

Voya Investments Distributor, LLC

Account Application
Pomona Investment Fund

About this Application

This is a Brokerage Account Application. Please read it carefully, as you will select products and services, tell us how you want to communicate with us, and agree to certain provisions that will govern our relationship. When we accept it, this Application and all accompanying or supplemental documents form the entire Agreement between us for this account.

Unless otherwise indicated in this Application, the words “you,” “your,” “yourself,” and “yours” mean the applicant(s). The words “we,” “us,” and “our” mean Voya Investments Distributors, LLC (“Voya”) and our branches, subsidiaries, and affiliates.

Getting Started

Please complete and sign this Application, along with any required supplemental forms identified through this application process. In order to complete this Application, you will need some or all of the following information:

- Identification information, such as a corporate resolution identifying you (as well as any other individuals within your organization) that can act on behalf of your organization.
- Tax Identification Number
- Federal tax rate
- Information about your total investment portfolio value and what portion this account represents of that total
- Trusted Person contact information
- [Firms can include other relevant documents or information]

Please remember to notify us if you experience a significant change, such a change in financial situation, corporate ownership, etc.

Important Information About Procedures For Opening A New Account

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 or entity who opens an account.

What this means for you: When you apply for an account, for individuals we ask for your name, address, date of birth, tax identification number and other information, as applicable, that will allow us to identify you. For entities (such as a corporation, partnership or trust), name, a principal place of business, local office or other physical location (not a P.O. Box); and tax identifying number must be provided. We may also ask individuals or entities to provide identifying documents.

Notice to Voya Investments Distributor LLC’s Retirement Clients

In April 2016, the U.S. Department of Labor issued its final rule (“DOL Fiduciary Rule”) expanding the definition of an “investment advice fiduciary” with respect to employee benefit plans under the Employee Retirement Income Security Act of 1974, as amended (“ERISA”), and individual retirement accounts under the Internal Revenue Code of 1986 (the “Code”). This is to confirm our (Voya Investments Distributor, LLC, the distributor of the Pomona Investment Fund) relationship with you and your Registered Investment Adviser (“RIA”) or FINRA-registered representative (“RR”) in light of the DOL Fiduciary Rule.

1. We are not undertaking to provide impartial investment advice, to make any investment recommendation, or to give advice in a fiduciary capacity in connection with any transaction related to our products and services with respect to you (“Transaction”);
2. We understand that you are capable of evaluating investment risk independently, both in general and with regard to particular transactions and investment strategies;
3. We understand that your RIA or RR is a fiduciary under ERISA or the Code, or both, with respect to the Transaction and you are responsible for exercising independent judgment in evaluating the Transaction;
4. We have a financial interest in the Transaction because we or our affiliates earn revenue from the sale of our investment products which include investment management fees and distribution and shareholder service fees; and
5. We are not receiving a fee or other compensation directly from you or your RIA/RR for the provision of investment advice (as opposed to other services) to you in connection with any Transaction.

We are providing this disclosure to you because we understand that your RIA/RR qualifies as an independent fiduciary pursuant to the “Transactions with independent fiduciaries with financial expertise” exception to the DOL Fiduciary Rule set forth in 29 C.F.R. §2510.3-21(c)(1); that is, he or she is an employee, agent, or registered representative of, a bank, insurance carrier, registered investment adviser or broker-dealer, or he or she manages or controls total assets of at least \$50 million. Please let us know immediately if this is not the case.

If you do not object to these representations, warranties and acknowledgements within thirty (30) days after the receipt of this notice, you agree that all of the foregoing representations, warranties and acknowledgements set forth in this notice are true and accurate.

Account Type

- A. Individual Joint Account (JTWR0S presumed unless otherwise instructed.) Sole proprietorship
 Transfer on Death:

Beneficiary Name

Social Security Number

Date of Birth

Address

City, State

Zip Code

Share %

If more than one beneficiary, attach additional information

- B. Gift or transfer to a minor (UGMA/UTMA) (Custodian must complete section 2 for minor)

Custodian's Name

Minor's or Custodian's State

Custodian's Residential Address

Custodian's Social Security Number (required)

Custodian's Date of Birth

- C. Legal Entity (hereinafter, the "Entity") (Trustees/Authorized signers must complete Section 3)

- Trust Revocable Trust S-Corporation Governmental Plan Limited Liability Company Sole Proprietorship
 Partnership ERISA Plan C-Corporation Investment Company Foundation or 501(c)(3) Entity Insurance Company
 Other

Name of Entity

Tax I.D. Number

Address

Attention

Legal entity is / is not a "government entity" within the meaning of Rule 206(4)-5 under the Investment Advisers Act of 1940.

A government entity is defined for this purpose as any state or political subdivision of a state, including:

- i. any agency, authority, or instrumentality of the state or political subdivision;
- ii. any pool of assets sponsored or established by the state or political subdivision or any agency, authority or instrumentality thereof, including, but not limited to a "defined benefit plan" as defined in section 414(j) of the Internal Revenue Code (26 U.S.C. 414(j)), or
- iii. a State general fund;
- iv. any plan or program of a government entity; and
- v. officers, agents, or employees of the State or political subdivision or any agency, authority or instrumentality thereof, acting in their official capacity.

Legal documentation must be presented before establishing one of these account types unless an Excluded Entity under the USA Patriot Act (see below). The documentation must prove existence of the legal entity being established. This information will be used to help identify the Entity.

Legal documentation (Please note this is not an all-inclusive list)

- Trust — Trust document (first and signature page acceptable)
 Corporation — Articles of Incorporation
 Partnership — Partnership Agreement
 Limited Liability Company — (Articles of Association, Certificate of Organization, or similar document)
 Foundation or other 501(c)(3) Entity — (Articles of Incorporation)
 Other Entity (additional documentation may be required)

Designation of Excluded Entities under the USA Patriot Act (Check box if the Entity is one of the following)

- Financial Institutions regulated by a federal functional regulator
 Bank regulated by a state bank regulator
 Government agencies and instrumentalities
 Publicly traded company in the United States (Please provide company's CUSIP or trading symbol)
 Retirement plan (ERISA Plans Only)

Primary Applicant

Print Name (Tax responsible party if not provided on the previous page) _____ Date of Birth _____ Social Security Number _____

Residential Address (P.O. Box not accepted; APO/FPO addresses accepted) _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Daytime Phone Number _____ E-mail Address _____

Exemption from FATCA reporting code (if any)* Employed Self-employed Not Employed Retired Student Other

Job Title _____ Occupation _____ Employer _____

Years with Employer _____ Business Address _____

The following section is required only if your account will have more than one registered owner.

Joint Owner's Name (if any) _____ Date of Birth _____ Joint Owner's Social Security Number _____

Residential Address (P.O. Box not accepted; APO/FPO addresses accepted) _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Exemption from FATCA reporting code (if any)* Employed Self-employed Not Employed Retired Student Other

Job Title _____ Occupation _____ Employer _____

Years with Employer _____ Business Address _____

Joint Owner's Name (if any) _____ Date of Birth _____ Joint Owner's Social Security Number _____

Residential Address (P.O. Box not accepted; APO/FPO addresses accepted) _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Exemption from FATCA reporting code (if any)* Employed Self-employed Not Employed Retired Student Other

Job Title _____ Occupation _____ Employer _____

Years with Employer _____ Business Address _____

***What is FATCA reporting?** The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons.

Trustee/Authorized Signers

Please attach a separate sheet if more than three Trustees or Authorized Signers.

Voya Investments Distributor, LLC will retain Trustee/Authorized Signer information on file and such information will remain in effect until Voya Investments Distributor, LLC receives written instructions with a Medallion Signature Guarantee to modify the information regarding Trustees/Authorized Signers or revoke the authority of the Trustees/Authorized Signers to act on behalf of the Entity.

Name of Entity

Date of Trust Agreement/Corporate Resolution

Name of Trustee/Authorized Signer

Date of Authorization

Name of Trustee/Authorized Signer

Date of Authorization

Name of Trustee/Authorized Signer

Date of Authorization

All Applicants

Industry and Other Affiliations

Are you or is your entity:

Yes No

Affiliated or associated with the securities industry (for example, a sole proprietor, partner, officer, director, or branch manager of a broker-dealer firm) or a financial regulatory agency?

If yes, please specify entity below. If employed by the entity and, if required, please provide a letter from our employer (with this Application) approving establishment of this account.

Broker-Dealer or Municipal Securities Dealer

Investment Adviser

FINRA

State or Federal Securities Regulator

Name of entity(ies): _____

Yes No

10% (or more) shareholder in a publicly-owned company?

Name of company and symbol: _____

The more we know about your goals for this account, the better we can serve you. Please answer the following questions about your investment objectives, financial situation and attitude toward investment risk to help us determine which investment products and strategies are suitable for you.

The investments in this account, when combined with other alternative investments, will be (check one):

- 10% or less of my financial portfolio
- Roughly 11-50% of my financial portfolio
- More than 50% of my financial portfolio

Bear in mind that Voya Investments Distributor, LLC limits alternatives to 10% of one's total investment portfolio.

We plan to use this account for the following (check all that apply):

- Generate income for current or future expenses
- Long-term capital appreciation
- Preservation of principal
- Other: _____

When do you expect to need funds from this account?

- Under 3 years
- 3-5 years
- 6-10 years
- 11-20 years
- Over 20 years

Alternative investments are subject to substantial restrictions on transferability and liquidity. They are generally intended appropriate for at least a 6 to 10 year time horizon.

Select the category that best describes the risk that you are willing to take in this account

Investing involves risk. Different investment products and strategies involve different degrees of risk. The higher the expected returns of a product or strategy, the greater the risk that one could lose most of the investment. Investments should be chosen based on objectives, timeframe, and tolerance for market fluctuations.

Please select the degree of risk the entity is willing to take with the assets in this account, in light of the purpose(s) identified above.

- Conservative.** To preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.
- Moderately Conservative** To accept low risk to the initial principal, including low volatility, to seek a modest level of portfolio returns.
- Moderate.** To accept some risk to the initial principal and tolerate some volatility to seek higher returns, and understand the entity could lose a portion of the money invested.
- Moderately Aggressive.** Willing to accept high risk to the initial principal, including high volatility, to seek high returns over time, and understand the entity could lose a substantial amount of the money invested.
- Significant Risk.** Willing to accept maximum risk to the initial principal to aggressively seek maximum returns, and understand the entity could lose most, or all, of the money invested.

Financial Investment Experience

We are collecting the information below to better understand the investment experience of the entity. We recognize these responses may change over time as you work with us.
 Please check the boxes that best describe the entity's investment experience to date.

Investment	Years of experience			Transactions per year (excluding automatic investments)		
Mutual Funds/ Exchange Traded Funds	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Individual Stocks	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Bonds	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Options	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Securities Futures	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Annuities	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Alternative ⁵	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Margin	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15

⁵May include structured products, hedge funds, etc.

Decision-Making (check all that apply)

- We consult with our investment consultant, CPA, or other financial professional.
- We generally make our own decisions and/or consult with our co-applicant(s).
- We discuss investment decisions with our Board of Directors and/or CIO.

Other Investment Information

Please provide us with additional information about your other investments to help us more fully understand your financial situation and what types of investments or strategies may be appropriate for your total investment portfolio.

Investment type/Description	Firm holding the investment	Amount (\$US)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(Use additional space as needed)

Income Information

Please provide us with information about your income and identify the source. If joint account, please identify all income combined and all sources.

Primary Account Owner:

Joint Account Owner:

_____ Annual Amount

_____ Annual Amount

_____ Source

_____ Source

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Tell Us How This Account Will Be Funded

Please tell us how you are funding this account (check all that apply):

Income/Employee Benefit Assets

Pension or retirement savings

Funds from another account (Reallocation)

Grants

Sale of business or property

Insurance payout

Charitable Contributions

Other: _____

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Tell Us How You Want to Work With Us

Communications Options

Unless the individual/entity chooses otherwise, we will use postal mail to send any communications. As an alternative, the individual/entity may choose to be notified by email when certain communications are available for access online. If the individual/entity wishes to be notified by email instead of receiving communications by postal mail, please select one of the options below:

All communications – notified by email about the online availability of any communications, tax-related documents, and marketing and sales documents.

All communications except trade confirmations, account statements, and tax-related documents – notified by email about the online availability of all communications except trade confirmations, account statements, and tax-related documents, which the individual/entity still wishes to receive by postal mail.

All communications except tax-related documents – notified by email about the online availability of all communications except tax-related documents, which the individual/entity still wishes to receive by postal mail.

Consent to Receiving Electronic Documents

By providing an email address as indicated below, you consent to receiving electronic documents and notices. These include, but are not limited to, summary prospectuses, prospectuses, prospectus supplements, periodic reports, statements, confirmations, and other notices and documentation in electronic format when available, instead of receiving paper copies of these documents by U.S. mail. You consent to receive in electronic format any additional documents capable of electronic delivery in the future.

Important Information Concerning Electronic Delivery:

- You, or if you act on behalf of an entity, the Trustees/Authorized Signers confirm that the authorized persons have internet access and an active email account to receive information electronically.
- There is no charge for electronic delivery (although an internet provider may charge for internet access).
- After receipt of this Account Application, you and/or the authorized persons will send an email to confirm the provided email address is correct. If you and/or the authorized persons are not able to confirm an email address or Voya Investments Distributor, LLC has reasonable suspicion that an email address is incorrect, Voya Investments Distributor, LLC will not activate the subscription for electronic delivery and will deliver paper copies of a Fund's documents.
- Please update your email filters as appropriate, as they may prevent email notifications from being received. Emails will come from VoyalMPomonaOps@voya.com
- Not all documentation and notifications may be available in electronic format.
- If the email address changes after the subscription process, notification must be sent to Voya Investment Management.
- Electronic delivery will be cancelled if emails are returned undeliverable.
- This consent will remain in effect until revoked. The authorized persons may revoke this consent and/or request paper copies of documents delivered electronically at any time for no charge.

Please call **(844) 399-5210**, Voya Investments Distributor, LLC, if you would like to revoke your consent, wish to receive a paper copy of a document, or need to update your email address.

If email is chosen for any communications, please tell us the email address we should use:

Please note that by providing an e-mail address, you are consenting to electronic delivery of the Fund documentation if and when it becomes available. Your selection applies to any periodic reports and all other account-related documents that the Fund will send to you. Many of the documents will contain confidential information that is specific to your private financial matters.

Regardless of the delivery method you select, the Fund will take reasonable precautions to ensure the integrity, confidentiality and security of the documents, but will not be liable for any interception.

Please note that you will first receive a hard copy trade confirmation with your account number which you will need to register your account online for electronic delivery. Once you register, the Fund 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. 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.

A copy of Voya Investments Distributor, LLC's privacy policy will be provided along with this Application.

Postal Mail Options (if postal mail delivery was requested in the previous section)

By checking the boxes below, you request that all communications for the applicants listed on this Application be delivered to the following single postal mailing address:

Primary Applicant's Mailing Address

Other. Please specify: _____

Duplicate Copies (optional)

Please send duplicate copies of the following documents to the person listed below:

All Communications

Trade Confirmations, Account Statements, and Tax-Related Documents

Tax-Related Documents Only

First Name

Middle Name

Last Name

Address

Apt/Suite No.

City

State

ZIP Code

Country

Relationship to Primary Applicant: _____

Back-Up Contact Information

If we are unable to reach you for the period of time stated in the Terms & Conditions, you authorize us to contact the person listed below and to disclose information about you in order to confirm the specifics of your current contact information, trustee, or holder of a power of attorney.

Note: The back-up contact should not be a co-applicant.

First Name

Middle Name

Last Name

Address

Apt/Suite No.

City

State

ZIP Code

Country

Relationship to Primary Applicant: _____

By signing this Application, you affirm that you have received and read this Application and any supplemental documents governing this relationship. You affirm that the information you have provided is accurate and you agree to notify us of any changes in the information provided.

Tax Withholding Certifications

Please check all boxes that apply, and sign and date below.

Primary Applicant

- U.S. Person:** Under penalty of perjury, I certify that: **(1)** I am a U.S. citizen, U.S. resident alien or other U.S. person, and the Social Security Number or Taxpayer Identification Number provided in this Application is correct (or I am waiting for a number to be issued to me); and **(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.
- Certification Instructions:** You must check this box if you cannot certify to item **(2)** above, meaning that 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.
- Non-Resident Alien:** I certify that I am not a U.S. citizen, U.S. resident alien, or other U.S. person for U.S. tax purposes, and I am submitting the applicable Form W-8 with this form to certify my foreign status and, if applicable, claim tax treaty benefits.

Note: By signing and dating this form, all applicants authorize the disclosure of their names, security position(s) and contact information, for purposes of receiving official communications concerning municipal securities, if relevant, to (a) an issuer of municipal securities; (b) a trustee for an issue of municipal securities in its capacity as trustee; (c) a state or federal tax authority; or (d) a custody agent for a stripped coupon municipal securities program in its capacity as custody agent. For more information, please see MSRB Rules G-8(a)(xi) and G-15(g)(iii)(A).

Signature and Taxpayer Certification (All registered owners/Trustees/Authorized Signers must sign)

By signing this form, I certify that I have received, read and understand the Prospectus and Pomona Investment Fund A pplication in which I am investing and agree to their terms.. If a Trustee/Authorized Signer, I have the full authority and legal capacity to purchase shares of the Pomona Investment Fund on behalf of the Individual/ Entity designated in Section 1, am of legal age in my state to purchase such shares, and believe each investment is suitable for the Individual/ Entity on whose behalf I am appointed to act. I authorize Voya Investments Distributor, LLC and their agents to act for any service authorized on this Application on any instructions they believe to be genuine and that are received from me or any Trustee/Authorized Signer. I further understand that I must carefully review each account confirmation statement or other documentation of transactions that I receive to ensure that my instructions have been properly acted upon. If any discrepancies are noted, I agree to notify Voya Investments Distributor, the Pomona Investment Fund, or the Transfer Agent in a timely manner, but in no event more than 15 days from receipt of such confirmation statement or documentation of transaction. I acknowledge that failure to notify one of the above entities on a timely basis will relieve such entities of any liability with respect to the transaction and any discrepancy. See the Purchases of Shares and Repurchases and Transfers of Shares sections in the Prospectus for procedures. I am of legal age. Sign below exactly as printed in Section 1. For joint registration, all must sign.

Withholding Information (Substitute Form W-9)

Under the Interest and Dividend Tax Compliance Act of 1983, the Fund(s) is (are) required to have the following certification: Under the penalties of perjury I certify by signing this Account Application as provided below that:

- The number shown in Section 2 of this Account Application is the correct Tax Identification Number (or I am waiting for a number to be issued to me), and
- 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 (the "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 (this paragraph (2) does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement arrangement and payments other than interest and dividends), and
- I am a U.S. person (this includes U.S. citizens and U.S. resident aliens).
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

YOU MUST CROSS OUT AND INITIAL PARAGRAPH (2) ABOVE IF YOU HAVE BEEN NOTIFIED BY THE IRS THAT YOU ARE CURRENTLY SUBJECT TO BACKUP WITHHOLDING BECAUSE OF UNDER-REPORTING INTEREST OR DIVIDENDS ON YOUR TAX RETURN.

In addition, Voya Investments Distributor, LLC hereby incorporates by reference into this section of the Account Application either the IRS instructions for Form W-9 or the substance of those instructions, whichever is attached to this Account Application.

Trusted Person

In 2018, FINRA, the primary regulator of Voya Investments Distributor, LLC (“VID”), put in place regulations designed to protect retail customers from financial exploitation. These regulations, which are set forth in FINRA Rule 4512, require that FINRA members such as VID make reasonable efforts to obtain the name of and contact information for a trusted contact person at the time a customer’s account is opened. In instituting these regulations, FINRA has stated that the trusted contact person is intended to be a resource for the member firm in administering the customer’s account, protecting assets and responding to possible financial exploitation. VID may use its discretion in relying on any information provided by the trusted contact person. VID may also elect to notify an individual that he or she was named as a trusted contact person; however, the Rule does not require such notification.

If you choose to provide VID with the name and contact information of a trusted contact person, VID or a VID-associated person is authorized to contact the trusted contact person and disclose information about your account to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rules. In such circumstances, if you have chosen to provide VID with the name and contact information of a trusted contact person, VID is authorized under FINRA Rule 2165, if it reasonably believes that financial exploitation has occurred, is occurring, has been attempted or will be attempted, to place a temporary hold on the disbursement of funds or securities from the account of a customer. Be advised that Rule 2165 creates no obligation for VID to withhold a disbursement of funds or securities in such circumstances.

Do you wish to provide Voya Investments Distributor with the name and contact information of a trusted contact person?

Yes, my trusted contact person is: Name: _____
 Address: _____
 Telephone: _____
 Email: _____

No, I decline to provide a name and contact information of a trusted contact person _____
Initial above

Signature Provisions

- I certify that the information which I have provided and the information which is included within the Account Application and any attached material included herein by reference is true and accurate, including, but not limited to, the representations contained in the Withholding Information section of this Account Application and the information provided in Sections 1-3.
- I certify under penalties of perjury that I/we are not involved in any money laundering schemes, and the source of this investment is not derived from any criminal activities; the information provided on this form and documents submitted are true, correct and complete and they are submitted with the intent that they will be relied upon by the Funds in determining the suitability of me/us as an investor/investors in the Funds.
- If representing an Entity, I certify that each of the persons listed below has been duly elected, and is now legally holding the office set forth opposite his/her name and has the authority to make this authorization. (Please print titles below if signing on behalf of a corporation or partnership to establish this account.)
- I agree that in no event will the Fund or service provider to the Fund be liable for (1) any loss, cost, or other liability caused directly or indirectly by war, natural disasters, acts of terrorism, governmental restriction or other conditions beyond their reasonable control or (2) any indirect or consequential damages.
- I agree that neither any Fund nor any service provider to the Fund will be liable for any loss, cost, expense or other liability arising out of any instructions transmitted by telephone, electronically, in writing or by any other means believed by the Fund or service provider to be genuine and in accordance with procedures described in the relevant prospectus and/or statement of additional information, including liabilities arising from fraudulent use of the signature of an authorized signer, whether any such signature be authentic or forged, or from any instructions purportedly from an authorized signer which are fraudulent, signed or otherwise.
- I shall promptly provide notification of any changes to the information provided in this Account Application. I, and if applicable, the Entity on whose behalf I am acting, each agrees to indemnify and hold harmless Voya Investments Distributor, LLC any affiliates, service providers to these entities, and the directors or officers of any of these entities for any action taken as a result of any instructions provided by me and/or any person(s) listed as Trustees/Authorized Signers in this Account Application.
- In the case of a Custodian, I have complete authority to act on behalf the minor or beneficiary identified in this Account Application.
- In the case of an Entity, I understand that “I” refers to the Entity and each Trustee/Authorized Signer and that each of these has complete authority to act on behalf of all and give instructions on the Entity’s account without notice to the others. Voya Investments Distributor, LLC, in its sole discretion, and for its protection, may require the written consent of all Trustees/Authorized Signers prior to acting upon the instructions of any Trustees/Authorized Signers.
- The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signatures_____
Primary Applicant Signature_____
Date_____
Primary Applicant Name (please print)_____
Joint Applicant Signature (if applicable)_____
Date_____
Joint Applicant Name (please print) if applicable_____
Signature of Trustee/Authorized Signer_____
Date_____
Name of Registered Representative presenting the account to Voya Investments Distributor, LLC_____
Signature of Registered Representative presenting the account to Voya Investments Distributor, LLC_____
Date_____
Name of Registered Principal accepting the account on behalf of Voya Investments Distributor, LLC_____
Signature of Registered Principal accepting the account on behalf of Voya Investments Distributor, LLC_____
Date**CHECK THE APPROPRIATE BOXES BELOW AND PROVIDE THE REQUESTED INFORMATION**

- I am a United States Citizen. I am a resident alien and a social security number has been supplied in Section 1 of this Account Application.
(A Form 1078 will be provided to you by Voya. Please complete it and return it as requested.)
Voya Investment Distributors, LLC will not accept accounts set up accounts for investors without both a U.S. address and a Social Security Number ("SSN").

For identification purposes, this includes prohibiting the following:

- U.S. Citizens with SSN's but with foreign addresses.
- Foreign citizens with Individual Taxpayer Identification Numbers (ITIN) issued by the IRS to foreign citizens and are formatted as 9XX-7 or 8X-XXXX whether they have US or US possession addresses or not.

Please mail your completed Application to:

Pomona Investment Fund
Attn: UMB Fund Services
P.O. Box 2175 Milwaukee, WI 53201

In consideration of opening one or more accounts on your behalf, and with respect to any type of transaction that you may have with Voya, you agree as follows:

1. **Authority and Ownership.** You have the required legal capacity, are authorized to enter into this agreement, and have obtained and will provide Voya with all necessary authorizations or corporate resolutions from third parties to open accounts and effect transactions in securities under this agreement. You will be the owner of all securities purchased, held and sold on your behalf by Voya. Checks should be made payable only the Pomona Investment Fund and mailed to:

Overnight Address:

Pomona Investment Fund
Attn: UMB Fund Services
235 W. Galena St.
Milwaukee, WI 53212

U.S. Mailing Address:

Pomona Investment Fund
Attn: UMB Fund Services
P.O. Box 2175
Milwaukee, WI 53201

Wiring Instructions for Class A Shares:

UMB Bank N.A.
928 Grand Boulevard
Kansas City, MO 64106
ABA: 101000695
Account Number: **9872189493**
Account Name: Pomona Investment Fund
FBO: (Insert Investor Name)

Wiring Instructions for Class I Shares:

UMB Bank N.A.
928 Grand Boulevard
Kansas City, MO 64106
ABA: 101000695
Account Number: **9872189914**
Account Name: Pomona Investment Fund
FBO: (Insert Investor Name)

Wiring Instructions for Class M1 Shares:

UMB Bank N.A.
928 Grand Boulevard
Kansas City, MO 64106
ABA: 101000695
Account Number: **9872232844**
Account Name: Pomona Investment Fund
FBO: (Insert Wealth Platform Name)

Wiring Instructions for Class M2 Shares:

UMB Bank N.A.
928 Grand Boulevard
Kansas City, MO 64106
ABA: 101000695
Account Number: **9872232852**
Account Name: Pomona Investment Fund
FBO: (Insert Wealth Platform Name)

2. **Appointment of Voya Investments Distributor, LLC as Agent.** I appoint Voya as my agent for the purpose of carrying out my directions with respect to the purchase or sale of securities. To carry out Voya's duties, Voya is authorized to place and withdraw orders, provide information to third parties and take such other steps as are reasonable to carry out my directions.
3. **Force Majeure.** Voya shall not be liable for loss or delay caused directly or indirectly by war, natural disasters, government restrictions, exchange or market rulings or other conditions beyond Voya's control.
4. **Identification Verification.** 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 me: When I open an account, Voya will ask for my name, address, date of birth and other information that will allow Voya to identify me. Voya may also ask to see a valid government issued identification or other identifying documents.
5. **No Advice.** I understand that Voya provide no tax, legal, or investment advisory services and all transactions will be done only on my order or the order of my authorized delegate as described in paragraph 1.
6. **Access to Information.** Voya may provide non-affiliated third parties with information if: (i) it is required by law or by rules or regulations relating to Voya or financial institutions Voya have contracted with to provide financial services (such as regulations that require Voya to provide banks, thrifts, credit unions and/or their related service corporations with customer information the institution needs to monitor compliance issues); (ii) it is necessary for Voya to communicate such information to process a financial transaction for me or provide a product or service that I have requested; or (iii) otherwise permitted by law or Voya's Privacy Promise. **YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED A COPY OF VOYA'S PRIVACY PROMISE AT THE TIME YOU SIGNED THIS APPLICATION AND AGREEMENT.**
7. **Amendments and Termination.** Voya may amend this agreement at any time in any respect, effective upon notice to you. Voya may, at Voya's discretion, terminate this service at any time, effective upon notice to you. You will continue to be responsible for any obligations incurred by you prior to termination.
8. **Governing Law.** This agreement and any disputes, controversies or claims arising out of or related to this agreement shall be governed by the applicable laws of the State of New York and applicable federal law.

9. **Resolving Disputes – Arbitration.** THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE. BY SIGNING AN ARBITRATION AGREEMENT THE PARTIES AGREE AS FOLLOWS:

- (A) ALL PARTIES TO THIS AGREEMENT ARE GIVING UP THE RIGHT TO SUE EACH OTHER IN COURT, INCLUDING THE RIGHT TO A TRIAL BY JURY, EXCEPT AS PROVIDED BY THE RULES OF THE ARBITRATION FORUM IN WHICH A CLAIM IS FILED.
- (B) ARBITRATION AWARDS ARE GENERALLY FINAL AND BINDING; A PARTY'S ABILITY TO HAVE A COURT REVERSE OR MODIFY AN ARBITRATION AWARD IS VERY LIMITED.
- (C) THE ABILITY OF THE PARTIES TO OBTAIN DOCUMENTS, WITNESS STATEMENTS AND OTHER DISCOVERY IS GENERALLY MORE LIMITED IN ARBITRATION THAN IN COURT PROCEEDINGS.
- (D) THE ARBITRATORS DO NOT HAVE TO EXPLAIN THE REASON(S) FOR THEIR AWARD UNLESS, IN AN ELIGIBLE CASE, A JOINT REQUEST FOR AN EXPLAINED DECISION HAS BEEN SUBMITTED BY ALL PARTIES TO THE PANEL AT LEAST 20 DAYS PRIOR TO THE FIRST SCHEDULED HEARING DATE.
- (E) THE PANEL OF ARBITRATORS MAY TYPICALLY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.
- (F) THE RULES OF SOME ARBITRATION FORUMS MAY IMPOSE TIME LIMITS FOR BRINGING A CLAIM IN ARBITRATION. IN SOME CASES, A CLAIM THAT IS INELIGIBLE FOR ARBITRATION MAY BE BROUGHT IN COURT.
- (G) THE RULES OF THE ARBITRATION FORUM IN WHICH THE CLAIM IS FILED, AND ANY AMENDMENTS THERETO, SHALL BE INCORPORATED INTO THIS AGREEMENT.

YOU AGREE THAT ANY DISPUTE BETWEEN YOU (INCLUDING THE ENTITY ON WHOSE BEHALF YOUR ARE ENTERING INTO THIS AGREEMENT) AND Voya Investments Distributor, LLC ARISING OUT OF THIS AGREEMENT SHALL BE SUBMITTED TO ARBITRATION CONDUCTED UNDER THE THEN APPLICABLE PROVISIONS OF THE CODE OF ARBITRATION PROCEDURE OF FINRA. ARBITRATION MUST BE COMMENCED WITHIN THE APPLICABLE PROVISIONS OF THE CODE OF ARBITRATION PROCEDURE OF FINRA. ARBITRATION MUST BE COMMENCED WITHIN THE APPLICABLE STATUTE OF LIMITATIONS. THE ARBITRATION AWARD SHALL BE FINAL AND JUDGMENT MAY BE ENTERED ON THE AWARD IN ANY COURT, STATE OR FEDERAL, HAVING JURISDICTION.

NO PERSON OR ENTITY SHALL BRING A PUTATIVE OR CERTIFIED CLASS ACTION TO ARBITRATION, NOR SEEK TO ENFORCE ANY PRE-DISPUTE ARBITRATION AGREEMENT AGAINST ANY PERSON WHO HAS INITIATED IN COURT A PUTATIVE CLASS ACTION; OR WHO IS A MEMBER OF A PUTATIVE CLASS WHO HAS NOT OPTED OUT OF THE CLASS WITH RESPECT TO ANY CLAIMS ENCOMPASSED BY THE PUTATIVE CLASS ACTION UNTIL: (I) THE CLASS CERTIFICATION IS DENIED; OR (II) THE CLASS IS DECERTIFIED; OR (III) THE CUSTOMER IS EXCLUDED FROM THE CLASS BY THE COURT. SUCH FORBEARANCE TO ENFORCE AN AGREEMENT TO ARBITRATE SHALL NOT CONSTITUTE A WAIVER OF ANY RIGHTS UNDER THIS AGREEMENT EXCEPT TO THE EXTENT STATED HEREIN.

- 10. **Review and Indemnification.** You have reviewed the terms and conditions of this agreement and hereby verify that all the information provided is true and correct and may be relied upon by Voya for the purposes of evaluating your suitability and sophistication in relation to making securities recommendations. Further, you hereby indemnify Voya for any loss, claims or damages, including legal fees, which Voya may incur as a result of any securities recommendations or any securities related violations resulting from Voya's reliance upon the information you have provided. You also acknowledge your responsibility to read the prospectus of any mutual fund/ direct participation program, and/or public offering sold by prospectus, which contains complete information regarding investment objectives, risks and other material facts, including sales charges.
- 11. **FINRA Public Disclosure.** To receive information concerning the licensing status and/or disciplinary record of a broker-dealer or agent, contact FINRA at the following toll-free number (800) 289-9999, or the Web site address at www.finra.org.
- 12. **SIPC Public Disclosure.** Voya Investments Distributor, LLC is a member of the Securities Investor Protection Corporation (SIPC). You can obtain information about SIPC, including a brochure, by contacting SIPC at (202) 371-8300 or on their Web site at www.sipc.org.
- 13. **Other Information.** For more information concerning investments and other important disclosures about our business, please visit our Web site at www.voyainvestment.com.

Voya Investments Distributors, LLC (“Voya”) understands the importance of ensuring our customers have continued access to their funds and securities in the event our home office operations are impacted by a disaster. As a result, we have developed and maintain a business continuity plan that describes the means by which Voya’s home office operations in Windsor, Connecticut will respond to future significant business disruptions of varying degrees of severity. Voya’s home office operations in Windsor, Connecticut are equipped for resumption of business in the event a significant business disruption affects the building, business district, city and/or the region. We will continue to conduct business during those disruptions and may choose to relocate key personnel and services to our designated backup facilities. Relocations of critical functions will be completed within four hours of the significant business disruption.

In addition, several of our critical functions are performed in our affiliated offices located in New York, NY, Scottsdale, AZ and Atlanta, GA.—each has complete business continuity plans designed to allow them to continue operations in the event they experience a significant business disruption. Their plans include redundancies, alternate facilities and recovery time objectives that support our plan. In the event of a significant business disruption at the Voya main location in Windsor, Connecticut, customers may access their Voya accounts by calling 844-399-5210 for service on their accounts.

Please be advised that while we have detailed plans in place, we cannot guarantee we will be able to recover as quickly as outlined above under all possible circumstances. Our recovery time objective may be negatively impacted by the unavailability of third parties and/or other circumstances beyond our control. Our business continuity plan is reviewed and tested throughout the year and is subject to modification. To obtain the most current version of this summary, you may contact your Voya representative to request a copy

Privacy Notice



FACTS

WHAT DOES VOYA FINANCIAL DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> • Social Security number and account balance • Assets and transaction or loss history • Investment experience and employment information
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Voya chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Voya share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes – information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes – information about your creditworthiness	No	We don't share
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	We don't share

To limit our sharing	<ul style="list-style-type: none"> • Call our toll-free number (855) 685-9519 – our menu will prompt you through your choice(s) <p>Please note:</p> <p>If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p> <p>However, you can contact us at any time to limit our sharing.</p>
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Questions?	Call the telephone number listed on your statements and other correspondence or go to http://voya.com/contact-us
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Privacy Notice



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Who we are	
Who is providing this notice?	This notice is provided by certain companies owned by Voya Financial, Inc. A list of these companies is provided at the end of this notice.
What do we do	
How does Voya protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Voya collect my personal information?	We collect your personal information, for example, when you <ul style="list-style-type: none"> • open an account or give us your contact information • apply for insurance or seek advice about your investments • tell us about your investment or retirement portfolio We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes – information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.

Definitions

Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> • Our affiliates include companies with the Voya name; financial companies such as Voya Retirement Insurance and Annuity Company; and nonfinancial companies such as Voya Services Company.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> • Voya does not share with nonaffiliates so they can market to you.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> • Voya does not jointly market.

Other important information

We will comply with more restrictive state laws to the extent that they apply. If you live in an "opt-in" state such as California or Vermont, we will obtain your affirmative consent to share your personal information with nonaffiliates who do not currently assist us in servicing your account or conducting our business. If you are a participant in a retirement plan sponsored by your current or former employer, we will not share your personal information to the extent prohibited by your plan sponsor.

Voya affiliates

This notice is provided by: Directed Services LLC; Midwestern United Life Insurance Company; ReliaStar Life Insurance Company; ReliaStar Life Insurance Company of New York; Security Life Assignment Corp.; Security Life of Denver Insurance Company; Voya America Equities, Inc.; Voya Capital Corporation, LLC; Voya Financial, Inc.; Voya Financial Partners, LLC; Voya funds; Voya Funds Services, LLC; Voya Institutional Plan Services, LLC; Voya Institutional Trust Company; Voya Insurance and Annuity Company; Voya Investments, LLC; Voya Investments Distributor, LLC; Voya Retirement Advisors, LLC; Voya Retirement Insurance and Annuity Company