



# SUBSEQUENT INVESTMENT FORM

*Do not use this form for IRA accounts.*

Please print clearly in CAPITAL LETTERS

After you have completed and signed this application, please send via email to: **Operations@gryphongroup.us**

Please refer to the Fund's prospectus for minimum investment amounts and subsequent investment requirements.

Distributed by Foreside Financial Services, LLC

If you have any questions or need any help filling out the application, please call at **800.711.9164**.  
[www.conneticventures.com/vcafx](http://www.conneticventures.com/vcafx)

## 1. ACCOUNT INFORMATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Account Number \_\_\_\_\_

## 2. SUBSEQUENT INVESTMENT

**CONNETIC VENTURE CAPITAL ACCESS FUND** \$ \_\_\_\_\_  I (minimum \$100)

I authorize the Connetic Venture Capital Access Fund to deduct money directly from the checking account below for the above additional investment. Your bank must be a member of the Automated Clearing House (ACH).

Type of Account:  Checking  Savings  Brokerage Account/Other

Name of Depository Institution \_\_\_\_\_ Account Number \_\_\_\_\_

Street Address \_\_\_\_\_ ABA Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Other/For Further Credit (FFC): \_\_\_\_\_

## 3. AUTOMATIC INVESTMENT PLAN (AIP)

AIP allows you to add regularly to the Fund by authorizing us to deduct money directly from your checking account every month. Your bank must be a member of the Automated Clearing House (ACH).

Please transfer \$ \_\_\_\_\_ from my bank account in to: **Connetic Venture Capital Access Fund** (\$100 minimum)

Monthly  Quarterly on the \_\_\_\_\_ day of the month Beginning: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Important Note:** If the AIP date falls on a holiday or weekend the deduction from your bank account will occur on the next business day. I authorize the Connetic Venture Capital Access Fund to send redemption proceeds when requested via the Automated Clearing House or wire of which my bank is a member.

Type of Account:  Same as above Section  Checking  Savings  Brokerage Account/Other

Name of Depository Institution \_\_\_\_\_ Account Number \_\_\_\_\_

Street Address \_\_\_\_\_ ABA Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Other/For Further Credit (FFC): \_\_\_\_\_

#### 4. SIGNATURE(S) & CERTIFICATION (REQUIRED)

The undersigned represents and warrants that:

- I have full authority and am of legal age to purchase shares of the Fund;
- I have received and read a current prospectus for **Connetic Venture Capital Access Fund** and agree to be bound by the terms contained therein; and
- The information contained on this Subsequent Account Application is complete and accurate.

If Fund shares are being purchased on behalf of an Investment Company (as that term is defined under the Investment Company Act of 1940, as amended ("the 1940 Act"), including investment companies that are not required to register under the 1940 Act pursuant to section 3(c)(1) or 3(c)(7) exemptions), I hereby certify that said Investment Company will limit its ownership to 3% or less of the Fund's outstanding shares.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

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Signature of owner (or custodian)

Date

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**Connetic Venture Capital Access Fund**  
c/o Gryphon Fund Group  
3000 Auburn Drive, Suite 410  
Beachwood, OH 44122  
[Operations@gryphongroup.us](mailto:Operations@gryphongroup.us)  
800.711.9164