



MEMBERSHIP APPLICATION

MEMBERSHIP CRITERIA

As defined by the bylaws of the ILPA Board of Directors, ILPA membership is limited to institutions (and individuals within those institutions) who invest or intend to invest in a portfolio of private equity funds or direct investments primarily for their own account. As such, only organizations that are investing capital which is mostly captive are eligible for ILPA membership.

Service providers, asset managers and other organizations advising or investing predominantly on behalf of other institutions are not eligible for ILPA membership. However, ILPA welcomes interest in supporting our members via educational programming and/or industry initiatives. Please contact Greg Durst at gdurst@ilpa.org for more information on available opportunities.

CODE OF CONDUCT

1. Members will conduct their business in a responsible way and will not engage in practices that would be damaging to the image and interests of the private equity industry.
2. Members shall promote and maintain ethical standards of conduct and at all times deal fairly and honestly with each other and with the private equity funds in which they invest.
3. Members that manage third party capital must represent themselves as limited partners as part of the ILPA community and will not engage in any marketing or marketing-related activities at any ILPA events; members will not use or share contacts, resources or information obtained from ILPA for marketing-related purposes.
4. Members shall not disclose information on any specific ILPA member or distribute any proprietary ILPA content or resources to non-members, unless explicitly permitted to do so.
5. With the exception of the Chair of the Board of Directors, members shall refrain from speaking publicly on ILPA's behalf unless engaged to do so by ILPA staff or Board of Directors.
6. Member use of the ILPA logo and name in print and electronic form is encouraged to communicate engagement in, and support of, ILPA's mission and activities. Approved use is subject to the terms of this Code of Conduct and does not extend to commercial purposes, such as marketing products or services.
7. All directors, officers, employees and representatives of a member organization who are active in the ILPA membership shall be bound by this Code of Conduct.

Membership may be terminated by the Board of Directors if a member fails at any time to meet all the criteria or has failed in a material degree to observe this Code of Conduct or has engaged in conduct materially prejudicial to ILPA's purposes and interests.

GENERAL INFORMATION

First Name	Last Name	Title
------------	-----------	-------

Telephone	Email
-----------	-------

Organization

Address

City	State/Province	Zip/Postal Code
------	----------------	-----------------

Country	Website
---------	---------

Organization Type:

- | | | |
|--|--|--|
| <input type="checkbox"/> Bank | <input type="checkbox"/> Development / DFI | <input type="checkbox"/> Endowment |
| <input type="checkbox"/> Family Office | <input type="checkbox"/> Foundation | <input type="checkbox"/> Insurance Company |
| <input type="checkbox"/> Investment Company | <input type="checkbox"/> Private Pension | <input type="checkbox"/> Public Pension |
| <input type="checkbox"/> Sovereign Wealth Fund | <input type="checkbox"/> Superannuation | <input type="checkbox"/> Other _____ |

MEMBERSHIP INFORMATION

Please select all the reasons for which you are applying to join ILPA:

- | | |
|--|---|
| <input type="checkbox"/> Networking opportunities
Any events in particular?

_____ | <input type="checkbox"/> Data, surveys and benchmarks
What metrics / questions would be most useful?

_____ |
| <input type="checkbox"/> Educational programs (including the <i>ILPA Institute</i>)
Are you interested in particular topics / courses?

_____ | <input type="checkbox"/> Discounts with vendors and industry partners
Any specific discounts?

_____ |

☐ Industry voice

☐ Tools, templates and best practices

Which issues are most important to you?

Any particular topics or activities?

☐ Other _____

Which of these reasons was most important in your decision to join ILPA?

If applicable, referred to ILPA by:

Name

Organization

YOUR INVESTMENT PROGRAM

Is your organization an active investor in private equity funds, or do you intend to make commitments to private equity in the near-term?

☐ Yes ☐ No

What is your organization's approximate total assets under management (AUM), across all asset classes? If not in USD, please indicate currency. Please list as a full number, e.g., 1,000,000,000 USD.

Total AUM: _____

What is the approximate total of your organization's AUM in private equity (NAV + unfunded liabilities)? Please list as a full number, e.g., 1,000,000,000 GBP.

Private Equity AUM: _____

Do you make private investments on behalf of third parties (i.e., from any source other than your own balance sheet)?

☐ Yes ☐ No

If yes, what percentage of the capital you invest is for third parties?

_____ %

Is your organization a subsidiary or affiliated corporation of another entity that provides investment advice or services to third parties investing in private equity?

☐ Yes ☐ No

If yes, please name the organization:

MEMBERSHIP CONTRIBUTIONS

ILPA membership is effective annually for a 12-month term and covers your entire investment team, including front office, middle office, back office, in-house legal counsel and any other active employees with an interest in private equity. Membership contributions are based on assets under management using the scale below. If you have chosen not to disclose your AUM in the section above, please indicate the relevant tier for your organization; if you prefer not to disclose a tier, we will apply the contribution for Tier 2.

Tiers	Contribution
<input type="checkbox"/> Tier 1: < \$1.5B USD	4,000 USD
<input type="checkbox"/> Tier 2: \$1.5B to <\$10B USD	5,500 USD
<input type="checkbox"/> Tier 3: \$10B to <\$25B USD	6,500 USD
<input type="checkbox"/> Tier 4: \$25B+ USD	7,500 USD

Upon approval of your membership application, we will send an invoice for your membership which can be paid by check, ACH transfer, credit card (Visa, MasterCard, or American Express) or wire transfer.

MEMBER ORGANIZATION LIST

ILPA may share a representative list of member organizations on our website and in Association materials. Please indicate below if you do not wish to be included on our list of member organizations.

- ☐ Our organization's name may not be listed publicly as a member of ILPA

CERTIFICATION

I (full name), _____, hereby apply on behalf of my organization, to become a member of the Institutional Limited Partners Association. I confirm all the information provided in this application is true. I confirm that my organization complies with, and agrees to abide by, all of the membership criteria and rules stated above and ILPA's Bylaws and Code of Conduct, copies of which are available on ILPA's website.

Signature

Date

Please scan and return to ILPA at membership@ilpa.org or complete our online application available at <https://ilpa.org/join/application-form/>