



GoldenTree Opportunistic Credit Fund. - Subscription Agreement Guide

If submitting subscription documents through Charles Schwab, please submit the completed Subscription Agreement and all related documents to Charles Schwab via the Advisor Center. Please reach out to the Schwab team directly at 877-523-1598 with any questions.

Documents can be submitted on the Advisor Center on a daily basis and will be processed by the Schwab team on a first come first serve basis. Given processing time, settlement date may not happen on the same day.

If submitting subscription documents through Goldman Sachs, please submit them through subscriptions facilitated via the GSCS custody platform. Please reach out to joe.falconi@gs.com & GSAS-Ops-Alts@ny.email.gs.com if you have any questions.

1) Investment

Page 1. Please provide the following:

- Select Share Class
- Initial Investment Amount
- Select Investment Method by checking either by mail or by wire

2) Financial advisor information

Page 1. Please provide the following information for the Financial Advisor

- Financial advisor ID number (e.g. FINRA registration number). This ID is optional – if the financial advisor does not have FINRA registration number, the financial advisor can skip this section
- First name, middle initial, last name
- Firm name
- Please confirm if firm is RIA by checking yes or no. If unchecked, answer is no
- Branch address, phone number and email address

3) Account ownership

Page 2-4. Depending on type of investor, please complete the appropriate section

Section A – Individual or joint account

Registered owner #1:

- First name, middle initial, last name
- Date of birth
- SSN/tax ID
- Phone number
- Address
- Please confirm if the individual is a US citizen by checking yes or no.
 - If no, confirm the country of citizenship and provide a completed W-8BEN (available to download from the IRS website)
- Please confirm if the individual is an eligible participant account (eligible employee/family member by checking yes or no. Further information is available in the purchase terms in the prospectus)

Registered owner #2 (for joint accounts only):

- First name, middle initial, last name
- Date of birth
- SSN/tax ID
- Phone number
- Address
- Please confirm if the individual is a US citizen by checking yes or no.
 - If no, confirm the country of citizenship and provide a completed W-8BEN (available to download from the IRS website)



Section B – Transfer on Death. Please ensure that section A is also completed

Beneficiary Information:

- First name, middle initial, last name
- Date of birth
- SSN/tax ID
- Allocated % (please include additional beneficiary details on a separate sheet, if applicable, and ensure that allocation % totals 100%)
- Address

Section C – Account that is a transfer or gift to a minor. Please ensure that section A is also completed

- Select UTMA or UGMA and provide the state of establishment
- Please confirm if the custodian of UTMA/UGMA is the same as the owner in section A by checking yes or no
 - If no, please provide custodian information on separate sheet

Information for Minor:

- First name, middle initial, last name
- Date of birth
- SSN/tax ID

Section D – Qualified or Custodial accounts. Please ensure that section A is also completed

- Select Custodial Account type, as applicable
- Custodian Information
- Name
- Phone number
- Mailing address
- Tax ID
- Account number

Section E – Account held by Corporations or other entities

- Select entity type
- Entity Information
- Entity Name
- Tax ID
- Trust Date (for trusts only)
- Address
- Please confirm if the entity is incorporated or organized in the United States by checking yes or no
 - If no, please complete and attach the appropriate W-8 form (available to download from the IRS website)

SEC Rule 206(4)-5

- If the account is being opened for a government entity or a plan or program of a government entity, please check the box

Additional documents for entities

- Please provide the appropriate documentation, depending on the entity type of the account owner
- Additional information for individuals associated with certain entities.

- Group A: Please provide the following information for Trustee, executor or 1st authorized signer
 - Name and Title
 - Address
 - Date of Birth
 - SSN
 - Phone Number
 - Ownership %



- Group A: Please provide the following information for Trustee, executor or 2nd authorized signer
 - Name and Title
 - Address
 - Date of Birth
 - SSN
 - Phone Number
 - Ownership %
- Group B: Please provide the following information for Control Person (refer to further description)
 - Name and Title
 - Address
 - Date of Birth
 - SSN
 - Phone Number
 - Ownership %
- Group C: Please provide the following information for 25% or more owner (If no individuals meet this description, please indicate NONE)
 - Name and Title
 - Address
 - Date of Birth
 - SSN
 - Phone Number
 - Ownership %

4) Additional options: Distributions, discretion, duplicated statement, and cost basis

Page 4-5. The items in this section are optional, but are important and should be reviewed

Auto-reinvest op out. If unchecked, the account will automatically reinvest both dividends and capital gains

- Please confirm if you would like to opt out of reinvesting dividends and capital gains in the fund by checking either “wire” or “Third party brokerage account”.
- If wire option is checked, provide the following information:
 - Name of financial institution
 - ABA routing number
 - Bank account number
 - FFC account number (if applicable)
 - Account owner first name, middle initial, last name

Adviser discretion

- Please check the box and provide the investor name and financial advisor name if you authorize your financial advisor to submit future orders on your behalf

Electronic Communication

- Please provide your email if you would like to receive all distributions electronically

Duplicate statements.

- Please provide the following information for individuals who should receive a copy of your quarterly statements. For additional individuals, please provide a separate sheet
 - First name, middle initial, last name
 - Firm name
 - Mailing address
 - Phone number
 - Email address

Cost basis

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



5) Tax Form

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- Please provide the relevant W-8/W-9 form

6) Acknowledgements and signature(s)

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Certifications

- If you have been notified by the IRS that you are currently subject to backup withholding, please cross out acknowledgement 2
- If applicable, please provide the exemption from FATCA reporting code.

Signatures

- Signature of Investor
- Date
- Title (if the account is held by a trust, corporation, estate, partnership or other entity)
- Signature of Joint Investor (if applicable)