

Subscription Agreement for Initial Investment

THE CARLYLE GROUP

Carlyle Tactical Private Credit Fund

USA PATRIOT Act requirements

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 for you: When you open an account, we need to capture certain information that allows us to verify your identity. The following information needs to be provided on this application for all individuals who will be the registered owner or co-owner of an account, acting pursuant

to a Power of Attorney or will be signing on behalf of a legal entity that will own the account.

- + Name and Date of Birth
- + Residential/Street address (**P.O. Boxes not accepted;** APO/FPO addresses accepted)
- + Social Security Number (SSN) or Tax Identification Number (TIN)
- + We may also ask to see your driver's license or other identifying documents

This form is for initial purchases of the Carlyle Tactical Private Credit Fund. If adding funds to your existing investment, please use the Additional Investment form. For questions, please contact your financial advisor or call the Fund Services Team at **833 677 3646**.

1 Investment

Select Share Class Class A Class A (No load) Class I Class L Class M Class Y

Enter Initial Investment Amount: \$ _____ Note: \$25,000 minimum for Class A, L, M, Y
\$1,000,000 minimum for Class I (financial intermediaries can aggregate)

Select Investment Method **By Mail** **By Wire** **By ACH**

Attach a check to this Subscription Agreement payable to:
Carlyle Tactical Private Credit Fund

Name: DST as Agent for Carlyle Tactical Private Credit Fund
Bank Name: UMB Bank, NA
ABA Routing Number: 101000695
Account Number: 9872292405

Copy of voided check required

2 Financial advisor information

Financial advisor ID number _____ First name _____ Middle initial _____ Last name _____ Mr. Mrs. Ms.

Firm name _____ Is Firm an RIA? Yes No (if unanswered, then NO)

Branch address _____ City _____ State _____ Zip _____

Branch number _____ Phone number _____ Extension _____ Email address _____

3 Account ownership

Please complete section A below, and sections B, C, or D, as applicable. Complete section E for corporations or other entities.

A. Individual or joint account (joint owners will be joint tenants with rights of survivorship unless you instruct us otherwise)

Registered owner #1

First name _____ Middle initial _____ Last name _____ Mr. Mrs. Ms.

Date of Birth (mm/dd/yyyy) _____ Social Security Number/Tax ID Number _____ Phone number _____

Street address _____ City _____ State _____ Zip _____

Citizenship owner #1

Is individual a US citizen? Yes No (if No, enter country of citizenship) _____
If NO, please attach completed Form W-8BEN

Eligible Employee

Is this an eligible participant account (eligible employee / eligible family member)? Yes No
Please refer to the Purchase Terms in the Prospectus for qualifying information.

Registered owner #2 (for joint account)

First name _____ Middle initial _____ Last name _____ Mr. Mrs. Ms.

Date of Birth (mm/dd/yyyy) _____ Social Security Number _____ Phone number _____

Street address _____ City _____ State _____ Zip _____

Citizenship owner #2

Is individual a US citizen? Yes No (if No, enter country of citizenship) _____
If NO, please attach completed Form W-8BEN

B. Transfer on Death: You must also complete section A above. Allocations must equal 100%. Assets will be divided equally among beneficiaries if percentages are not provided. If beneficiary is a minor, a custodian must be provided. Provide information for additional beneficiaries and/or custodians on a separate sheet.

Beneficiary information

Beneficiary first name _____ Middle initial _____ Last name Mr. Mrs. Ms.

Beneficiary Date of Birth (mm/dd/yyyy) _____ Beneficiary Social Security Number/Tax ID Number _____ Allocated percentage _____

Street address _____ City _____ State _____ Zip _____

C. Account that is a transfer or gift to a minor (UTMA/UGMA)

Select account type and enter US state

UTMA (Uniform Transfer to Minors Act) UGMA (Uniform Gift to Minors Act)

Under what US state is UTMA/UGMA established? _____

Is UTMA/UGMA Custodian the same as owner in Section A? Yes NO (If No, provide Custodian information on separate sheet)

Information for Minor

Minor first name _____ Middle initial _____ Last name Mr. Mrs. Ms.

Minor Date of Birth (mm/dd/yyyy) _____ Minor Social Security Number/Tax ID Number _____

D. Qualified or Custodial accounts

Select Custodial account type

IRA (type) _____ Qualified Pension or Profit Sharing

Non-Qualified Custodial Other _____

Custodian information

Name of custodian or trustee _____ () _____ Custodian or trustee phone number _____

Mailing address _____ City _____ State _____ Zip _____

Custodian Tax ID Number _____ Custodian account number _____

E. Account held by Corporations or other entities

Select entity type

C Corp. S Corp. Estate LLC Partnership Trust Other _____

Entity information

Entity name _____ Tax ID Number of entity _____ Trust Date (mm/dd/yyyy) _____

Street address _____ City _____ State _____ Zip _____

Country of incorporation

Is entity incorporated or organized in the United States? Yes NO (if No, enter country) _____
If NO, please complete and attach appropriate W-8 form

SEC Rule 206(4)-5 government account

To assist us in complying with the recordkeeping requirements of the SEC's "Pay to Play" Rule 206(4)-5 under the Investment Advisers Act, please fill in the circle if the account is being opened for:

A government entity, or a plan or program of a government entity. A government entity includes, but is not limited to, the government entity itself (and its employees/officers/agents acting in their official capacity), state, county and local municipalities, school districts, government-sponsored 403(b) and 457 plans, accounts for public universities, etc.

Additional documents for entities

This application must be signed by all trustees, executors or corporate officers whose signatures are required under the trust agreement or corporate bylaws. If the registered owner of this account is a trust, corporation, estate or partnership, please also provide:

- + For Estates: Copy of document appointing executor.
- + For Trusts: First and last pages of the Trust Agreement indicating current Trust name, Trust date and the signature page of the Trust document. All information must match what is on the Trust documents you supply to us.
- + For Partnerships: Partnership Agreement along with the date of organization.
- + For LLCs: Please provide documentation proving LLC existence.

Additional information for individuals associated with certain entities

In accordance with Federal regulations, we are required to collect information about individuals associated with certain entities at the time of account opening. This requirement generally applies to legal entities that are required to file registration documents with their respective Secretary of State or similar office. If this account is being opened for this type of entity, please complete the table below with the following instructions:

- A. **If applicable:** Trustee, executor, or first/second authorized signer (for trusts and corporations, this form must be signed by all trustees or corporate officers whose signatures are required under their trust agreement or corporate bylaws).
- B. **Control person:** Individual(s) with significant responsibility to control, manage, or direct the legal entity (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer).
- C. **Beneficial owners:** Provide the names of all individuals who own directly or indirectly 25% or more of the legal entity for which this account is being established. If no individual meets this definition, please reflect "NONE." If appropriate, an individual listed under this section may also be listed as the Control person.

	Name and Title	Address*	Date of Birth (mm/dd/yyyy)	Social Security Number**	Phone Number	Ownership (in %)
Trustee, executor or 1st authorized signer						
Trustee, executor or 2nd authorized signer						
Control person						
25% or more Owner						

Attach separate sheet if additional space is required.

*We cannot accept a P.O. Box as a residential address; APO/FPO addresses are accepted.

**Foreign persons can provide a passport number, alien identification card number, or number and country of issuance of any other government issued document evidencing nationality or residence that bears a photograph or similar safeguard (a photocopy of the foreign identification document must accompany this form). If the entity for which this account is being established is owned or controlled by another legal entity, these same requirements apply for individuals associated with that other legal entity.

4 Additional options: Distribution, discretion, electronic communication, duplicate statement, and cost basis

Items in this section are optional, but are important and should be reviewed.

Auto-reinvest opt out

Accounts will automatically reinvest dividends and capital gains in the fund. Select one of the following cash options to opt out of auto-reinvest (note that distributions for custodial accounts will be paid to the custodian regardless of selection):

Check ACH(Copy of voided check required) Third party brokerage account

Name of financial institution _____

Mailing address _____

City _____

State _____

Zip _____

Bank ABA Number (ForACH only) _____

Account number _____

Adviser discretion

Check the box and complete the following to allow your financial advisor to submit future orders on your behalf:

I, _____, hereby authorize _____,

Investor name

Financial advisor name

to submit on my behalf future (i) orders to purchase securities of the fund by telephone, mail, electronic mail or facsimile, and (ii) repurchase requests to the fund by mail, or other appropriate method.

Please note that by allowing your financial advisor to submit future orders on your behalf:

+ You agree that the fund, its distributor, transfer agent, and sub-transfer agent will not be liable for any loss in acting on transaction instructions via telephone, mail, electronic mail or facsimile that they reasonably believe to be authentic.

Electronic communication

By providing your email address below, you consent to receiving all required legal disclosures electronically, including but not limited to: Prospectuses, Repurchase Notices, Shareholder Reports, etc. You can change your consent preferences by calling **833-677-3646**.

Email Address _____

Duplicate statements

Please list the name and address of a third party who will receive a copy of your quarterly statements. Put additional persons on separate page.

First name _____

Middle initial _____

Last name Mr. Mrs. Ms.

Firm name _____

Mailing address _____

City _____

State _____

Zip _____

() _____

Phone number _____

Extension _____

Email Address _____

Cost basis

Please select one cost basis tax reporting method. If no method is selected, Average Cost will be used.

Average Cost

First-In First-Out (FIFO)

Last-In First-Out (LIFO)

Highest-In First-Out (HIFO)

Low Cost

5 Acknowledgments and signature(s)

A. Acknowledgments

- + I (we) acknowledge receipt of the final Prospectus of the fund and further acknowledge that: (i) the Prospectus is printed in English and that I (we) have read and understand the Prospectus; (ii) I am (we are) entering into an investment in the fund relying solely on the terms and conditions of the offering as set forth in the Prospectus and in this Subscription Agreement; and (iii) I (we) agree to abide by the terms and conditions of the Prospectus, as may be amended from time to time.
- + I (we) acknowledge the following: the fund is an illiquid investment and is suitable only for investors who can bear the risks associated with the limited liquidity of the fund and should be viewed as a long-term investment; the fund will ordinarily declare and pay dividends from its net investment income. However, the amount of distributions that the fund may pay, if any, is uncertain.
- + I (we) or an adviser or consultant I (we) relied upon in reaching a decision to subscribe have such knowledge and experience in financial, tax and business matters as to enable me (us) or such adviser or consultant to evaluate the merits and risks of an investment in the fund and to make an informed investment decision with respect thereto. (I am (we are) not relying upon the fund's investment advisers for guidance with respect to tax or other legal considerations.)
- + I am (we are) permitted by applicable law and regulation to make an investment in the fund, and I (we) have satisfied any special suitability or other applicable requirements of my (our) state or country of residence and/or the state or country of residence in which the subscription occurs.
- + I (we) acknowledge that neither the fund nor its advisers have solicited my (our) investment in the fund.
- + I (we) understand and acknowledge that an investment in the fund may subject me (us) to US taxation (the amount of any tax liability will depend on a number of factors), and I (we) should obtain my (our) own advice as to whether I (we) will be liable for any US tax as a result of an investment in the fund.
- + I (we) acknowledge that the fund reserves the right, in its absolute discretion, to reject this and any other subscription, in whole or in part.
- + If signing on behalf of a legal entity, I (we) certify: I am an (we are) authorized representative(s) of the entity, and I (we) understand that Invesco Investment Services, Inc. will use this document for the purpose of verifying the identity of the beneficial owners and control person as required by federal law. I (we) hereby certify, to the best of my (our) knowledge, that the information provided in the table in Section 3E is complete and correct.
- + I (we) certify under penalties of perjury that:
 1. The number shown on this application is my (our) correct Taxpayer Identification Number, and
 2. I am (we are) not subject to backup withholding because: (a) I am (we are) exempt from backup withholding, or (b) I (we) have not been notified by the Internal Revenue Service (IRS) that I am (we are) 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 (we are) no longer subject to backup withholding, and
 3. Unless otherwise discussed in advance with and approved in the sole discretion of Invesco Investment Services, Inc., I am a (we are) US citizen(s) or other US person(s), and
 4. The FATCA code(s) entered on this form (if any, see below) indicating that I am (we are) exempt from FATCA reporting is correct.

If required:

Certification #2 above: Backup withholding

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.

Certification #4 above: Exemption from FATCA reporting code (if any): _____

FATCA codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Please visit <http://www.irs.gov/pub/irs-pdf/fw9.pdf> for a list of exemption codes for all others.

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

B. Signature(s)

X

Signature of Investor (Required)

Date (mm/dd/yyyy)

Title (if the account is held by a trust, corporation, estate, partnership or other entity)

X

Signature of Joint Investor (If applicable)

Date (mm/dd/yyyy)

Title (if the account is held by a trust, corporation, estate, partnership or other entity)

Return the completed Subscription Agreement to:

Regular Mail:

Carlyle Tactical Private Credit Fund
PO Box 219895
Kansas City, MO 64121-9895

Overnight Mail:

Carlyle Tactical Private Credit Fund
c/o DST Systems, Inc.
STE 219895
430 W 7th Street
Kansas City, MO 64105-1407

Fax:

833 742 3078

Email:

Carlyle.ai@dstdsystems.com