

DOCUMENT · KNOW YOUR CUSTOMER

IPC FUND X · 2026

Investor Identity & Eligibility

Identity verification and accredited-investor certification for prospective subscribers to Class B Membership Interests.

FORM

KYC · AML

AUDIENCE

Prospective Investors

VALIDITY

12 months · per Reg D

About this Document

This Know Your Customer (KYC) booklet collects the identity, contact, tax, and distribution-routing information that Injury Pro Management Fund X LLC requires from every prospective Class B Member before a subscription can be processed.

Completing this booklet is a condition of admission to the Company. The information you provide is used to verify your identity in accordance with applicable anti-money-laundering laws and regulations, to correctly deliver distributions and tax documents, and to maintain the Company's records throughout the term of your investment.

You may complete this document electronically. Each underlined field is a clickable input: click once to place your cursor, then type. Checkboxes can be toggled with a single click. When finished, save the document and return it to investorrelations@injuryprocapital.com along with your executed Subscription Agreement and the applicable IRS tax form (W-9 or W-8 series).

All information furnished in this document will be held by the Company and its Manager in accordance with the Notice of Privacy Policy and Practices included with the Subscription Booklet.

Which sections to complete. Part 04 (Form of Ownership) is split into two subsections — complete only the one that applies to you. **Individual investors** complete the **For Individuals** subsection; **entity investors** complete the **For Entities** subsection. Skip the subsection that does not apply.

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Investor Identity

Basic identifying information about the investor, whether an individual or an entity.

The Investor

Please provide the full legal name and tax identification number of the investor. If the investor is an entity, provide the entity's legal name as it appears in its formation documents.

Name of Investor

Social Security Number or Taxpayer Identification Number

Principal Place of Business of Investor

Street Address

Street Address (line 2)

City, State, Postal/Zip, Country

Telephone

Contact Persons

Designate the individuals the Company should contact for day-to-day matters, financial reporting, legal documentation, and tax matters.

Primary Contact Person

This is the person the Company will contact for general communication regarding your investment.

Name	<input type="text"/>
Company	<input type="text"/>
Street Address	<input type="text"/>
City, State, Postal/Zip	<input type="text"/>
Telephone	<input type="text"/>
E-mail Address	<input type="text"/>
Alternate E-mail Address	<input type="text"/>

Contact Person(s) for Financial Information and Reporting

This contact will receive quarterly and annual financial reports and capital account statements.

Financial Contact 1

Name	<input type="text"/>
Company	<input type="text"/>
Street Address	<input type="text"/>
City, State, Postal/Zip	<input type="text"/>
Telephone	<input type="text"/>
E-mail Address	<input type="text"/>

Financial Contact 2

Name	<input type="text"/>
Company	<input type="text"/>
Street Address	<input type="text"/>
City, State, Postal/Zip	<input type="text"/>
Telephone	<input type="text"/>
E-mail Address	<input type="text"/>

Contact Person for Legal Documentation

Please limit to one contact. This person will receive legal notices and amendments.

Name	<input type="text"/>
Company	<input type="text"/>
Street Address	<input type="text"/>
City, State, Postal/Zip	<input type="text"/>
Telephone	<input type="text"/>
E-mail Address	<input type="text"/>

Contact Person for Tax Matters

Please limit to one contact. This person will receive K-1 schedules and other tax correspondence.

Name	<input type="text"/>
Company	<input type="text"/>
Street Address	<input type="text"/>
City, State, Postal/Zip	<input type="text"/>
Telephone	<input type="text"/>
E-mail Address	<input type="text"/>

Wiring & Distribution Instructions

Routing instructions for cash distributions from the Company and, if applicable, delivery instructions for any securities distributions.

Wiring Instructions for Cash Distributions

The Company will use the following bank information to deliver quarterly Preferred Return payments and any other cash distributions.

Bank Name	<input type="text"/>
ABA / Routing Number	<input type="text"/>
Account Name	<input type="text"/>
Account Number	<input type="text"/>
Contact Name	<input type="text"/>
Contact Telephone	<input type="text"/>

Delivery Instructions for Securities Distributions

Complete the following if the Company may, at any time, deliver securities to you in lieu of or in addition to cash.

Firm Name	<input type="text"/>
Address	<input type="text"/>
Account Name	<input type="text"/>
Account Number	<input type="text"/>
Contact Name	<input type="text"/>
Contact Telephone	<input type="text"/>

For Further Credit to (if any)

Account Name	<input type="text"/>
Account Number	<input type="text"/>

Form of Ownership

Indicate the form in which the Class B Units will be held.

For Individuals

If the investor is a natural person or persons, check one of the following:

- Individual
- Joint Tenants with Right of Survivorship (each individual must sign and complete the appropriate IRS Form in Part 5 of the Subscription Booklet)
- Tenants-in-Common (each individual must sign and complete the appropriate IRS Form in Part 5 of the Subscription Booklet)
- Individual Retirement Plan

For Entities

If the investor is an entity, check one of the following:

- Corporation
- Company
- Limited Liability Company
- Trust
- Foundation
- Endowment
- Employee Benefit Plan
- Keogh Plan
- Governmental Plan
- Other — please specify:

Tax Classification Election

Check the appropriate box if the Investor elects to be treated as any of the following classifications, each as defined in the Operating Agreement.

Check any that apply. If none apply, leave all boxes unchecked and proceed to the Certification section.

- BHC Partner
- Governmental Plan Partner
- ERISA Partner
- Tax-Exempt Partner
- Section 892 Partner
- Non-U.S. Partner

Certification

By signing below, the Investor certifies that the information provided in this booklet is true, correct, and complete as of the date of signature.

The Investor agrees to notify the Company promptly in writing of any change that would cause any answer, statement, or information set forth in this Know Your Customer booklet to become untrue, incomplete, or misleading in any material respect.

The Investor further acknowledges that the Company and the Manager are entitled to rely on the accuracy of the information provided herein and may request additional documentation at any time for purposes of verifying identity or complying with applicable law.

For Individual Investors

Printed Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

For Joint or Co-Investors

Printed Name of Spouse / Co-Owner	<input type="text"/>
Signature of Spouse / Co-Owner	<input type="text"/>
Date	<input type="text"/>

For Entity Investors

Name of Entity	<input type="text"/>
Printed Name of Authorized Signatory	<input type="text"/>
Title of Authorized Signatory	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

END OF DOCUMENT

Verified. Eligible. Onboarded.

*Once your identity and accredited-investor status are confirmed,
your subscription is ready to proceed.*

MANAGER

InjuryPro Capital serves as the Manager of InjuryPro Management Fund X, LLC, with authority for capital deployment, portfolio operations, and investor reporting under the Operating Agreement.

NOTICE

This document is confidential and the property of InjuryPro Capital. It may not be reproduced or distributed without prior written consent. Offered pursuant to Reg D, Rule 506(c) to accredited investors only.