

RiverPark Floating Rate CMBS Fund – Subscription Agreement (Institutional Class Shares) For Assistance Call: 1-888-564-4517

PLEASE DO NOT USE THIS SUBSCRIPTION AGREEMENT TO OPEN AN IRA ACCOUNT.

The USA Patriot Act
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.
What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. This information is subject to verification. If we are unable to verify your identity, we reserve the right to close your account or take such other steps as we deem reasonable.

Sections 1 and 2 must be completed and the information provided will be verified as required by the USA Patriot Act. Failure to complete these sections may result in the rejection of your Subscription Agreement.

Notice for Non-U.S. persons

The Fund generally will not accept investments from foreign investors (e.g. foreign financial institutions; non-U.S. persons). The Fund has instructed its transfer agent accordingly. If the Fund does accept such investments, the Fund is expected to conduct enhanced due diligence on such foreign investors as may be required under Section 312 of the USA PATRIOT Act and applicable Treasury or SEC rules, regulations and guidance (if any).

Notice to all shareholders

In compliance with applicable state laws, your property may be transferred to the appropriate state if no activity occurs in your account within the time period specified by state law.

This Subscription Agreement contains certain statements and certain representations required to be made by each investor. Please complete, date and sign the signature page of this Subscription Agreement. Please refer to the Fund's prospectus for more information regarding when the Fund's shares may be purchased.

As used in this Subscription Agreement, the term "I" means (1) the undersigned, if the undersigned is an individual executing this Subscription Agreement on his or her own behalf, or (2) the company on whose behalf the undersigned is executing this Subscription Agreement.

1 SHAREHOLDER REGISTRATION

**Please print or type clearly.
Please choose one type of account below:**

Individual or **Joint**

YOUR NAME: FIRST, MIDDLE, LAST _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

JOINT OWNER'S NAME: FIRST, MIDDLE, LAST _____

JOINT OWNER'S SOCIAL SECURITY NUMBER _____ JOINT OWNER'S DATE OF BIRTH _____

OCCUPATION _____ EMPLOYER _____

TRANSFER ON DEATH BENEFICIARY (OPTIONAL) _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

Custodial/Gift to Minors

CUSTODIAN'S NAME: FIRST, MIDDLE, LAST _____

CUSTODIAN'S SOCIAL SECURITY NUMBER _____ CUSTODIAN'S DATE OF BIRTH _____

MINOR'S NAME: FIRST, MIDDLE, LAST _____

MINOR'S SOCIAL SECURITY NUMBER _____ MINOR'S STATE OF RESIDENCE _____

MINOR'S DATE OF BIRTH _____

Trust*

TRUSTEE'S NAME _____

TRUSTEE'S SOCIAL SECURITY NUMBER _____ TRUSTEE'S DATE OF BIRTH _____

NAME OF TRUST AGREEMENT _____

TRUST'S TAXPAYER IDENTIFICATION NUMBER _____ DATE OF TRUST AGREEMENT _____

* Attach a separate list for additional Trustees and authorized traders including full name, social security number, date of birth and physical address. Please also include the first and last page of trust document.

Corporation*

NAME OF CORPORATION _____

PROVIDE SYMBOL IF A PUBLICLY TRADED CORPORATION _____

TYPE OF CORPORATION (please check one): **S Corporation** **C Corporation**

TAXPAYER IDENTIFICATION NUMBER _____

*** For all Corporations:**
Please enclose the Articles of Incorporation and a corporate resolution (or government-issued business license) which identifies the individuals authorized to conduct transactions on this account.
For Non-Public Corporations:
Your list of authorized traders must include their full name, social security number, date of birth, and physical address.

Partnership*

PARTNER: FIRST, MIDDLE, LAST NAME _____

NAME OF PARTNERSHIP _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

* Attach a separate list for authorized traders, and each individual partner of a partnership, including full name, social security number, date of birth, and a physical address (P.O. Box is not acceptable). A copy of partnership agreement must be attached.

Documents provided in connection with your Subscription Agreement will be used solely to establish and verify your identity. The Fund will have no obligation with respect to the terms of any such documents.

2 SHAREHOLDER ADDRESS

- U.S. Citizen
 Resident Alien (must have U.S. tax identification number and domestic address).
 Non-Resident Alien Country of Citizenship _____
 (Non-Resident Aliens must provide a copy of an unexpired government issued photo ID with their Subscription Agreement.)

Mailing Address:

STREET OR P.O. BOX _____
IF MAILING ADDRESS IS A POST OFFICE BOX (OTHER THAN AN ARMY POST OFFICE BOX OR A FLEET POST OFFICE BOX), THEN A PHYSICAL ADDRESS IS ALSO REQUIRED BY THE USA PATRIOT ACT.
 CITY, STATE, ZIP _____
 () () _____
 DAYTIME TELEPHONE _____ EVENING TELEPHONE _____

E-MAIL ADDRESS _____

Physical Mailing Address (if different from above):

MUST PROVIDE PHYSICAL ADDRESS FOR INDIVIDUAL TRUSTEE AND AUTHORIZED TRADER; PROVIDE FOR JOINT REGISTRANT OR MINOR ONLY IF DIFFERENT THAN ABOVE.

STREET ADDRESS _____
 CITY, STATE, ZIP _____

Duplicate Confirmations/Statements Sent To (Optional):

NAME _____
 STREET OR P.O. BOX _____
 CITY, STATE, ZIP _____

Receiving Investor Documents

The RiverPark Floating Rate CMBS Fund is taking advantage of the "Householding" Rule, which permits the delivery of one copy of an annual/semi-annual report, prospectus and/or proxy statement on behalf of two or more shareholders at a shared address. Unless you indicate otherwise by checking the box below, your signature on this Subscription Agreement indicates your consent to Householding and the Fund will deliver one copy of the above referenced documents to your address for as long as you remain invested in the RiverPark Floating Rate CMBS Fund. You may revoke your consent at any time by calling the Fund. Upon receiving such notification, the Fund will begin mailing individual copies of the above referenced documents to your attention within 30 days.

- I do **not** wish to participate in Householding.

3 FUND SELECTION/ INVESTMENT OPTIONS

- Enclose your check (Minimum initial investment for Institutional Class Shares is \$2,500.00):
- **Make your check payable to: RiverPark Floating Rate CMBS Fund**
- The Fund does not accept cash, travelers checks, cashier's checks, bank drafts, money orders, starter, counter, or third party checks.

RiverPark Floating Rate CMBS Fund \$ _____
Institutional Shares

Please call 1-888-546-4517 prior to sending a wire.

Wiring Instructions:

UMB Bank, N.A.
 ABA # 101000695
 RiverPark Floating Rate CMBS Fund
 DDA Account No. 9872190750

Further Credit:

Fund Name
 Account Number
 Account Name

4 DIVIDEND & CAPITAL GAINS INSTRUCTIONS

All distributions will be reinvested automatically unless one of the following is checked:

Dividends:

- Send all dividends by direct deposit to the bank account indicated on the enclosed voided check.
 Send all dividends by check to the address in section 2.
 Reinvest all dividends.

Capital Gains:

- Send all capital gains by direct deposit to the bank account indicated on the enclosed voided check.
 Send all capital gains by check to the address in section 2.
 Reinvest all capital gains.

5 COST BASIS CALCULATION METHOD

Please elect the cost basis method to be used in calculating the gain or loss associated with redemption requests. The elected method will be used for all accounts established by this Subscription Agreement and any future accounts established. Please choose from the following: **(Choose only one)**

- Average Cost First-In First-Out Specific Lot

Note: When selecting Specific Lot, please choose a secondary method to be used as an alternate in the event specific lot information is not provided.

- First-In First-Out Last-In First-Out High Cost
 Low Cost Loss/Gain Utilization

If no election is made First-In First-Out will be used.

6 BANK INFORMATION

For Wire Redemptions:

Your bank account information must be on file in order to exercise telephone investment privileges. The account holder's name(s) corresponding to the account number below must match exactly at least one name in Section 1.

A blank voided check must be enclosed.

NAME OF BANK _____
 REGISTRATION ON ACCOUNT _____
 ABA ROUTING NUMBER _____
 Checking **Savings**
 ACCOUNT NUMBER _____ ACCOUNT TYPE _____

7 SUBSCRIBER'S SIGNATURE AND FURTHER CERTIFICATIONS

By my signature below, I hereby certify, on my own behalf or on behalf of the investor I am authorized to represent, that:

- (a) I have received, read and understand the Fund's prospectus, including the disclosure relating to investor qualifications, investor suitability and restrictions on transferability.
- (b) I have read and understand this Subscription Agreement and agree to all terms. In addition, I authorize the instructions in this Subscription Agreement. I also agree that any shares purchased now or later are and will be subject to the terms of the prospectus as in effect from time to time.
- (c) I understand that it may be a violation of state and federal law for me to provide any certification provided in this Subscription Agreement if I know that it is not true.
- (d) I understand that the Fund, the Adviser and their affiliates are relying on the certifications and agreements made in this Subscription Agreement in determining my qualification and suitability as an investor in the Fund. I understand that an investment in the Fund is not appropriate for, and may not be acquired by, any person who cannot make these certifications, and I agree to indemnify and hold harmless the Fund, the Fund's Board of Trustees and officers, the Adviser and any of their affiliates (each, an "Indemnified Person") from and against any claims, damages, losses or other liabilities of any nature (together, "Losses") that any Indemnified Person may incur as a result of any certification I have made in this Subscription Agreement being untrue in any respect. I understand and agree that each Indemnified Person is a third party beneficiary of this Subscription Agreement and is entitled to proceed directly against me in the event that any certification or agreement made by me in this Subscription Agreement is untrue in any respect and results in Losses to such Indemnified Person.
- (e) I understand that an investment in the Fund involves a considerable amount of risk and that some or all of my investment in the Fund may be lost. I understand that an investment in the Fund is suitable only for investors who can bear the risks associated with the limited liquidity of the investment and should be viewed as a long-term investment. I understand that I may not be able to withdraw from the Fund as I may want or need.
- (f) I understand and agree that if I purchase shares of the Fund through a financial intermediary and I execute the signature page(s) of a form provided by such financial intermediary (each, a "Financial Intermediary Form"), in lieu of executing this Subscription Agreement, in order to effectuate the purchase of Fund shares, the execution of such Financial Intermediary Form will be deemed for all purposes, including my indemnification obligations in favor of any Indemnified Person provided herein, to be the execution of this Subscription Agreement. I further acknowledge and agree that each Indemnified Person will rely on the representations and certifications that I make in a Financial Intermediary Form and that each Indemnified Person is deemed to be a third party beneficiary under such Financial Intermediary Form and is entitled to proceed directly against me in the event that any certification or agreement made by me in such Financial Intermediary Form is untrue in any respect and results in Losses to such Indemnified Person.
- (g) By execution of this Subscription Agreement, the investor represents and warrants that (i) he has the full right, power, and authority to make the investment applied for and (ii) he is a natural person of legal age in his state of residence. The person or persons, if any, signing on behalf of the investor represent and warrant that they are duly authorized to sign this Subscription Agreement and purchase shares of the fund on behalf of the investor or participate in a Fund repurchase offer, as set forth in the prospectus, on behalf of the investor. Each person named in the registration must sign below.
- (h) If I am a U.S. citizen, resident alien, or a representative of a U.S. entity, I certify, under penalty of perjury, that:
 - 1. The social security number or employer identification number shown on this Subscription Agreement is my correct Taxpayer Identification Number,
 - 2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding OR
 - b. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividend OR,
 - c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Strike out this item (b) if you have been notified that you are subject to backup withholding).
 - 3. I am a U.S. person, resident alien, or a representative of a U.S. Entity.

- (i) If I am a nonresident alien, I understand that I am required to complete the appropriate Form W-8 to certify my foreign status. I understand that, if I am a nonresident alien, I am not under penalty or perjury for certifying to the above information.
- (j) I understand and agree that acceptance of an investment in Fund shares on behalf of ERISA plans is in no respect a representation by the Fund or the Adviser that such investment meets all relevant legal requirements with respect to investments by any particular plan, or that such investment is appropriate for any particular plan.
- (k) I am not involved in any money laundering or terrorist financing schemes, and the source of this investment is not derived from any unlawful activity or terrorist financing.**
- (l) The information I have provided in this Subscription Agreement is true and correct, and any documents provided herewith are genuine.**

SIGNATURE: INDIVIDUAL, CUSTODIAN, TRUSTEE, PARTNER, OR AUTHORIZED OFFICER, EXACTLY AS IT APPEARS IN SECTION 1

DATE

SIGNATURE: JOINT OWNER, EXACTLY AS IT APPEARS IN SECTION 1

DATE

Return the following to the address below:

1. This completed Subscription Agreement.
2. Voided bank check or deposit slip if applicable.
3. One check made payable to: RiverPark Floating Rate CMBS Fund

Send to:

RiverPark Floating Rate CMBS Fund
P.O. Box 219008
Kansas City, MO 64121

For overnight packages:

RiverPark Floating Rate CMBS Fund
c/o DST Systems, Inc.
430 W. 7th Street
Kansas City, MO 64015

8 DEALER/SERVICE ORGANIZATION USE ONLY

FIRM NAME

FIRM NUMBER

REP NAME

REP NUMBER

BRANCH ADDRESS

BRANCH PHONE NUMBER

BRANCH NUMBER

AUTHORIZED SIGNATURE OF DEALER

Certification Regarding Beneficial Owners of Legal Entity Customers

TO BE COMPLETED ALONG WITH THE APPLICATION FOR THE FOLLOWING ENTITIES TYPES: a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country.

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

b. Name and Address of Legal Entity for Which the Account is Being Opened:

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name	Date of Birth	Address (Residential Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar

(If no individual meets this definition, please write "Not Applicable.")

* In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name	Date of Birth	Address (Residential Street Address)	For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance, or other similar

* In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, _____ (*name of natural person opening account*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____

Date: _____