



HATTERAS CORE ALTERNATIVES FUND, L.P. HATTERAS CORE ALTERNATIVES TEI FUND, L.P. INVESTOR APPLICATION



DEADLINES AND ADDITIONAL DOCUMENTATION

All Applications must be received **FIVE BUSINESS DAYS** before the end of the month for an application to be accepted.

All **WIRED AMOUNTS** must be received **THREE BUSINESS DAYS** before the end of the month for an application to be accepted and effective as of the beginning of the month immediately following such receipt.



WHERE TO SEND COMPLETED DOCUMENTS

Fax or Mail Completed Investor Application to:

Overnight address:

Hatteras Investment Partners
Attn: UMB Fund Services, Inc.
235 W Galena Street
Milwaukee, WI 53212

U.S. Mailing address:

Hatteras Investment Partners
Attn: UMB Fund Services, Inc.
P.O. Box 1623
Milwaukee, WI 53201-1623

Fax Number:

816.860.3138

Phone Number:

800.504.9070



WIRE INSTRUCTIONS

Taxable Investors:

UMB Bank, N.A.
928 Grand Boulevard, Kansas City, MO 64106
ABA: 101000695
Account Number: 9871418332
Account Name: Hatteras Core Alternatives Fund
FBO: (Insert Investor Name)

Tax Exempt/Deferred Investors:

UMB Bank, N.A.
928 Grand Boulevard, Kansas City, MO 64106
ABA: 101000695
Account Number: 9871418340
Account Name: Hatteras Core Alternatives TEI Fund
FBO: (Insert Investor Name)

For more information,
email: clientsupport@hatterasip.com

Or please call us toll-free at:
866.388.6292

Visit our website at:
hatterasinvestmentpartners.com

Acknowledgment

A) I certify that I have received and read the current Prospectus and Privacy Notice of the fund in which I am investing (the “Fund”) and agree to be bound by its terms and conditions. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.

B) I authorize the Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with the procedures described in the Prospectus for this account. I agree that neither the Fund nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions.

C) I certify that I am not a Foreign Financial Institution as defined in the U.S.A. Patriot Act.

D) I certify that if I am a fiduciary executing this investor certification on behalf of an employee benefit plan (a “Plan”), I represent and warrant that neither Hatteras Funds, LP (the “Advisor”) nor any of its affiliates has acted as a fiduciary under the Employee Retirement Income Security Act of 1974, as amended (“ERISA”) with respect to the purchase, holding or disposition of the interests in the Fund, and that no advice provided by the Advisor or any of its affiliates has formed a basis for any investment decision by the Plan or me in connection with such purchase, holding or disposition.

I further represent and warrant that the Plan’s purchase of the interests in the Fund is prudent for the Plan and does not and will not (to the best of the Plan’s knowledge and assuming compliance by the Fund with its governing agreements), result in a non-exempt prohibited transaction under Section 406 of ERISA or Section 4975 of the Internal Revenue Code of 1986, as amended (or in the case of any governmental plan, any federal, state or local law that is substantially similar).

E) In connection with the Fund’s efforts to comply with applicable laws concerning money laundering and related activities, I represent, warrant and agree that to the best of my knowledge based upon reasonable diligence and investigation:

(1) I am not (nor is any person or entity controlled by, controlling or under common control with me, or any of my beneficial owners) any of the following:

- a. A person or entity listed in the Annex to Executive Order 13224 (2001) issued by the President of the United States, which is posted on the website of the U.S. Department of Treasury (<http://www.treas.gov>).
- b. Named on the List of Specially Designated Nationals and Blocked Persons maintained by the U.S. Office of Foreign Assets Control (“OFAC”), which is posted on the website of the U.S. Department of Treasury (<http://www.treas.gov>) under “OFAC/SDN List.”
- c. A person or entity resident in, or whose subscription funds are transferred from or through an account in, a foreign country or territory that has been designated as a Non-Cooperative Jurisdiction by the Financial Action Task Force.

d. A person or entity resident in, or in the case of an entity organized or chartered under the laws of, a jurisdiction that has been designated by the Secretary of the U.S. Treasury under Sections 311 or 312 of the U.S.A. Patriot Act, and the regulations promulgated thereunder as warranting special measures due to money laundering concerns. For updates, see the website of the U.S. Department of Treasury (<http://www.treas.gov>)

e. A foreign shell bank (See U.S.A. Patriot Act and related regulations for definition).

f. A senior foreign political figure. This restriction on senior foreign political figures also applies to any immediate family member of such figure or close associate of such figure (See U.S.A. Patriot Act and related regulations for definition).

(2) No consideration that I have contributed or will contribute to the Fund:

a. Shall originate from, nor will they be routed through, a foreign shell bank or a bank organized or chartered under the laws of a Non-Cooperative Jurisdiction.

b. Has been or shall be derived from, or related to, any activity that is deemed criminal under U.S. law.

c. Shall cause the Fund or the Advisor to be in violation of the U.S. Bank Secrecy Act or any other federal anti-money laundering regulations.

(3) I understand and agree that if at any time it is discovered that any of the representations in this Section E are incorrect, or if otherwise required by applicable law related to money laundering and similar activities, the Advisor may, in its sole discretion and notwithstanding anything to the contrary in the Fund’s Limited Partnership Agreement, as it may be amended or modified from time to time, undertake appropriate actions to ensure compliance with applicable law, including but not limited to freezing, segregating or redeeming my subscription in the Fund.

(4) I further understand that the Fund or the Advisor may release confidential information about me and, if applicable, any underlying beneficial ownership, to proper authorities if the Advisor, in its sole discretion, determines that it is in the best interests of the Fund in light of applicable law concerning money laundering and similar activities.

(5) I agree to provide to the Advisor any additional information that the Advisor deems necessary or appropriate to ensure compliance with all applicable laws concerning money laundering and similar activities. I shall promptly notify the Advisor if any of the representations in this Section E cease to be true and accurate. I agree to call the Advisor if I need more information about Section E or if I am unsure whether any of the categories apply to me.

F) I understand that the Fund and its affiliates are relying on the certification and agreements made herein 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 this certification, and, to the extent permitted by applicable law, agree to indemnify the Advisor and its affiliates, and their respective directors, trustees, managers, members, shareholders, partners, officers, and employees and hold each of them harmless from any liability that they may incur as a result of this certification being untrue in any respect.



CHOOSE FUND

☐**HATTERAS CORE ALTERNATIVES FUND, L.P.**
TAXABLE INVESTORS ONLY☐**HATTERAS CORE ALTERNATIVES TEI FUND, L.P.**
TAX EXEMPT / TAX DEFERRED INVESTORS☐

Initial Investment (minimum amount \$50,000)

☐

Addition to Existing Account (minimum amount \$10,000)

1. Individual / Joint Account/ IRA Information

Owner's Social Security Number

Owner's Name (first, middle, last)

Date of Birth (MM/DD/YYYY)

Joint Owner's Social Security Number

Joint Owner's Name (first, middle, last)

Joint Owner's Date of Birth (MM/DD/YYYY)

2. Entity Account Information (also complete Section 12 for Beneficial Owners)

Full Name of Entity

Social Security Number or Tax ID

Formation Date (MM/DD/YYYY)

Authorized Individual's Name

Taxable AccountsSelect Type: ☐ Individual ☐ Trust ☐ Partnership☐ JTWROS ☐ TENCOM Other: _____**Tax Exempt and Tax Deferred Accounts**Select Type: ☐ IRA ☐ Partnership ☐ Employee Benefit Plan☐ Foundation Other: _____**3. Address**

(applications only accepted if they contain a U.S. street address)

Legal Street Address

Mailing Address if Different

City

State

Zip

Daytime Telephone

Evening Telephone

Email Address (see electronic communications disclosure)

Fax Number

4. Custodian Information (if tax exempt/tax deferred)

Custodian Name

Custodian Tax ID

Custodian Address

City

State

Zip

Phone Number

5. Qualified Client Status

I certify that I am a qualified client at the time of my investment in the Fund because I satisfy one or more of the categories of qualified client listed below.

The subscriber is: ☐

(write corresponding letter in box provided)

- a) a natural person who individually or together with a spouse has a net worth¹ in excess of \$2.1 million (the "Net Worth Requirement") (also applicable for an Individual Retirement Account where the natural person participant qualifies pursuant to the above test);
- b) a natural person who has at least \$1 million invested with Hatteras Funds, LP or its affiliates (the "Asset Test");
- c) an (i) irrevocable trust, (ii) employee benefit plan, or (iii) a corporation, partnership, limited liability company or other entity that is not (x) a registered investment company, (y) an entity which is excluded from the definition of investment company under Section 3(a) of the Investment Company Act of 1940 based on Section 3(c)(1), or (z) a business development company, in each case that meets the Net Worth Requirement or the Asset Test;
- d) a revocable trust and each grantor of the trust meets the Net Worth Requirement;
- e) a participant-directed employee benefit plan and the person making the investment meets the Net Worth Requirement;
- f) an entity referred to in clause C(x), (y) or (z) above, and each equity owner meets the Net Worth Requirement.

¹As used herein, net worth means the excess of total assets at fair market value, excluding the value of the primary residence of such natural person, over total liabilities.

6. Interested Party Information

Send duplicate communication for this account to:

Name

Street Address

City State Zip

Email Address

Fax Number

7. Financial Advisor Information

Firm Name

Firm Phone Number

Firm Address

City State Zip

Rep Name

Rep Phone Number Rep Number

Rep Address

City State Zip

Rep Email Address (see electronic disclosures)

Clearing Firm/ Platform/ Wire House

Client Brokerage Account #

8. Bank Wire Instructions

The following information will be held on file for tenders.

Bank Name

Bank Address

City State Zip

Bank ABA#

Account Name

For Further Credit

Account Number

FFC Account #

9. Investment Instructions

Investment Amount \$ _____

☐ \$50,000 minimum Initial Investment

☐ \$10,000 minimum Additional Investment

Sales Charge ☐ Yes ☐ No

Amount \$ _____ OR % _____

Each Fund, in its sole discretion, may accept investments below stated minimums. Investors subscribing through a given broker/dealer or registered investment advisor may have interests aggregated to meet these minimums, so long as denominations are not less than \$50,000 and incremental contributions to those interests are not less than \$10,000.

10. Electronic Communications Disclosure

Please note that by signing this Application and/or providing your e-mail address, you are consenting to electronic delivery of Fund documentation. Your selection applies to monthly statements and all other account-related documents that will be sent to you. Many of the documents will contain confidential information that is specific to your private financial matters. A subscriber's financial advisor must contact the Fund's Administrator at 800.504.9070 in order to receive electronic access to Fund documentation.

Regardless of the delivery method you select, the Fund and its agents will take reasonable precautions to ensure the integrity, confidentiality and security of the documents, but neither the Fund nor its agents will be liable for any interception.

If you select electronic delivery, the Fund or its agents will deliver a document to you by sending you an e-mail that contains a link to the document. Such selection will remain in effect as long as you maintain an investment with the Fund or until you notify the Fund of a change.

You may change your delivery method at any time by logging on to investor access at hatterasinvestmentpartners.com and updating your delivery preferences. Please allow up to three business days for your requested change to process. The Fund does not impose any additional charge for electronic delivery, but you may incur charges from your Internet service provider and your telephone company or other Internet access provider. In addition, there are risks, such as systems outages, that are associated with electronic delivery.

11. Signature

By signing below, I hereby execute, as a limited partner, and agree to be bound by the terms of this Application and the Fund's Limited Partnership Agreement, including its power of attorney provisions. I have read the Fund's Limited Partnership Agreement and, to the extent I believe it necessary, have consulted with my tax and legal advisors and understand its terms.

Under penalty of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this application is correct.

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am 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 no longer subject to backup withholding.

3. I am a U.S. citizen, U.S. resident or other U.S. person (as defined in the instructions to Form W-9, available upon request).

4. I am exempt from FATCA reporting.

By selecting the box below, I am certifying that I am NOT a U.S. Citizen. ☐ I am a Resident Alien

Check if appropriate: ☐ **I am an exempt recipient as defined under U.S. federal income tax regulations** (e.g., C-Corporation, financial institution, registered broker-dealer, or tax-exempt organization). Exempt payee code: Note: Please see IRS Form W-9 for a list of exempt payee code:

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

All owners/trustees must sign. For UGMA/UTMAs, the custodian must sign.

Signature of Owner, Trustee or Custodian Date

Signature of Joint Owner, Trustee or Custodian Date

Additional Owner's Signature (if applicable) Date

Additional Owner's Signature (if applicable) Date

12. Entities ONLY – Beneficial Owners

Beneficial Owners

Identify each individual who owns—directly or indirectly through any agreement, arrangement, understanding, relationship, or otherwise—25% or more of the equity interests of the legal entity.

Note: For a nonresident alien ("NRA") individual, provide IRS Form W-8 and a copy of your passport. In lieu of a passport, foreign persons may also provide a U.S. government-issued ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph.

☐ Check this box if no individual owns 25% or more of the legal entity and that you will inform the Fund if/when an individual assumes 25% or more ownership.

(1) Beneficial Owner's Name (first, middle, last)

Beneficial Owner's Residence Address

Beneficial Owner's SSN Date of Birth

(2) Beneficial Owner's Name (first, middle, last)

Beneficial Owner's Residence Address

Beneficial Owner's SSN Date of Birth

(3) Beneficial Owner's Name (first, middle, last)

Beneficial Owner's Residence Address

Beneficial Owner's SSN Date of Birth

(4) Beneficial Owner's Name (first, middle, last)

Beneficial Owner's Residence Address

Beneficial Owner's SSN Date of Birth

12. Entities ONLY – Continued

Authorized Controlling Individual

Provide information for one individual with significant responsibility for managing the legal entity (ex: CEO, CFO, managing member, general partner, president, treasurer, etc.) If appropriate, an individual listed as beneficial owner may also be listed as the authorized controlling individual.

Note: For a nonresident alien (“NRA”) individual, provide IRS Form W-8 and a copy of your passport. In lieu of a passport, foreign persons may also provide a U.S government-issued ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph.

Authorized Controlling Individual’s Name (first, middle, last)

Authorized Controlling Individual’s Residence Address

| | |
|------------------------|---------------|
| Social Security Number | Date of Birth |
|------------------------|---------------|

Acknowledgement and Signature:

I hereby certify to the best of my knowledge that the information provided above is complete and correct.

Legal Name and Title of Individual Completing this Form

Signature

Date