

INVESTOR QUESTIONNAIRE FOR INDIVIDUALS

INDIVIDUALS: Please complete Parts I through VI of this Questionnaire and then proceed to "Form PF."

I. General Information.

A. Investor Contact Information (all fields required).

- 1) Print Full Legal Name of Investor: _____
- 2) Social Security Number, Tax Identification Number or other Government-Issued Identification Number (required): _____
- 3) Primary Contact for All Correspondence: _____
Address: _____
- 4) Telephone Number: (home) _____ (work) _____ (other) _____
- 5) Facsimile Number: _____
- 6) E-mail Address (required): _____
- 7) Permanent Address: _____
(if different from above)

B. Birth Information.

- 1) Date of Birth: _____ (Please provide month, date and year.)
- 2) Country of Origin or Birth: _____
- 3) Country of Citizenship: _____

C. Additional Interested Party.

In addition to the Primary Contact listed above, correspondence from the Onshore Feeder Fund will also be sent, at the Investor's option, to one additional interested party (e.g., Investor's financial advisor, accountant, attorney, etc.). Please note that correspondence will only be sent via the online reporting tool. Please provide relevant information listed below if applicable:

Name of Interested Party: _____

Telephone Number: _____

E-mail Address: _____

Investor Questionnaire - 1
Confidential