Subscription Agreement Additional Investment

THE CARLYLE GROUP

For 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 only for additional purchases of Carlyle Tactical Private Credit Fund. Initial purchases should be made using the Initial Investment form. If you have any questions about how to complete this application or would like information on other services, please contact your financial advisor or call the Fund Services Team at 833-677-3646.

| All items on this | form must be completed | l. | | |
|--|--|---|----------------------------|---------------------------|
| 1 Account in | formation | | | |
| Account Name: | | | | |
| Account Number | : | | | |
| 2 Investmen | t | | | |
| Is this purchase for | the same share class held in | the account indicated above? | ○ Yes ○ No | |
| If previous answe | er is "No," select share clas | s: ClassI O | Class L Class M | ○ Class Y |
| Additional Investment Amount: \$ | | (Note \$5,000 mini | mum) | |
| Select investmen | t method: | | | |
| O By Mail | Attach a check to thi | s Subscription Agreement payable to Carl | yle Tactical Private Credi | t Fund |
| O By Wire | Name: DST as Agent Bank Name: UMB B ABA Routing Numbe Account Number: 9 | er: 101000695 | | |
| ○ ву АСН | If bank information | has changed since your last transaction, a | voided check is required | |
| Return the con | npleted Subscription Agre | ement to: | | |
| Regular Mail: | | Overnight Mail: | Fax: | Email: |
| Carlyle Tactical PO Box 21989 Kansas City, M | | Carlyle Tactical Private Credit Fund c/o DST Systems, Inc. STE 219895 430 W 7th Street | 833-742-3078 | Carlyle.ai@dstsystems.com |

3 Acknowledgments and signatures

3A. 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 DST Systems, 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 previous subscription materials is still accurate.

+ I (we) certify under penalties of perjury that:

Signature of Joint Investor (If applicable)

- 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 DST Systems, 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.

| The Internal Revenue Service does not require your consent to any provision of | this document other than the certifica | ations above to avoid backup withholding. |
|--|--|--|
| The best of December 19 and 19 | | |
| if you are only submitting this form for an account you hold in the United State pdf/fw9.pdf for a list of exemption codes for all others. | s, you may leave this field blank. Pleas | e visit http://www.irs.gov/pub/irs- |
| FATCA codes apply to persons submitting this form for accounts maintained ou | tside of the United States by certain fo | reign financial institutions. Therefore, |
| Certification #4 above: Exemption from FATCA reporting code (if any): | | |
| interest and dividends on your tax return. | re currently subject to backup withhol | unig because you have lailed to report all |
| Certification #2 above: Backup withholding You must cross out item 2 above if you have been notified by the IRS that you a | re currently subject to backup withhel | ding because you have failed to report all |
| If required: | | |

Date (mm/dd/yyyy)

Title (if the account is held by a trust, corporation

estate, partnership or other entity)

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