

Subscriptions are to be sent to the Administrator:

SS&C Commonwealth
200 Front Street West, Suite 2500, Toronto, Ontario M5V 3K2
Tel 416 361 4563 Fax 416 361 0294

Subscription for ROMC Fund (cheque payable to: Caledon Trust RRSP) \$ _____

Allocation of subscription funds: Performance fee series \$ _____ Salary series \$ _____

APPLICANT INFORMATION

_____/_____/_____/_____
Name Date of birth (dd/mm/yyyy)

_____/_____/_____
Social Insurance number Other tax number (if applicable) Email address

Address

Business tel. Home tel. Mobile tel. Fax

Identification Requirements (information required by Securities Regulators)

Type of identification (select one) Driver's licence Passport Birth certificate

Applicant identification number (attach photocopy of identification)

_____/_____/_____/_____
Bank name Branch address Transit Institution Account

* Please attach a "VOID" cheque.

SPOUSAL APPLICANT INFORMATION (if applicable)

_____/_____/_____/_____
Name Date of birth (dd/mm/yyyy)

_____/_____/_____
Social Insurance number Other tax number (if applicable) Email address

Address

Business tel. Home tel. Mobile tel. Fax

Identification Requirements (information required by Securities Regulators)

Type of identification (select one) Driver's licence Passport Birth certificate

Applicant identification number (attach photocopy of identification)

_____/_____/_____/_____
Bank name Branch address Transit Institution Account

DICLOSURES MANDATED BY SECURITIES REGULATOR

For Investors with less than \$5 million of household net investable assets and because ROMC Fund is a non-reporting issuer relying on certain prospectus exemptions, the Ontario Securities Commission has mandated that you be told the following:

Warning! This investment is risky. Don't invest unless you can afford to lose all the money you pay for this investment.

Furthermore, the Ontario Securities Commission rules require that you initial the following risk acknowledgment:

- | | Your initials |
|---|---------------|
| 1. This investment is risky. Initial that you understand that: | _____ |
| 1. You could lose your entire investment of \$ _____ . | _____ |
| 2. You may not be able to sell your investment quickly – or at all. | _____ |
| 3. You may receive little or no information about your investment. | _____ |

SUBSCRIBER AGREEMENT

By signing, I/we confirm that:

1. All of the information in this application is complete and accurate
2. All photocopies of identification submitted with this application are true copies of identification of each applicant.
3. Each applicant: (a) is acting for his/her/its own account; (b) is an investor capable of assessing the risks of the investment.
4. A redemption fee of 2% of the NAV will be charged, at the time of redemption, of the units redeemed by me/us if I/we hold the units for less than two years.

Signature of applicant	Date	Signature of joint applicant	Date
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Accepted on behalf of ROMC Fund by:

Signature	Name	Date
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For more information, please contact: David McLean
McLean Asset Management Ltd.
1 Richmond Street West, Suite 800, Toronto, Ontario M5H 3W4
Tel. 416-488-0547
Email. davidmclean@mamgmt.com