



LIB Investment Group, LLC

LIB Investment Group, LLC (LIG) Investment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Capital Contribution: \$ _____

*Please tick only one of the lines below to confirm the source of wealth/funds for this investment:

- Income _____
- Inheritance _____
- Sale of Property _____
- Sale of Business _____
- Lottery _____

Are you a citizen of the United States? YES NO If no, are you authorized to invest in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Current Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Do you have Investment with this company? _____

May we contact your supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Do you have investment with this company? _____

May we contact your supervisor for a reference? YES NO

Investment Types and Term (Every Quarter)

Agricultur _____ From: _____ To: _____

Real Estate: _____ Healthcare: _____

Other: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to Investment opportunity with LIB Investment Group, LLC, I understand that false or misleading information in my application may result in my denial of being an investor.

- I confirm having received, read and understood the relevant Key Investor Information document(s) especially the objectives and investment agreement, the risk factors and the charges applicable to the relevant Fund(s).
- I understand that my application is subject to receipt and acceptance by LIG and the Management Company in Silver Spring Maryland.
- I hereby confirm that I am aware that the value of the Shares might go down as well as up.
- I agree to indemnify LIG and the Management Company accordingly.
- I declare that no payments for funding investments into LIG is directly or indirectly derived from activities that may contravene applicable anti-money laundering and counter terrorist financing laws and regulations or any tax laws.
- I declare that I am over 18 years of age and have full capacity to subscribe, hold and/or otherwise invest.
- I agree to the acceptance and processing of applications (except initial applications), sales, switches sent by facsimile and/or email and/or electronic instructions without subsequent written confirmation
- I agree that Lib investment Group, LLC will not be held liable for any action taken following receipt of facsimile and/or email and/or electronic instructions and any loss caused.
- I hereby confirm that the information contained in the application form is complete and accurate and I hereby agree to forward any changes in my personal data as soon as possible.
- I undertake to immediately inform LIG and the Management Company when the person(s) designated as beneficial owners(s) change.
- I hereby authorize the Management Company with registered office in Silver Spring Maryland, to disclose to my financial adviser which name and address is mentioned in my/our application form, any information regarding my account (including my/our account statements) and discharge LIG and the Management Company of any liability in respect of such disclosure.
- I individually accept the terms and conditions detailed in the Application Notes.

Signature: _____ Date: _____

General Partner Signature: _____ Date: _____