SHARESPOST

SHARESPOST 100 FUND - NEW ACCOUNT APPLICATION – NAV PURCHASE APPLICATION

Use this New Account Application to open an individual, joint, UGMA/UTMA, trust, or corporate account that is to purchase in without the sales load. If you have any questions about completing this form, please contact Shareholder Services at +1.855.551.5510

IMPORTANT:
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. When you open an account, you will be asked for your name, date of birth (for a natural person), your residential address or principal place of business, and mailing address, if different, as well as your Social Security Number or Taxpayer Identification Number. Additional information is required for corporations, partnerships and other entities. Applications without such information will not be considered in good order. The Fund reserves the right to deny an application if it is not in good order. Please note that the value of your account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
SharesPost 100 Fund

PO Box 2175
Milwaukee WI 53201-2175

Overnight Delivery
SharesPost 100 Fund

235 W. Galena Street
Milwaukee WI 53212

PART I: OWNER INFORMATION

❑ **Individual** or ❑ **Joint*** *(may not be a minor)*

Primary Account Owner: _____ Taxpayer ID Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____

**fill out section below if joint account*

Joint Account Owner: _____ Taxpayer ID Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____

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❑ **Uniform Gift/Transfers to Minor Account (UGMA, UTMA)**

Minor Name: _____ Minor Taxpayer ID Number: _____

Minor Residence Address: _____

Minor Date of Birth: _____

Custodian Name: _____ Custodian Taxpayer ID Number: _____

Custodian Residence Address: _____

Custodian Mailing Address: _____

Custodian Primary Phone: _____ Custodian Email Address: _____

Custodian Date of Birth: _____

Choose from one of the following:
❑ **Trust** ❑ **C-Corporation** ❑ **S-Corporation** ❑ **Partnership** ❑ **Government** ❑ **Other Entity:** _____

❑ **LLC Classified for tax purposes by one of the following:** ❑ Partnership ❑ S-Corporation ❑ C-Corporation

The following documentation is required for trust instruments and other organizations.

Name of Trust/Corp/Entity: _____ Date of Trust: _____

Trust/Corp/Equity Tax ID Number: _____

Mailing Address: _____

Trustee: _____Trustee Tax ID Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____

Additional Trustee: _____Additional Trustee Tax ID Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____

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PART II: DUPLICATE ACCOUNT STATEMENT

❑ **Yes, please send duplicate statements to:**

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

PART III: PAYMENT METHOD

You can open your account using any of these methods. The minimum initial purchase for the Fund is $2,500. Please check your choice:

❑ **By Check**	Enclose a check payable to SharesPost 100 Fund for the total amount.
❑ **By Wire**	Bank Name: UMB Bank, N.A. Bank Address: 10110 Grand Blvd., Kansas City, MO, 64106 ABA Routing Number: 101 000 695 Bank Account Number: 987 201 3425 Bank Account Name: SharesPost 100 Fund For Further Credit: *(investor name)*
❑ **By Electronic Funds Transfer**	To transmit via EFT, provide information about your bank account below.

Enter your checking or savings account information: Account Type: ❑ Checking ❑ Savings

Name: _____

Name of Bank: _____ Bank's Phone Number: _____

Bank Address: _____ ABA Routing Number: _____

City: _____ State: _____ Zip Code: _____

Name(s) on Bank Account: _____ Bank Account Number: _____

PART IV: INVESTMENT AMOUNT

I would like to invest the following amount in the SharesPost 100 Fund: $_____.

PLEASE CODE ACCOUNT FOR NAV AND POST PURCHASE AT NAV.

PART V: DIVIDEND AND CAPITAL GAINS INSTRUCTIONS

All dividends and capital gains will be automatically reinvested unless one of the following is checked.

❑ Send all dividends and capital gains to the Primary Account Owner's mailing address in Part I.
❑ Send all dividends and capital gains to the bank listed in Part III.

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PART VI: COST BASIS ELECTION

The Fund is responsible for tracking and reporting to the IRS your realized gains and losses on covered shares. In general, these are shares acquired on or after Jan. 1, 2011.

The Fund's **default** tax lot identification method is **FIFO (first-in, first-out)**, which means the first Fund shares you acquire are the first Fund shares sold. You may choose another method below. **Note: IRS Regulations do not permit the change of the method on a settled trade.**

- ❑ I choose the funds default method of FIFO
- ❑ I choose a method **other** than FIFO (select a method below)
  - ❑ HIFO –Highest in, First Out
  - ❑ LIFO – Last in, First Out
  - ❑ Specific Identification
  - ❑ Average Cost

If no option is selected above, your account will use the Fund's default method.

PART VII: FOR DEALER USE ONLY

If dealer information is included in this section, your purchase will be made at the public offering price, unless otherwise instructed.

Representative's Full Name: _____

Representative's Signature:_____ Date: _____

Financial Institution Name: _____

Mailing Address: _____ Representative's Branch Office Telephone Number: _____

City: _____ State: _____ Zip: _____

Dealer Number: _____ Branch Number: _____ Representative Number: _____

PART VIII: DOCUMENTATION OPTIONS

We generally deliver a single copy of most annual and semi-annual reports and prospectuses to investors who share the same address and last name. By signing this application, you consent to the delivery of one report and prospectus to the same address unless you indicate otherwise below. You have the right to revoke this consent at any time by calling or writing the Fund at the telephone number or address shown on the first page. The Fund will begin sending you individual copies of these mailings within 30 days after you revoke your consent.

- ❑ I want to receive individually addressed investor documents at the same address.

PART IX: PRIVACY NOTICE

The Fund collects non-public information about you from the following sources:

- Information we receive about you on the application form or other forms;
- Information you give us orally; and/or
- Information about your transactions with us or others.

We do not disclose any non-public personal information about our shareholders or former shareholders without the shareholder's authorization, except as permitted by law or in response to inquiries from governmental authorities. We may share information with

affiliated and unaffiliated third parties with whom we have contracts for servicing the Fund. We will provide unaffiliated third parties with only the information necessary to carry out their assigned responsibilities. We maintain physical, electronic and procedural safeguards to guard your non-public personal information and require third parties to treat your personal information with the same high degree of confidentiality. In the event that you hold shares of the Fund through a financial intermediary, including, but not limited to, a broker-dealer, bank, or trust company, the privacy policy of your financial intermediary would govern how your non-public personal information would be shared by those entities with unaffiliated third parties.

PART X: ACKNOWLEDGEMENT AND SIGNATURE *Note: This application* ***will not*** *be processed unless signed below by all account owners/trustees. For UGMA/UTMAs, the custodians should sign.*

By signing below:

- I certify that I have received and read the current Prospectus and Privacy Notice of the Fund in which I am investing and agree to be bound by its terms and conditions. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.

- I authorize the Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with the procedures described in the Prospectus for this account. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions.

- I certify that I am not a Foreign Financial Institution as defined in the USA Patriot Act.

By signing below:
I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that the Fund shall be fully protected in honoring any such transaction. I also agree that the Fund may take additional attempts to credit/debit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.

By selecting the box below, I am certifying that I am **NOT** a U.S. Citizen.
❑ I am a Resident Alien

Under penalty of perjury, I certify that:
1. The Social Security Number or Taxpayer Identification Number shown on this application is correct.

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am 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 no longer subject to backup withholding.

3. I am a U.S. person (including a U.S. resident alien).

4. I am exempt from FATCA reporting.

Certification Instructions: 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Owner, Trustee or Custodian: _____ Date: _____

Signature of Joint Owner, Trustee or Custodian: _____ Date: _____

Additional Owner's Signature (if applicable): _____ Date: _____