

# VERIVEST SAMPLE

## SUBSCRIPTION AGREEMENT SIGNATURE PAGES

IN WITNESS WHEREOF, the undersigned has executed this Subscription Agreement for the acquisition of a Note to be issued by the Fund.

### NOTE HOLDER NAME:

John Smith

Print Note Holder's name in full exactly as it should appear on the Note

**SUBSCRIPTION TERMS:** Please find information from the Note Schedule which is a separate document than the Subscription Booklet.

Note and Term Tiers: \_\_\_\_\_ Note Schedule: 2023 Q1  
(Example A1, B3 etc.)

Note Amount: US\$ 500,000.00

Term: 12 Months

Note Rate: 8 % Per Annum, Paid Monthly

Please check if you want interest rolled into Principal rather than paid out.

**FORM OF PAYMENT:** The total amount must equal the Principal amount of the Note.

Enclosed check for US\$ 500,000 .00.

Wire Transfer for US\$ \_\_\_\_\_ .00 (Please see wiring instructions)

**FUND ACCEPTANCE OF NOTE HOLDER:** The undersigned hereby accepts the foregoing Subscription Agreement for Verivest, LLC and subject to delivery of payment and other documents to be delivered by the Note Holder, agrees that the Note Holder shall become a holder of the Notes effective as of the date signed by the Manager below.

\* \* \* \* \*

(Signatures appear on the following page)

# VERIVEST SAMPLE

**If Purchaser is an individual, sign below and provide the requested information:**

John Smith  
Signature

John Smith  
Print Name

123-45-6789  
Social Security Number

**If purchasing jointly, additional individual should sign below:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

**Purchaser(s) Information:**

Address: 124 Green St, Portland OR, 98765

Mailing Address, if different: \_\_\_\_\_

Home No.: 123-456-7890

Work No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email: smith@email.com

Addl Email: \_\_\_\_\_

**Accepted:**

**Sample Fund, LLC**

By: Sample Capital Management, LLC, as  
Manager

By: Sample Capital Management

# VERIVEST SAMPLE

**If Purchaser is an entity, an authorized individual signs below:**

\_\_\_\_\_  
Print Name of Entity

\_\_\_\_\_  
Type of Entity

\_\_\_\_\_  
Tax Identification Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title or Capacity

**Entity/Trustee Information:**

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

Mailing Address, if different: \_\_\_\_\_  
\_\_\_\_\_

Home No.: \_\_\_\_\_

Work No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

Addl Email: \_\_\_\_\_

**Accepted:**

**Sample Fund, LLC**

By: Sample Capital Management, LLC, as  
Manager

By: \_\_\_\_\_