

# TPG Private Markets Fund

## Subscription Agreement | Share Class F | Additional Investment

### 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 only for additional purchases of TPG Private Markets Fund ("TPM"). Initial purchases should be made using the Initial Investment form. If you have any questions about how to complete this application or would like information on other services, please contact your financial advisor or call the Fund Services Team at 212-994-7333.

### All items on this form must be completed.

#### 1. ACCOUNT INFORMATION

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Brokerage Account Number: \_\_\_\_\_

#### 2. INVESTMENT

Additional Investment Amount: \$ \_\_\_\_\_ **(Note \$10,000 minimum)**

Share Class:  F

**Select investment method:**

**By Mail** Attach a check to this Subscription Agreement payable to: TPG Private Markets Fund

**By Wire**

**Bank:** First National Bank of Omaha  
**Bank Address:** 1620 Dodge Street, Omaha, NE 68197  
**ABA Routing Number:** 104000016  
**Account Number:** 734584465  
**SWIFT Code:** FNBOUS44XXX  
**Account Name:** TPG Private Markets Fund Sub Account  
**Reference:** Investor's Account Name (if available)

Return the completed Subscription Agreement to:

**Regular Mail:**

TPG Private Markets Fund  
c/o Ultimus Fund Solutions, LLC  
PO Box 541150  
Omaha, NE 68154

**Overnight Mail:**

TPG Private Markets Fund  
c/o Ultimus Fund Solutions, LLC  
4221 N 203rd St Ste 100  
Elkhorn, NE 68022

**Email:**

TAAAltInv  
[TAAAltInv@ultimusfundsolutions.com](mailto:TAAAltInv@ultimusfundsolutions.com)

### 3. FINANCIAL ADVISOR INFORMATION

If the Investor was introduced to the Fund by a financial advisor, the financial advisor should be named below.

Financial advisor ID/CRD # <input type="radio"/> ID <input type="radio"/> CRD	First name	Middle initial	Last name	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.
			Is Firm an RIA?	<input type="radio"/> Yes <input type="radio"/> No (If unanswered, then NO)
	Firm name			
Branch address	City		State	Zip
Branch number	Phone number	Extension	Email address	

### 4. ACKNOWLEDGMENTS AND SIGNATURES

#### 4A. Acknowledgments

- + I (we) acknowledge and agree that the additional purchase of shares, if accepted by the fund, will be governed by the terms and conditions contained in the Subscription Agreement for Initial Investment, previously executed by me (us) and accepted by the fund, as the same may be updated or modified from time to time.
- + 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, in the Subscription Agreement for Initial Investment 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 DST Systems, Inc. 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 previous subscription materials is still accurate.

#### + 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 DST Systems, Inc., 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.

#### 4B. Signatures

**X**

Signature of Investor (Required)

Date (mm/dd/yyyy)

Title (if the account is held by a trust, corporation, estate, partnership or other entity)

**X**

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)

**X**

Signature of Custodian (If applicable)

Print Name of Custodian (if Applicable)

Date (mm/dd/yyyy)

# iCapital®

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New York, NY 10165  
212.994.7400

[icapital.com](http://icapital.com)

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