

[Fund Name]

ERISA Supplemental Certificate

In light of a recent Department of Labor regulation redefining the term “fiduciary”, the Fund has requested that each Subscriber that is Benefit Plan Investor provide the following certification. Capitalized terms used in this ERISA Supplement Certificate and not defined herein shall have the meanings assigned to them in the Subscription Documents.

Please review and execute this ERISA Supplement Certificate and promptly return it to the Fund’s Administrator.

The Subscriber and its fiduciary hereby acknowledges and agrees as follows:

The Subscriber represents that in connection with its decision to invest in the Fund [(and thus the Master Fund)], the Subscriber is and will remain represented by a party independent of the [General Partner, the] Investment Manager or any of their affiliates or employees and such party (A) is described in 29 CFR §2510.3-21(c)(1)(i); (B) is capable of evaluating investment risks independently, both in general and with regard to particular transactions and investment strategies; (C) acknowledges that it has been informed that none of the [General Partner, the] Investment Manager or any of [its/their] affiliates or employees is undertaking to provide impartial investment advice, or to give advice in a fiduciary capacity, in connection with the Subscriber’s investment in the Fund [(and thus the Master Fund)]; and (D) is acting as a fiduciary under ERISA with respect to the Subscriber’s investment in the Fund [(and thus the Master Fund)] and is responsible for exercising independent judgment in evaluating such investment.

If the Subscriber cannot make the representations set forth above, the Subscriber must immediately contact the [Investment Manager] and the subscription will not be accepted unless specifically agreed to by the [Investment Manager].

[Signature Page Follows]

The undersigned understands and acknowledges that the Fund will rely upon the information provided in ERISA Supplement Certificate. The undersigned certifies that the information contained in this ERISA Supplement Certificate is true, correct and complete, to the best of the knowledge and belief of the undersigned after a reasonable investigation, as of the date listed below.

Date

Signature of Subscriber

Printed Name of the Signatory

*Title and Representative Capacity of the
Signatory (if applicable)*