



# New Account Application

## Sound Point Alternative Income Fund

Use this New Account Application to open an individual, joint, UGMA/UTMA, trust, or corporate account. If you have any questions about completing this form, please contact Shareholder Services at 1-800-440-4485.

**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**

Sound Point Alternative Income Fund  
PO Box 2175  
Milwaukee WI 53201-2175

**Overnight Delivery**

Sound Point Alternative Income Fund C/O  
UMB Fund Services, Inc  
235 W Galena Street  
Milwaukee WI 53212

**Fax:** 816-860-3137

**Email:** [ipp.fundfax.fax@umb.com](mailto:ipp.fundfax.fax@umb.com) (Emails sent to this automated inbox are auto encrypted. The email box is not monitored; any documents sent with additional encryption or password protection will not be received or processed.)

### SECTION 1: OWNER INFORMATION

Please choose the appropriate section to complete based upon the Account type you wish to establish. Note, if you are completing Section D, it is required that you provide beneficial owner information and authorized Controlling Individual.

**Section A:**

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

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*\*fill out section below if joint account*

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Section B:**

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

Minor Name: \_\_\_\_\_ Minor Social Security Number: \_\_\_\_\_

Minor Residence Address: \_\_\_\_\_

Minor Date of Birth: \_\_\_\_\_

Custodian Name: \_\_\_\_\_ Custodian Social Security Number: \_\_\_\_\_

Custodian Residence Address: \_\_\_\_\_

Custodian Mailing Address: \_\_\_\_\_

Custodian Primary Phone: \_\_\_\_\_ Custodian Email Address: \_\_\_\_\_

Custodian Date of Birth: \_\_\_\_\_

**Section C:**

**Trust** *Note: For a Statutory Trust, please complete the Entity section below.*

**Photocopy of the title page and signature page of Trust documents required.**

Name of Trust: \_\_\_\_\_ Date of Trust: \_\_\_\_\_

Trust 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: \_\_\_\_\_

**Section D: Entity (choose from one of the following):**

**Statutory Trust**  **C-Corporation**  **S-Corporation**  **Partnership**  **Government**

**Other Entity:** \_\_\_\_\_

**Limited Liability Company (LLC) Classified for tax purposes by one of the following:**

**Partnership**  **S-Corporation**  **C-Corporation**

**Organization documentation required such as articles of incorporation. If a Statutory Trust, please include entire trust instrument.**

**Check if appropriate:**  I am an exempt recipient as defined under U.S. federal income tax regulations (e.g., C-Corporation, financial institution, registered broker-dealer, or tax exempt organization).

Exempt payee code: \_\_\_\_\_ **Note:** Please see IRS Form W-9 for a list of exempt payee codes

Name of Entity: \_\_\_\_\_

Entity Tax ID Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**DOMESTIC CERTIFICATION OF BENEFICIAL OWNERS FOR LEGAL ENTITY & TRUST INVESTORS**

**GUIDANCE ON FILLING BENEFICIAL OWNERSHIP CERTIFICATION & DOCUMENTATION STANDARDS**

**LEGAL ENTITY**

For all legal entity investors, information on all natural persons owning 25 percent or more of the entity investing in the fund(s) must be supplied on the following form. For the purposes of determining if an individual owns 25 percent ownership, please note that the cumulative percentage of ownership, either directly in the entity or indirectly through one or more entities which own an interest in the entity investing in the fund, must be considered. Additionally, one natural person with significant management responsibility must be identified. Please see

**(Section D Continued)**

Beneficial Ownership Certification FAQ's for more information on who can be identified as a control person. Additionally, an individual may be both a beneficial ownership and the control person for an entity and should be so identified on the beneficial ownership form. Furthermore, if a trust owns 25 percent or more of a legal entity, than one trustee from the trust must be identified on the beneficial ownership form.

For all beneficial owners and the control person, please provide the following information:

- Legal Name;
- Date of Birth;

- An address, which will be a residential street address, an Army Post Office (APO) or Fleet Post Office (FPO) box number, or a principal place of business, local office, or other physical tax location;
- Identification Number—for U.S. individuals, a Social Security Number (SSN);
- Passport or Similar Identification Document for non-U.S. individuals

- Tax ID
- Street address

For Individuals, including trustees and authorized control persons, please provide the following information:

- Full legal name of the trust
- Authorized signers list
- Tax ID
- Street address

For Individuals, including trustees and authorized control persons, please provide the following information:

- Full Legal Name;
- Date of Birth;
- An address, which will be a residential street address, an Army Post Office (APO) or Fleet Post Office (FPO) box number, or a principal place of business, local office, or other physical tax location;
- Identification Number—for U.S. individuals, a Social Security Number (SSN).

Passport or Similar Identification Document for non-U.S. individuals

If the entity is owned by Another Company or Entity, then please submit the following information. In case there is more than one layer of company or entity, then you must provide the information for each entity:  
 —Natural persons CIP information for the beneficial owners of that entity  
 —Trustee(s) of the trust CIP information

**LEGAL TRUST**

If the entity is a trust that is not a statutory trust, then only Trustee information is required in lieu of beneficial owner.

If trustee is not a natural person, you must provide the following:

- Full legal name of the trust
- Authorized signers list

**Legal Entity or Trust Information**

Physical Operating Address	City	State	ZIP
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Country
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Point of Contact Full Legal Name – First	Middle	Last	Title
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**Beneficial Owners/Trustee Information**

Identify each natural person (ultimate beneficial owner) who owns—directly or indirectly through any agreement, arrangement, understanding, relationship, or otherwise—25% or more of the equity interests of the legal entity.

Check, if no individual or entity owns 25% or more of the equity interests (directly or indirectly) of the legal entity and that you will inform UMB if/when an individual assumes 25% or more ownership.

**Beneficial Owner 1**

Check this box if this owner is also the authorized individual with significant management responsibility.

Is this Beneficial Owner an  Individual **OR**  Trust? If Trust, please provide TRUSTEE information as Beneficial Owner

Full Legal Name – First	Middle	Last	Social Security Number (US Only)
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Personal Residential Street Address	City	State	Zip
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Country	Date of Birth
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Driver's License Number (Optional)(US only)	Driver's License State (Optional)	Driver's License Exp
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Passport Number (Required for Non-US; Alternate ID Option for US)	Passport Country	Passport Expiration
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**Beneficial Owner 2**

Check this box if this owner is also the authorized individual with significant management responsibility.

Is this Beneficial Owner an  Individual **OR**  Trust?

If Trust, please provide TRUSTEE information as Beneficial Owner.

Full Legal Name – First	Middle	Last	Social Security Number (US Only)		
Personal Residential Street Address		City	State	Zip	
Country			Date of Birth		
Driver's License Number (Optional)(US only)		Driver's License State (Optional)		Driver's License Exp	
Passport Number (Required for Non-US; Alternate ID Option for US)		Passport Country	Passport Expiration		

**Beneficial Owner 3**

Check this box if this owner is also the authorized individual with significant management responsibility.

Is this Beneficial Owner an  Individual **OR**  Trust?

If Trust, please provide TRUSTEE information as Beneficial Owner.

Full Legal Name – First	Middle	Last	Social Security Number (US Only)		
Personal Residential Street Address		City	State	Zip	
Country			Date of Birth		
Driver's License Number (Optional)(US only)		Driver's License State (Optional)		Driver's License Exp	
Passport Number (Required for Non-US; Alternate ID Option for US)		Passport Country	Passport Expiration		

**Beneficial Owner 4**

Check this box if this owner is also the authorized individual with significant management responsibility.

Is this Beneficial Owner an  Individual **OR**  Trust?

If Trust, please provide TRUSTEE information as Beneficial Owner.

Full Legal Name – First	Middle	Last	Social Security Number (US Only)		
Personal Residential Street Address		City	State	Zip	
Country			Date of Birth		
Driver's License Number (Optional)(US only)		Driver's License State (Optional)		Driver's License Exp	
Passport Number (Required for Non-US; Alternate ID Option for US)		Passport Country	Passport Expiration		

**Authorized Individual with Significant Management Responsibility (Controlling Person)**

Provide information for **one** individual with significant responsibility for managing the legal entity or trust (ex. CEO, CFO, managing member, general partner, president, treasurer, etc.) **If this individual is noted as an owner above, only the name and title are required.**

Full Legal Name – First	Middle	Last	Title
Personal Residential Street Address	City	State	Zip
Country	SSN/TIN (US Only)	Date of Birth	
Driver's License Number (US only)	Driver's License State	Driver's License Exp	
Passport Number (Required for Non-US; Alternate ID Option for US)	Passport Country	Passport Expiration	

**SECTION 2: DUPLICATE ACCOUNT STATEMENT**

Yes, please send duplicate statements to:

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION 3: INVESTMENT SELECTION**

Minimum initial investment for Class I is \$1,000,000, Class Y is \$50,000 and Class A is \$25,000.

Fund Name	Ticker	Investment Amount
Sound Point Alternative Income Fund Class I	SAFTX	\$ _____
Sound Point Alternative Income Fund Class Y	SAFDX	\$ _____
Sound Point Alternative Income Fund Class A	SAFNX	\$ _____

**SECTION 4: PAYMENT METHOD**

You can open your account using any of the methods below. Minimum initial investment for Class I is \$1,000,000, Class Y is \$50,000 and Class A is \$25,000.

**By Check**  
for the total amount.

Enclose a check payable to **Sound Point Alternative Income Fund**

**By Wire**

A New Account Application must be submitted in advance of sending an initial wire. Please send investment amount to the wire instruction below. For additional questions, please call 1-800-440-4485.

UMB Bank, n.a.  
928 Grand Boulevard  
Kansas City, MO 64121  
ABA: 101000695  
DDA: 9872748441  
For Credit to: Sound Point Alternative Income Fund  
Further Credit to:  
Investor Name and/or Account Number  
Fund Name/Share Class

## SECTION 5: BANK ACCOUNT INFORMATION

Provide information about your checking or savings account to receive distributions or redemption proceeds by Wire or ACH

Payment Method:  WIRE  ACH

Bank Account Type (applicable to ACH Payment):  Checking  Savings

Name of Bank: \_\_\_\_\_ Bank's Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ ABA Routing Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name(s) on Bank Account: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

For Further Credit to Name: \_\_\_\_\_ For Further Credit to Account#: \_\_\_\_\_

## SECTION 6: DIVIDEND AND CAPITAL GAINS INSTRUCTIONS

All dividends will be reinvested unless one of the following is checked.

- Reinvest all dividends and capital gains into my account.
- Send all dividends and capital gains to the address in Section 1.
- Send all dividends and capital gains to the bank listed in Section 5.

## SECTION 7: 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, 2012. Purchases or transfers made into your account with shares acquired prior to January 1, 2012, are referred to as noncovered shares. For all methods except Specific Identification, the fund redeems noncovered shares first until they are depleted and then applies your elected method to your remaining covered shares.

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.** If you are using average cost as your method, by signing this application you agree to use the fair market value of the shares if the gift is at a loss.

- 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. If your account cost basis method is Average Cost, whether by election or default, and you are receiving a gift, you agree to receive that gift at FMV if received at a loss.

## SECTION 8: FOR DEALER USE ONLY

The completion of this section is optional. If you wish to have a dealer listed on your account, please provide the information requested below.

Representative's Full Name: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Representative's Branch Office Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dealer Number: \_\_\_\_\_ Branch Number: \_\_\_\_\_ Representative Number: \_\_\_\_\_

## SECTION 9: 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

**SECTION 10: PRIVACY NOTICE**

The Funds collect 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.

**SECTION 11: ACKNOWLEDGEMENT AND SIGNATURE** *Note: This application will not be processed unless signed below by all account owners/trustees. For UGMA/UTMAs, the custodian 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 completing Part V and 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

**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER** (Substitute Form W-9)

**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: \_\_\_\_\_

**Custodial Stamp/Signature** (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_