



NEW ACCOUNT APPLICATION

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 Fund Services, LLC

If you have any questions or need any help filling out the application, please call at **800.711.9164**.
www.coneticventures.com/vcafx

ACCOUNT OWNERSHIP

Please provide complete information for **EITHER** A, B, or C.

A. INDIVIDUAL OR JOINT (Please check one):

Individual

Joint Tenants

Name Social Security Number Date of Birth

Joint Owner Social Security Number Date of Birth

Email(s) Phone Numbers

Citizenship U.S. or Resident Alien Other (please specify)
(Connetic Venture Capital Access Fund currently does not offer foreign investor accounts.)

B. TRUST (Must include a copy of the title page, authorized individual page and signature page of the Trust Agreement. Failure to provide this documentation may result in a delay in processing your application.)

Trust or Plan Name Email

Trust Date (mm/dd/yyyy) Employer or Trust Taxpayer Identification Number

Trustee’s (Authorized Signer’s) Name (First, Middle Initial, Last)

Trustee’s Date of Birth (mm/dd/yyyy) Trustee’s Social Security Number

Co-Trustee’s (Authorized Signer’s) Name (First, Middle Initial, Last)

Co-Trustee’s Date of Birth (mm/dd/yyyy) Co-Trustee’s Social Security Number

C. CORPORATIONS OR OTHER ENTITIES (Must also complete Appendix A: Beneficial Ownership Form)

C Corporation S Corporation Corporation Partnership Government Entity

Other (please specify) _____
(If no classification is provided, per IRS regulations, your account will default to an S Corporation.)

Name of Corporation or Other Business Entity Tax ID Number Email

Authorized Individual Social Security Number Date of Birth

Co-Authorized Individual Social Security Number Date of Birth

MAILING AND CONTACT INFORMATION

LEGAL ADDRESS (Must be a street address)

Street Address

Daytime Telephone

City, State, Zip

Evening Telephone

Please send mail to the address below. Please provide your primary legal address above, in addition to any mailing address (if different).

Mailing Address

City, State, Zip

Please send a copy of my account information reported directly to your broker/dealer, Investment Advisor/Registered Investment Advisor please complete the following:

Name of Broker Dealer or Investment Advisor

Daytime Telephone

Email Address

STATE ESCHEATMENT LAWS

Escheatment laws adopted by various states require that personal property that is deemed to be abandoned or ownerless, including mutual fund shares and bank deposits, be transferred to the state. Under such laws, ownership of your Fund shares may be transferred to the appropriate state if no activity occurs in your account within the time specified by applicable state law. The Fund retains a search service to track down missing shareholders and will escheat an account only after several attempts to locate the shareholder have failed. To avoid this happening to your account, please keep track of your account and promptly inform the Fund of any change in your name and address.

INITIAL INVESTMENT

Share Class

CONNETIC VENTURE CAPITAL ACCESS FUND \$ _____

I (minimum \$2,500)

I authorize the Connetic Venture Capital Access Fund to deduct money directly from the checking account below for the above initial 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):

All dividends and capital gains will be *reinvested* in shares of the Fund that pay them unless this box is checked.

Please reinvest all dividends and capital gains. Please pay all dividends and capital gains in cash.

Send proceeds to: ACH to bank of record Check to address of record

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):

REDEMPTION PROCEEDS

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):

COST BASIS METHOD

Note: The default cost basis calculation method for your new account will be Average Cost. If you wish to elect a different cost basis method, please contact the Fund at 800.711.9164.

DEALER/REGISTERED INVESTMENT ADVISOR INFORMATION

If opening your account through a Broker/Dealer or Registered Investment Advisor, please contact the fund at 800.711.9164.

If you would like your account information reported directly to your Broker/Dealer, Investment Advisor/Registered Investment Advisor, please complete the following:

Name of Broker/Dealer or Advisor

Contact Name

Phone number

Email Address

ELECTRONIC DELIVERY CONSENT

I agree to electronic delivery of all Connetic Venture Capital Access Fund Communication(s).

CONSENT TO ELECTRONIC DELIVERY OF DOCUMENTS Connetic Venture Capital Access Fund ("we" or "us") is a diversified, closed-end management investment company registered with the Securities and Exchange Commission ("SEC").

Acknowledgment. By opening an account with us and clicking "I agree," you are giving us your informed consent to electronic delivery of all Fund Communications (defined below). This means that you acknowledge that you have carefully read and understand the information provided below regarding electronic delivery of documents and that you agree to the conditions outlined below governing our electronic delivery of Fund Communications to you.

Advisory Communications. "Fund Communications" means account statements, notices, disclosures, regulatory communications, trade confirmations and other information and records regarding our services to you.

Electronic Delivery. We will deliver all Fund Communications to you by making them available to you when you log into your account on our website. If required by law, we will notify you by email when Fund Communications are posted on our website. Such notification may be sent directly by us through our email systems. All email notifications of Fund Communications will be sent to your email address of record. Fund Communications delivered electronically may be printed or downloaded by you and retained for your permanent records.

Risks of Electronic Delivery. You acknowledge that the internet is not a secure network and that communications transmitted over the internet may be accessed by unauthorized or unintended third parties. Emails on rare occasions may fail to transmit properly. In addition, factors beyond our control, such as server problems, may delay delivery or posting of a particular Fund Communication. Regardless of whether you receive an email notification, you agree to check the website regularly for up-to-date information.

Costs. We do not charge any fees for sending Fund Communications electronically. You acknowledge that you must bear any costs associated with accessing email, such as charges from internet access providers and telephone companies.

Duration of Consent. Your consent will be effective as of the date you open an account with us and will remain in effect until you revoke it. You understand that it may take up to seven (7) business days to process a revocation of consent to electronic delivery, and you may receive electronic notifications in the interim. If your consent is revoked, we will provide Fund Communications to you through non-electronic means.

Valid Email Address. You certify that the email address provided to us when you opened your account is your valid email address. You agree to maintain that email address and to continue to have access to the internet. If your email address changes from the one provided to us, you agree to immediately notify us of the new email address.

Archival. The SEC requires us to keep every client-related communication. Therefore, all emails we receive from you or send to you are subject to review and archival.

Notifications and Support. To revoke your consent or notify us of a change of your email address, or if you are unable to access your Fund Communications, please contact the Fund at 800.711.9164.

SIGNATURE(S) & CERTIFICATION (REQUIRED)

We must have signatures to process your application and to certify your Taxpayer Identification number. IRS regulations require your signature to avoid any backup withholding.

W-9 Certification: Under penalty of perjury:

- (a) I certify that the number shown on this form is my/our current Social Security number(s) or Taxpayer Identification number(s).**
- (b) I am not subject to backup withholding because: (1) I am exempt from backup withholding, or (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (3) the IRS has notified me that I am no longer subject to backup withholding.**
- (c) I am a U.S. person (including a resident alien).**
- (d) I am exempt from FATCA reporting.**

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 will ask for your name, address, date of birth, social security number/Tax ID number and other information that will allow us to identify you. We may also ask to see other identifying documents. Until you provide the information or documents we need, we may not be able to open an account or process any additional transactions for you.

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 New 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.

Signature of owner (or custodian) Date

Signature of joint owner (or corporate officer, partner or other) Date

Trustee (if applicable) Date

TO CONTACT Connetic Venture Capital Access Fund
 c/o Gryphon Fund Group
 3000 Auburn Drive, Suite 410
 Beachwood, OH 44122
Operations@gryphongroup.us
 800.711.9164