



SQN Asset Income Fund V, L.P. Subscription Agreement for Additional Units

1. Additional Subscription Information

Additional Investment Amount (minimum \$500)

Existing Account Number

(Optional) For purchases without selling commissions, please select the applicable choice:

RIA/Fee-Based or Wrap Account

Rep/Advisor for their own account

2. Investor Information

Subscriber/Entity Name

Primary SSN or Tax ID No.

Date of Birth

Address

3. Investor Signatures

The undersigned, an existing limited partner of SQN Asset Income Fund V, L.P., a Delaware limited partnership (the "Fund"), hereby submits this additional subscription request with respect to the additional amount (the "Additional Subscription") set forth above upon the terms and conditions described in the Fund's current prospectus, as amended and supplemented from time to time (collectively the "Prospectus") and the Fund's Agreement of Limited Partnership, as may be amended and restated from time to time (the "LP Agreement"). The undersigned restates all of the covenants, representations and warranties made in the undersigned's duly executed Subscription Agreement (the "Subscription Documents") as if they were made on the date hereof, and agrees to be bound by the terms, provisions and conditions set forth in the Prospectus, the LP Agreement, as amended from time to time, and the Subscription Documents, and certifies that all of the information set forth in the undersigned's original Subscription Documents remain accurate and complete on the date hereof, except as specifically provided in writing to the Fund. Upon the Effective Date, as set forth below, the Additional Subscription shall be added to the undersigned's capital account and recorded on the books and records of the Fund.

Signature of Investor/Trustee/Authorized Signer

Date

If signing as custodian, a Medallion Signature Guarantee is required

Medallion Signature Guarantee

Signature of Co-Investor/Trustee/Authorized Signer

Date

4. Broker/Dealer or Investment Advisor Information

Registered Representative or RIA (please print)

Broker/Dealer or RIA Firm (please print)

Signature of Registered Representative or RIA

Signature of Broker/Dealer Authorized Principal (if required)

5. Acceptance (to be completed by the Fund only)

The additional subscription has been:

Accepted Rejected

Number of Additional Units

Effective Date

Blue Sky State

Accepted by (Authorized Signatory)

Date

Please mail completed form to:

SQN Asset Income Fund V, L.P.
c/o DST Systems, Inc.
(844) 500-1952

Via Regular Mail:

PO Box 219228
Kansas City, MO 64121-922

Via Overnight Delivery:

430 W 7th Street, Suite 219228 Kansas
City, MO 64105-1407