party brokerage account

\_\_\_\_\_  
Name of financial institution

\_\_\_\_\_  
ABA routing number

\_\_\_\_\_  
Bank account number

\_\_\_\_\_  
FFC account number (if applicable)

Account owner:

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle initial

\_\_\_\_\_  
Last name ☐ Mr. ☐ Mrs. ☐ Ms.

**Adviser discretion**

Check the box and complete the following to allow your financial advisor to submit future orders on your behalf:

☐ I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
Investor name Financial advisor name

to submit on my behalf future (i) orders to purchase securities of the fund by telephone, mail, electronic mail or facsimile, and (ii) repurchase requests to the fund by mail, or other appropriate method.

Please note that by allowing your financial advisor to submit future orders on your behalf:

- + You agree that the fund, its distributor, transfer agent, and sub-transfer agent will not be liable for any loss in acting on transaction instructions via telephone, mail, electronic mail or facsimile that they reasonably believe to be authentic.

**Duplicate statements**

Please list the name and address of a third party who will receive a copy of your quarterly statements. Put additional persons on separate page.

**Beneficiary Information**

First name Middle initial Last name ☐ Mr. ☐ Mrs. ☐ Ms.

Firm name

Mailing address City State Zip

Phone number Extension Email Address

**Cost basis**

Please select one cost basis tax reporting method. If no method is selected, Average Cost will be used.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Average Cost                | <input type="checkbox"/> First-In First-Out (FIFO) | <input type="checkbox"/> Last-In First-Out (LIFO) |
| <input type="checkbox"/> Highest-In First-Out (HIFO) | <input type="checkbox"/> Low Cost                  |   |

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**5 Acknowledgments and signature(s)****A. Acknowledgments**

- + I (we) acknowledge receipt of the final Prospectus of the fund and further acknowledge that: (i) the Prospectus is printed in English and that I (we) have read and understand the Prospectus; (ii) I am (we are) entering into an investment in the fund relying solely on the terms and conditions of the offering as set forth in the Prospectus and in this Subscription Agreement; and (iii) I (we) agree to abide by the terms and conditions of the Prospectus, as may be amended from time to time.
- + I (we) acknowledge the following: the fund is an illiquid investment and is suitable only for investors who can bear the risks associated with the limited liquidity of the fund and should be viewed as a long-term investment; the fund will ordinarily declare and pay dividends from its net investment income. However, the amount of distributions that the fund may pay, if any, is uncertain.
- + I (we) or an adviser or consultant I (we) relied upon in reaching a decision to subscribe have such knowledge and experience in financial, tax and business matters as to enable me (us) or such adviser or consultant to evaluate the merits and risks of an investment in the fund and to make an informed investment decision with respect thereto. (I am (we are) not relying upon the fund's investment advisers for guidance with respect to tax or other legal considerations.)
- + I am (we are) permitted by applicable law and regulation to make an investment in the fund, and I (we) have satisfied any special suitability or other applicable requirements of my (our) state or country of residence and/or the state or country of residence in which the subscription occurs.
- + I (we) acknowledge that neither the fund nor its advisers have solicited my (our) investment in the fund.
- + I (we) understand and acknowledge that an investment in the fund may subject me (us) to US taxation (the amount of any tax liability will depend on a number of factors), and I (we) should obtain my (our) own advice as to whether I (we) will be liable for any US tax as a result of an investment in the fund.+ I (we) acknowledge that the fund reserves the right, in its absolute discretion, to reject this and any other subscription, in whole or in part.

- + If signing on behalf of a legal entity, I (we) certify: I am an (we are) authorized representative(s) of the entity, and I (we) understand that State Street Bank and Trust Company will use this document for the purpose of verifying the identity of the beneficial owners and control person as required by federal law. I (we) hereby certify, to the best of my (our) knowledge, that the information provided in the table in Section 3E is complete and correct.
- + **I (we) certify under penalties of perjury that:**
  - 1 The number shown on this application is my (our) correct Taxpayer Identification Number, **and**
  2. I am (we are) not subject to backup withholding because: (a) I am (we are) exempt from backup withholding, or (b) I (we) have not been notified by the Internal Revenue Service (IRS) that I am (we are) 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 (we are) no longer subject to backup withholding, **and**
  3. Unless otherwise discussed in advance with and approved in the sole discretion of State Street Bank and Trust Company, I am a (we are) US citizen(s) or other US person(s), **and**
  4. The FATCA code(s) entered on this form (if any, see below) indicating that I am (we are) exempt from FATCA reporting is correct.

If required:

**Certification #2 above: Backup withholding**

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**Certification #4 above: Exemption from FATCA reporting code (if any): \_\_\_\_\_**

FATCA codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Please visit <http://www.irs.gov/pub/irs-pdf/fw9.pdf> for a list of exemption codes for all others.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications above to avoid backup withholding.

**B. Signature(s)**

<b>X</b>		
_____ Signature of Investor (Required)	_____ Date (mm/dd/yyyy)	_____ Title (if the account is held by a trust, corporation, estate, partnership or other entity)
<b>X</b>		
_____ Signature of Joint Investor (If applicable)	_____ Date (mm/dd/yyyy)	_____ Title (if the account is held by a trust, corporation, estate, partnership or other entity)

Return the completed Subscription Agreement to:

<b>Regular Mail:</b> GoldenTree Opportunistic Credit Fund State Street Bank and Trust PO BOX 5493 Attn: JAB/3SE Boston, MA 02206	<b>Overnight Mail:</b> GoldenTree Opportunistic Credit Fund State Street Bank and Trust 1776 Heritage Drive Attn: JAB/3SE Quincy, MA 02171
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