
APPLICATION FORM

All investors must complete Sections 1 to 11 (as appropriate) and each party to the account must sign the form.

The form should be returned, together with the required documentation as detailed in the appendix 1:

STOREBRAND SICAV

(the “Fund”)

c/o Northern Trust Global Services SE

(The “Administrator”)

6, rue Lou Hemmer, L-1748 Senningerberg, Grand Duchy of Luxembourg

T: +352 276 222 500

Facsimile - Dealing: +352 276 222 370

Facsimile - Registration: +352 276 222 380

E-mail for general queries: Storebrand-TA-LUX@ntrs.com

IMPORTANT INFORMATION

SHARES IN THE FUND MAY NOT BE SOLD OR OTHERWISE TRANSFERRED TO, OR BE HELD BY, US PERSONS AS DEFINED IN THE PROSPECTUS.

Please ensure that you have read and understood the latest full prospectus for Storebrand SICAV (the “Fund”) and the relevant Key Investor Information Document (KIID) for the fund(s) into which you are investing.

If you have any questions regarding the completion of this application form, please contact Northern Trust Global Services SE (the “Administrator”) at the number set out above.

Please complete this application form and return it by facsimile and, immediately send the original to the Administrator at the address set out above.

Please ensure that sections related to FATCA/CRS self-certification (on page 13) and signatures at the end of this document (page 27) are duly executed by the account holder(s).

All Sections of this application form must be completed and legible. Please note that a failure to correctly complete all the relevant sections or to provide the correct anti-money laundering documentation may result in transaction delays or even in the rejection of the transaction.

Please complete this application form in BLOCK CAPITALS.

Contents

Section 1 – Investor Information	6
1.1 Investor details.....	6
1.2 Entity type	8
1.3 Regulation – Listing on Recognized Stock Market	8
1.4 Trust (section to be completed for Patrimonial Trust only)	9
1.5 Other Entities (Foundation, Club, Association, Party, Government, other Public body)	9
1.6 Control and ownership	10
1.7 Relationship: “acting on its own behalf” or “on behalf of a Third party”	11
1.8 Individual / Retail investor details	12
Section 2 – Agent(s)	13
Section 3 – Source of funding and wealth	13
Section 4 - Details of investment & Payment details.....	14
4.1 Investment Details	14
4.2 Fund Payment Details	14
4.3 Investor - Payment details for your investment and redemption facility	15
4.4 Investor - Distribution (Dividends) Payment details	16
Section 5 - Data Protection declarations	17
Section 6 - Liability for processing of personal data	19
Section 7 – TAX information and declarations.....	19
7.1 Tax information.....	19
7.2 Tax status	20
7.2.1 Tax status of Subscriber investing on behalf of third party	20
7.2.2 Tax status of Beneficial Owner	20
7.3 Classification for FATCA purposes.....	21
7.3.1 Entities with their own Global Intermediary Identification Number (GIIN)	21

7.3.2 Entities using a Sponsor's Global Intermediary Identification Number (GIIN)	21
7.3.3 Entities without a Global Intermediary Identification Number (GIIN)	21
7.4 Classification for CRS purposes	22
7.4.1 Financial Institution (FI)	22
7.4.2 Non-Financial Entity (NFE)	22
7.5 Controlling Person Self-Certification Form for FATCA and CRS	22
7.5.1 Controlling Person Identification (please refer to the glossary in the Appendix 2)	22
7.5.2. FATCA Declaration of U.S. Citizenship or U.S. Residence for Tax purposes*	23
7.5.3 CRS Declaration of Tax Residence (please note you may choose more than one country)	23
7.5.4 Type of Controlling Person (to be completed by any individual who is a Controlling Person of an Entity)	23
Section 8 - Anti-Money Laundering (AML) and Terrorist Financing Prevention	24
Required documentation	25
Section 9 - Declarations and legal information	26
9.1 Politically Exposed Persons	26
9.2 Institutional share class	26
9.3 Employees' identification and screening	26
9.4 Acknowledgement and Declarations	27
Section 10 – Applicable law and Jurisdiction	29
10.1. Declaration	29
Section 11 – SIGNATURE(S)	29
APPENDIX 1 - Customer due diligence requirements per entity type	31
Due Diligence applicable to your account	31
Power of Attorney (POA)	31
A. Financial Institution, Nominee Company, Collective Investment Scheme ('CIS'), Pension Scheme (regulated, not regulated, including Trust Pension Schemes) and any other financial company (i.e. Central Bank, Insurance, etc.)	31
B. Commercial Company (Non Listed or Listed on a Recognized Stock Exchange), Foundation or similar entity, Club, Association, Party Government, Public body in a Prescribed Country	32

C. Trust (patrimonial, other)	33
D. Retail Investor – Natural Person	33
Guidelines, explanations and frequently asked questions	33
APPENDIX 2 - GLOSSARY CRS	36

Section 1 – Investor Information

1.1 Investor details

If you are a **natural** person, please refer to section **1.8** below

Legal entity name (full designation please): _____

Account designation: _____

(Note that this document legally binds the entity for all further registers with a different designation)

Country & date of Incorporation: _____

Legal form of the company: _____

Type of business activity: _____

Tax Identification number (if applicable): _____

What is the business/purpose of the investor? _____

Will dealing instructions be sent via swift? ☐ YES ☐ NO

If YES, please indicate the swift code used: _____

Legal representative(s) and/or contact person(s) entitled to open/act on the account and/or place deals:

	Representative 1	Representative 2
First name and Surname:	_____ _____	_____ _____
Place and date of birth:	_____ _____	_____ _____
Nationality:	_____	_____
Address:	_____ _____	_____ _____
Mailing/business place address:	_____ _____	_____ _____
National identification number:	_____	_____

Email address:

Email address
for privacy notification purposes
(if different from the above):

Phone Number:

1.2 Entity type

Choose your account type and complete the information for that section (please find additional guidance in the Appendix 1 of this Application Form)

☐ **Financial Institution, Nominee Company, Collective Investment Scheme ('CIS'), Pension Scheme** (regulated, not regulated, including Trust Pension Schemes) and any other **financial company** (i.e. Central Bank, Insurance, etc.)

☐ **Commercial Company** (Non Listed or Listed on a Recognized Stock Exchange) **Foundation** or similar **entity, Club, Association, Party Government, Public body in a Prescribed Country**

☐ **Trust** (patrimonial, other)

☐ **Retail Investor – Natural Person**

1.3 Regulation – Listing on Recognized Stock Market

Are you listed on a Recognized Stock Exchange: ☐ YES ☐ NO

If you are listed, please indicate the name of the stock exchange: _____

Are you a regulated company within the meaning of compliance, anti-money laundering and anti-terrorism financing perspectives per FATF Recommendations on International Standards on combatting money-laundering and the financing of terrorism & proliferation?

☐ **YES**, we are directly regulated for AML-CTF purpose (please provide a proof of Regulation)

Name of our regulator: _____

Type of our business license: _____

☐ **NO, BUT we are fully owned and controlled by a regulated financial institution in an Equivalent Jurisdiction**

(Australia, Austria, Belgium, Canada, Chile, Denmark, Finland, France, Germany, Guernsey, Iceland, Ireland, Italy, Japan, Luxembourg, Netherlands, New Zealand, Norway, Portugal, South Korea, Singapore, Spain, Sweden, Taiwan, UK, USA)

Legal entity name of our Mother Company: _____

Percentage of ownership: _____

Name of the regulator of our mother company (please provide a proof of Regulation): _____

☐ **NONE of the above**, we are not regulated and we do not have a regulated mother company.

1.4 Trust (section to be completed for Patrimonial Trust only)

Is the Trust revocable? ☐ YES ☐ NO

The Trust is governed by the Laws of: _____

Legal form of the Trust is: _____

Trustee(s):

Name of the Trustee(s): _____

Legal form of the Trustee: _____

The Trustee is supervised and regulated by: _____

Date of Trust Agreement (for Trust) _____

Co-trustee's Name and date of birth _____

Contact phone number _____

Settlor/ Grantor is (are):

First name and Surname: _____

Place and date of birth: _____

Nationality: _____

Permanent residential / registered address: _____

Mailing/business place address: _____

Official national identification number (where appropriate): _____

The protector is (are):

First name and Surname: _____

Place and date of birth: _____

Nationality: _____

Permanent residential / registered address: _____

Mailing/business place address: _____

Official national identification number (where appropriate): _____

1.5 Other Entities (Foundation, Club, Association, Party, Government, other Public body)

Does the Entity have its own legal personality (not a shelter foundation): ☐ YES ☐ NO

Legal form of the entity: _____

What is the purpose of the Entity? _____

Foundation council or equivalent, Identification of the members (Foundation only)

First name and Surname: _____

Place and date of birth: _____

Nationality: _____

Permanent residential / registered address: _____

Mailing/business place address: _____

Official national identification number (where appropriate): _____

Government, Public body in a Prescribed Country

Relationship type: _____

Name of the governance committee or equivalent overseeing the activities of the agency (if applicable): _____

1.6 Control and ownership

Identification of CEO, Managing Director or Equivalent

First name and Surname: _____

Place and date of birth: _____

Nationality: _____

Permanent residential / registered address: _____

Mailing/business place address: _____

Official national identification number (where appropriate): _____

Ownership (please tick the box below where relevant)

☐ We certify that our entity is not owned or controlled, directly or indirectly:

- For more than 25% (in case of a Standard Due Diligence) of the shares or voting rights of our entity
- For more than 10% (in case of an Enhanced Due Diligence) of the shares or voting rights of our entity

☐ We declare that the following person(s) own(s) or control(s), directly or indirectly:

- For more than 25% (in case of a Standard Due Diligence) of the shares or voting rights of our entity
- For more than 10% (in case of an Enhanced Due Diligence) of the shares or voting rights of our entity (Please provide details of additional persons on additional sheets and attach to this form)

Percentage of holding and / or control _____

First name & Surname _____

Place and date of birth _____ Nationality _____

Registered address _____

Official national identification number (where appropriate): _____

We commit to communicate to the Administrator any subsequent changes in beneficial ownership or control over the company without delay.

1.7 Relationship: “acting on its own behalf” or “on behalf of a Third party”

Please tick when relevant

We hereby certify that we are acting on our own behalf/investing our own money.

Would our entity invest on behalf of a third party (investing the money belonging to a third party), we commit to complete the below required information.

a) We are acting on behalf of a third party; we specify the profile of the investors we provide our service to:

☐ Retail investors

☐ High Net Worth Individuals and family offices

☐ Commercial companies

☐ Insurance companies

☐ Investment fund

☐ Pension Schemes and plans

☐ Others (please specify): _____

Our approximate number of client is: _____ as of _____

b) We are acting on behalf of a third party and accept investors and/or offer Fund share to customers from/in countries identified as jurisdictions with AML – CTF strategic deficiencies:

☐ No

☐ Yes and we do state those jurisdictions with AML–CTF strategic deficiencies here below: _____

We also confirm that we undertake to verify the identity of all third parties on whose behalf we act in the Fund.

1.8 Individual / Retail investor details

If the register holder / investor is a natural person (individual / retail investor), please also complete below:

☐ **Individual** account holder

☐ **Joint** account

In the case of a joint account, please specify if each owner can sign individually? ☐ YES ☐ NO

Owner's first name & Surname: _____

Mother's maiden name: _____ Gender: _____

Owner's date of birth: _____ Owner's place of birth: _____

Nationality: _____ Profession or former profession: _____

Joint accounts will be registered as Joint Tenants with Rights of Survivorship (JTWROS)

Joint Owner's first name: _____ **Surname:** _____

Mother's maiden name: _____ Gender: _____

Owner's date of birth: _____ Owner's place of birth: _____

Nationality: _____ Profession or former profession _____

Do you act on your own behalf and for your own account and not on behalf of any third party? ☐ YES ☐ NO

Owner Permanent residential / registered address (PO Box is not allowed): _____

Postcode/ZIP code: _____ County/State/Province: _____ Country: _____

Note: Please provide a street address for the account owner. All account-related materials will be sent to this address.

Telephone(s): _____

Email address: _____ Is this a business address? ☐ YES ☐ NO

Email address for privacy notification purposes (if different from the above): _____

Joint owner Permanent residential / registered address if different from primary owner's address (PO Box is not allowed): _____

Postcode/ZIP code: _____ County/State/Province: _____ Country: _____

Note: Please provide a street address for the account owner. All account-related materials will be sent to this address.

Telephone(s): _____

Email address: _____ Is this a business address? ☐ YES ☐ NO

Email address for privacy notification purposes (if different from the above): _____

Section 2 – Agent(s)

In the case that application form is being completed on behalf of any investor (institutional or retail); please complete this section as agent.

Agent company information: _____

Agent name: _____

Address: _____

Postcode/ZIP code: _____ County/State/Province: _____ Country: _____

Contact Name: _____ Telephone: _____

Email address: _____

Email address for privacy notification purposes (if different from the above): _____

Authorised Signatory	Authorised signatory
Print Name: _____	Print Name: _____
Date: _____	Date: _____
Signature: _____	Signature: _____

Section 3 – Source of funding and wealth

Source of funding: Please indicate the source(s) of the funds you are investing by ticking the applicable box(es) below (This is required for anti-money laundering compliance, proof of evidence may be required; see details in the Appendix 1).

- | | | |
|---|---|---|
| ☐ Salary or bonus | ☐ Savings | ☐ Profit from sale of business |
| ☐ Profit from sale of investment | ☐ Inheritance or gift | ☐ Client's money |
| ☐ Investment income (e.g. dividends, interest) | ☐ Profit from sale of property | ☐ Loan |

☐ Other, please specify _____

Total balance sheet / Total assets of the last 3 years: _____

Profit and losses of the last 3 years: _____

Official national identification number (where appropriate): _____

Source of wealth: we certify that the source of wealth has been verified, if one of the beneficial owners is a Politically Exposed Person (PEP), we will provide proof of evidence of how they accumulated their wealth.

Section 4 - Details of investment & Payment details

4.1 Investment Details

Please indicate here below the details of your investment and refer to the Prospectus for the minimum investment in each sub-fund for a particular share class.

Sub-fund name	Share class	ISIN code	Subscription amount*	Currency

**Please note that commas denote thousands and that full stop denote pennies /cents in respect of sterling /euros and dollars respectively. For example: £10,000.25 = ten thousand pounds and 25 pence.*

What is the purpose of the investment into the Fund? _____

Expected amount of investment: _____

Expected amount of subscription/year: _____

4.2 Fund Payment Details

Please note the following details to wire transfer the subscription cash amount:

EUR Bank: Societe Generale Paris A/C name: Northern Trust Global Services SE (BIC: CNORLULX) A/C: IBAN FR7630003069900010158539714 Swift code: SOGEFRPP For further credit to: STOB08 Special Instructions: Subscription in STOB08	USD Bank: The Northern Trust Company A/C name: Northern Trust Chicago A/C: 5186061000 ABA / Sort code: 071000152 Swift code: CNORUS44 For further credit to: 17-71466 Special Instructions: Subscription in STOB08
GBP Bank: Northern Trust Company, London Branch A/C name: Northern Trust Global Services SE (BIC: CNORLULX) A/C: 10000119 IBAN: GB35CNOR23286310000119 ABA / Sort code: 23-28-63 Swift BIC code: CNORGB22 Special Instructions: Subscription in STOB08	NOK Bank: Nordea Bank Norge ASA A/C name: Northern Trust Global Services SE (BIC: CNORLULX) Account: 60060707475 Swift code: NDEANOKK For further credit to: STOB08 Special Instructions: Subscription in STOB08
CHF Bank: Credit Suisse AG A/C name: Northern Trust Global Services SE (BIC: CNORLULX) Account: CH9704835114209903000 Swift Code: CRESCHZZ80A For further credit to: STOB08 Special Instructions: Subscription in STOB08	DKK Bank: Nordea Bank Danmark A/S A/C name: Northern Trust Global Services SE (BIC: CNORLULX) Account: DK66 2000 5000 0178 51 Swift code: NDEADKKK For further credit to: STOB08 Special Instructions: Subscription in STOB08
SEK Bank: Svenska Handelsbanken AB A/C name: Northern Trust Global Services SE (BIC: CNORLULX) Account: SE37 6000 0000 0000 4034 1399 Swift code: HANDSESS For further credit to: STOB08 Special Instructions: Subscription in STOB08	

4.3 Investor - Payment details for your investment and redemption facility

Please provide the following information about the bank or financial institution at which you hold an account in your name and from which you are remitting subscription monies. This information will be used by the Fund or its agents to pay any proceeds. Please notify the Administrator if your bank account information changes.

Payments will be paid only to registered shareholders (no third party payment can be executed) and made by electronic bank transfer (in shared mode for charges).

Account holder Name: _____

Account Number (IBAN if existing): _____

Currency of the account: _____

Beneficiary Bank:

NAME: _____

ADRESS: _____

SWIFT/SORT CODE: _____

Correspondent Bank of the Beneficiary Bank (if relevant):

NAME: _____

ADRESS: _____

SWIFT/SORT CODE: _____

4.4 Investor - Distribution (Dividends) Payment details

If you have opted for Distribution Shares, please indicate below where the income should be paid, if different from the account indicated in the above section.

Account holder Name: _____

Account Number (IBAN if existing): _____

Currency of the account: _____

Beneficiary Bank:

NAME: _____

ADRESS: _____

SWIFT/SORT CODE: _____

Correspondent Bank of the Beneficiary Bank (if relevant):

NAME: _____

ADRESS: _____

SWIFT/SORT CODE: _____

Section 5 - Data Protection declarations

In relation to the processing of personal data (the “**Data**”) related to identified or identifiable natural persons (the “**Data Subjects**”) by the Fund (the “**Controller**”), each investors (the “**Applicant**”) hereby:

- 1) acknowledges that there may be a number of lawful bases for the Controller to process different categories of Data related to Data Subjects and for several different purposes;
- 2) acknowledges (A) that Data processed in this way may be Data which relates to the Applicant, but may also be Data (a) which relates to Data Subjects who have not signed this application form and (b) which is or will be provided to the Controller by or at the initiative of the Applicant (respectively the “**Related Data**” and the “**Related Data Subjects**”); and (B) that Related Data includes Data relating to Related Data Subjects, as well as Data relating to the Applicant, who are natural persons;
- 3) represents and warrants having received full authority from each Related Data Subject and/or otherwise being fully entitled to provide, or to cause or allow the provision of, any Related Data to the Controller;
- 4) undertakes to promptly provide the Controller (or any third party indicated by the Controller) with any information regarding any Related Data Subject which the Controller may reasonably request in order to comply with their duties and obligations pursuant to applicable data protection laws and regulations;
- 5) acknowledges and, to the extent required, irrevocably agrees that the Controller communicate directly, and where applicable separately, with any of the Related Data Subjects, in particular but not only if the Controller consider that this is necessary to comply with applicable data protection laws and regulations;
- 6) represents and warrants being required to inform each Related Data Subject of the processing of their Data by the Controller (irrespective of whether this Data has been provided to the Controller, or its provision to the Controller has been caused or allowed, by the Applicant) in a timely manner;
- 7) represents and warrants that, before or no later than at the time of providing, or causing or allowing the provision, of any Related Data to the Controller, the Applicant has received or has been given easy access to the Controller’s full privacy information designated as the “**Privacy Notice**” in the section headed *Processing of personal data* of the Prospectus, and has taken the time to carefully consider and read the Privacy Notice;
- 8) acknowledges that the current version of the Privacy Notice accompanies this application form and/or will be provided to the Applicant’s email address mentioned in Section 1.1 or Section 1.8 or Section 2;
- 9) represents and warrants having provided (or at least having given easy access to) the Privacy Notice to each Related Data Subject in a timely manner;

- 10) represents and warrants that the attention of each Related Data Subject has been drawn to the limitation of liability and indemnification provisions contained in the Privacy Notice or in this application form, in particular but not limited to the provisions contained in section 6 below; and that each Related Data Subject has accepted (or that the Applicant will cause the acceptance by each Related Subject of) such limitation of liability and indemnification provisions;
- 11) acknowledges that the Privacy Notice may be amended at any time at the sole discretion of the Controller and that any change or update to the Privacy Notice may be notified to the Applicant by any means that the Controller deem appropriate, including by public announcement;
- 12) agrees that any change or update to the Privacy Notice that the Controller are under a duty to notify to the Applicant and/or in relation to a Related Data Subject will be duly and fully notified to the Applicant and/or in relation to the Related Data Subject either (A) by the transmission of an email linking to this change or update to the email address mentioned in Section 1.1 or Section 1.8 or Section 2 and/or (B) by the publication of this change or update on www.storebrandfunds.com/privacynotice and www.skagenfunds.lu/privacynotice;
- 13) undertakes to continue notifying each Related Data Subject, in a timely manner, of any notification of change or update to the Privacy Notice notified to the Applicant pursuant to the foregoing subparagraph 12) or otherwise received by the Applicant from the Controller;
- 14) acknowledges that, notwithstanding any notification of change or update from the Controller, an updated version of the Privacy Notice may be easily obtained or accessed at any time as indicated in the section headed *Processing of personal data* of the Prospectus;
- 15) represents and warrants that, when a processing of Data is and/or will be based on the consent of any Related Data Subject, the Applicant's consent to such processing (given either in this application form or separately) means (A) that the corresponding consent by the Related Data Subject (a) has been and/or will have been obtained in due time from the Related Data Subject and (b) is and/or will be fully valid under the applicable data protections laws and regulations, and (B) that the Applicant is and/or will be able to provide proof thereof upon simple request from the Controller;
- 16) undertakes to notify the Controller in a timely manner (A) of any withdrawal of any consent given by any Related Data Subject, and (B) more generally of any decision or event which affects or may affect the Controller's processing of the Related Data; and
- 17) agrees to indemnify and hold harmless the Controller to the fullest extent authorised by applicable law, for and against any adverse consequence arising from any breach of a provision of this section, unless any such adverse consequences result from the negligence of the Controller.

Section 6 - Liability for processing of personal data

Each Applicant acknowledges and agrees that the liability of the Controller in relation to the processing of Related Data is strictly limited to any liability provided for in applicable laws and regulations. In particular, without prejudice to the general nature of the foregoing or what is stated in the Privacy Notice, each Applicant:

- 1) acknowledges that Related Data may be sent, communicated, disclosed, accessed by, or otherwise made available (collectively “transmitted”) to third parties; and agrees that the Controller accept no liability for any Related Data being transmitted to any third party, within or outside of the European Economic Area, without an express authorisation from the Controller and, more generally, for any such unauthorised third party having or obtaining knowledge of Related Data;
- 2) acknowledges that the Controller may from time to time provide or make available Data information related to third parties which are acting as controllers in their own right in relation to the Related Data (the “third-party privacy information”); and agrees that the Controller accept no liability, in relation to third party Data, or in relation to any processing performed by these third-party controllers; and
- 3) acknowledges that the Controller may from time to time unintentionally collect or obtain Related Data which the Controller have no intention, nor interest to process in view of the purposes described in the Privacy Notice, but which the Controller may nevertheless store or transfer (the “Unsolicited Related Data”); undertakes to adopt all appropriate measures to prevent such Unsolicited Related Data to be collected or obtained by the Controller; and agrees that the Controller accept no liability for any damage suffered and resulting directly or indirectly from the processing of Unsolicited Related Data.

Section 7 – TAX information and declarations

7.1 Tax information

The Applicant(s) acknowledge(s) that it/he//she/they has/have obtained their own independent advice on the taxation consequences of investing in the Fund and that the Applicant(s) have not received any tax or legal advice regarding investment in the Fund from the Fund or the Administrator and that this investment is the result of its/his/her/their own decision.

The Applicant(s) agree(s) that if it/he/she/they is/are subject to tax in another country or jurisdiction (or the Fund or its agents have reason to believe or are required to resume that this may be the case), the Fund and its agents may be required by legislation, regulation or by agreement with tax authorities of that country to report on an ongoing basis certain information about you and your accounts and assets you hold with the Fund and its agents on an individual or aggregated basis to a relevant tax authority which then pass that information to the tax authorities where you are subject to tax or directly to the tax authorities in that country. The Fund and/or its agents may also have to report information about your direct and indirect shareholders or other owners or interest holders and, if you are a trust, your beneficiaries, settlors or trustees.

If the Fund or its agents are required to report information about you, this would include (but is not limited to) information about you, your accounts and assets, for example your account number(s), the amounts of payments

including interest paid or credited to the account(s), the account balance(s) or asset values, your name, address and country of residence and your social security number/taxpayer identification number or similar (if applicable). You may need to provide us with further information, if requested, about your identity and status.

Investors who acquire one or more of the following characteristics need to provide us with a US tax form:

- **An investor who is a US person**
- **An investor with any US indications, such as a US address or US telephone number**
- **A company or trust**
- **An investor having the intention to invest directly in US securities**

We recommend you seek advice from your own Tax adviser as to which is the most appropriate US Tax form for you to complete. In certain circumstances the information which you provide on your US tax form may mean that further documentation will be required.

Copies of the US tax forms can be found on the IRS website: <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf> or <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

The subscriber is:

- ☐ investing solely on its own behalf (proceed to **section 7.2.2** Tax status of Beneficial Owner)
- ☐ a distributor investing for undisclosed clients through an omnibus/custody account (proceed to **section 7.2.2** Tax status of Beneficial Owner)
- ☐ investing on behalf of a third party as a: Nominee | Trustee | Partner | Agent | Other (proceed to **section 7.2.1** Tax status of subscriber investing on behalf of third party)

7.2 Tax status

7.2.1 Tax status of Subscriber investing on behalf of third party

Name _____

Third party investor type (corporate, pension fund, etc.) _____

Tax Identification Number (TIN)¹ _____

7.2.2 Tax status of Beneficial Owner

Name of Beneficiary _____

Main Tax Residency _____

Tax Identification Number (TIN) _____

¹ Please indicate "N/A" if the country of tax residence either does not issue a TIN or does not require the TIN to be disclosed. Please indicate "Applied For" if you are a newly incorporated company having applied for a TIN. If no TIN is available, please provide an explanation.

Other Tax Residency _____

Tax Identification Number (TIN) _____

The Beneficial Owner confirms that the tax residence country (ies) provided represent all countries in which the Beneficial Owner is considered as a tax resident.

7.3 Classification for FATCA purposes

To be completed only if the account holder is a corporate entity.

7.3.1 Entities with their own Global Intermediary Identification Number (GIIN)

GIIN: _____

FATCA Classification (please tick where accurate):

- ☐ Participating Foreign Financial Institution
- ☐ Registered Deemed Compliant Foreign Financial Institution
- ☐ Direct Reporting NFFE
- ☐ Reporting Foreign Financial Institution under IGA Model 1
- ☐ Reporting Foreign, Financial Institution under IGA Model 2

7.3.2 Entities using a Sponsor's Global Intermediary Identification Number (GIIN)

Sponsor's GIIN: _____

Sponsoring Organization _____

- ☐ Sponsored Investment Entity or Controlled Foreign Corporation
- ☐ Sponsored Direct Reporting NFFE
- ☐ Sponsored closely held Investment Vehicle

7.3.3 Entities without a Global Intermediary Identification Number (GIIN)

- ☐ A Certified Deemed-Compliant Financial Institution under IGA Model 2
- ☐ Non-Reporting Financial Institution under IGA Model ¹
- ☐ An exempt Beneficial Owner
- ☐ A territory Financial Institution
- ☐ A Non-Participating Foreign Financial Institution

☐ An Active NFE

☐ A Passive NFFE

7.4 Classification for CRS purposes

Section to be completed only if the account holder is a corporate entity.

7.4.1 Financial Institution (FI)

☐ Investment Entity with tax residence in non-participating jurisdiction and managed by another FI

☐ Other Investment Entity

☐ Financial Institution other than above Investment Entity (Depository institution, Custodial institution, Specific insurance company)

☐ Financial Institution Non Reporting according to your local jurisdiction legislation where you are resident

7.4.2 Non-Financial Entity (NFE)

☐ Active Non-Financial Entity. Corporation that is regularly traded or an affiliate of such corporation

☐ Active Non-Financial Entity – Government Entity or Central Bank

☐ Active Non-Financial Entity – International Organisation

☐ Active Non-Financial Entity other than above Active Non-Financial Entity classifications

☐ Passive Non-Financial Entity*

* Passive Non-Financial (Foreign) Entities as indicated under FATCA or CRS classification above

If the Entity is a Passive Non-Financial (Foreign) Entity or an Investment Entity with tax residence in non-participating jurisdiction and managed by another FI, please provide details of any Controlling Persons by completing the section “ 7.5 Controlling Person Self-Certification Form for FATCA and CRS” below. The term Controlling Persons is to be interpreted in a manner consistent with the recommendations of the Financial Action Task Force. If there are no natural person(s) who exercise control of the organization, then the Controlling Person(s) will be the natural person(s) who hold the position of senior managing official in the organization.

7.5 Controlling Person Self-Certification Form for FATCA and CRS

7.5.1 Controlling Person Identification (please refer to the [glossary in the Appendix 2](#))

First name and Surname: _____

Place and date of birth: _____

Nationality: _____

Permanent residential address: _____

Mailing address (if different): _____

Official national identification number (where appropriate): _____

7.5.2. FATCA Declaration of U.S. Citizenship or U.S. Residence for Tax purposes*

Please tick and complete as appropriate.

☐ I confirm that **I am** a U.S. citizen and/or resident in the U.S. for tax purposes and my U.S. federal Taxpayer Identifying Number (U.S. TIN) is as follows: _____

OR

☐ I confirm that **I am not** a U.S. citizen or resident in the U.S. for tax purposes.

7.5.3 CRS Declaration of Tax Residence (please note you may choose more than one country)

Please indicate all countries of Tax Residence and associated Tax Identification Numbers.

Country of Tax Residence	Tax ID Number ⁽¹⁾

⁽¹⁾ Provision of a Tax ID number (TIN) is required unless you are tax resident in a Jurisdiction that does not issue a (TIN).

If you do not have a Tax ID Number, please explain why: _____

7.5.4 Type of Controlling Person (to be completed by any individual who is a Controlling Person of an Entity)

For Joint or multiple Controlling Person's please use a separate Self-Certification Form for each Controlling Person (please refer to the glossary).

Please provide the Controlling Person's Status by ticking the appropriate box	Please tick	Entity Name
a. Controlling Person of a legal person – control by ownership		
b. Controlling Person of a legal person – control by other means		
c. Controlling Person of a legal person – senior managing official		

d. Controlling Person of a trust - settlor		
e. Controlling Person of a trust – trustee		
f. Controlling Person of a trust – protector		
g. Controlling Person of a trust – beneficiary		
h. Controlling Person of a trust – other		
i. Controlling Person of a legal arrangement (non-trust) – settlor-equivalent		
j. Controlling Person of a legal arrangement (non-trust) – trustee-equivalent		
k. Controlling Person of a legal arrangement (non-trust) – protector-equivalent		
l. Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent		
m. Controlling Person of a legal arrangement (non-trust) – other-equivalent		

Declaration and Undertakings

I/We declare that the information provided in this Self-Certification Form is, to the best of my/our knowledge and belief, accurate and complete. I/We undertake to advise the recipient within 30 days and provide an updated Self-Certification Form, where any change in circumstances occurs, which causes any of the information contained in this Self-Certification Form to be incorrect. I/We acknowledge that the information, data disclosed in this Self-Certification Form may be disclosed to the Luxembourg tax authorities or any other authorized delegates under Luxembourg law for tax purposes.

Authorised Signatory	Authorised signatory
Print Name: _____	Print Name: _____
Date: _____	Date: _____
Signature: _____	Signature: _____

Section 8 - Anti-Money Laundering (AML) and Terrorist Financing Prevention

Pursuant to the applicable laws and regulations relating to the prevention of money laundering and the financing of terrorism, the Fund, the Management Company and/or the Administrator must identify the applicant and the

economic origin of the funds to be invested. Such laws and regulations require subscribers to declare to the Fund, the Management Company and/or the Administrator their identity and the identity of any Beneficial Owners of the subscription (as defined below). The Fund, the Management Company and/or the Administrator are required to establish controls to determine the identity of subscribers, beneficial Owners, investor proxies (and any persons on whose behalf they are acting).

Pursuant to the Luxembourg Law of November 12, 2004, as amended on the fight against money laundering and terrorist financing, the Grand Ducal Regulation of February 1, 2010, the CSSF Regulation No 12-02 of December 14, 2012, the applicable CSSF circulars, including but not limited to CSSF Circulars 13/556 of 16 January 2013, 15/609 of 27 March 2015 and 17/650 of 17 February 2017, and EU Directives issued by the European Parliament and Council relating to the prevention of money laundering and terrorist financing, as the above may be replaced or amended from time to time (the "**Anti-Money Laundering Laws**"), obligations have been imposed on all professionals of the financial sector to prevent the use of undertakings for collective investment for money laundering purposes and terrorist financing purposes.

The Administrator will perform the procedure for the identification of Shareholders in accordance with the obligations set forth by the Anti-Money Laundering Laws.

Required documentation

Shares will only be issued once the Fund, the Management Company and/or the Administrator have received a duly completed, original Application Form and Authorized Signatory List, together with cleared subscription monies and any required identification documents (see below). Should a subscriber fail to provide the requested documents or information, the subscription monies or any required identification documents in a form acceptable to the Fund, the processing of the application may be delayed or rejected.

In relation to any application for subscription or redemption, or transfer of Shares, the Fund and/or the Administrator may require at any time such documentation as it/they deem appropriate. Failure to provide such information in a form which is satisfactory to the Fund and/or the Administrator may result in any application or transfer request not being processed. Should documentation not be forthcoming with regard to the return of payments or the redemption of Shares, then such payment may not proceed.

In addition to the Application Form, further documentation will be requested in order to comply with any legal and regulatory requirements. Please see additional details available in Appendix 1.

The list of documents will depend on:

- Entity type: Financial Institution or assimilated (A), Company or assimilated (B), Trust (C), retail investor (D)
- Account risk level determined by the Administrator

In some cases, the applicants are required to supply originals or certified true copies of documents. You may refer to the certification rule in appendix 1

Section 9 - Declarations and legal information

9.1 Politically Exposed Persons

I/we hereby confirm that:

☐ Neither the legal representatives nor the beneficial owner(s), partner, associate or member is/are (a) person(s) who is/are or has/have been entrusted with prominent public functions and/or an immediate family member(s) or person(s) known to be close associates, of such persons entrusted with prominent public functions.

☐ Mr/Mrs/Ms is/are (a) person(s) who is/are or has/have been entrusted with prominent public functions and/or an immediate family member(s) or person(s) known to be close associates, of such persons entrusted with prominent public functions. Please specify the public function or the relationship with such person:

First name and Surname: _____

Place and date of birth: _____

Nationality: _____

Permanent residential address: _____

Official national identification number (where appropriate): _____

Public occupation: _____

9.2 Institutional share class

If we subscribe into an institutional share class (i.e. class H or class I shares) of the Fund, we certify that we check the eligibility of any underlying investor on behalf of whom we act before subscribing in a class H or class I share.

9.3 Employees' identification and screening

☐ Screening and Identification of Employees

We hereby certify that the identity of our employees is verified and screened against sanction lists issued by the relevant Authorities (such as the ones administered by the European Union, the United Nations and the United States Department of the Treasury - Office of Foreign Assets Control).

Would our entity not perform those controls, we commit to declare it below:

☐ We do not perform identification and screening on our employees

We, the MLRO or the Senior Management confirm that the above statements are true and complete.

Authorised Signatory*

Authorised signatory*

Print Name: _____	Print Name: _____
Date: _____	Date: _____
Signature: _____	Signature: _____

9.4 Acknowledgement and Declarations

The Applicant(s) acknowledge(s) that the details set out above are true and correct and the investment in the Fund(s) reflects its/his/her/their wishes accurately.

The Applicant(s) acknowledge(s) that this application is made on the basis of and subject to the current Prospectus of the Fund, a copy of which was offered, received, read and understood by me/us, and to the provisions of the Instrument of Incorporation of the Fund.

The Applicant(s) hereby declare(s) that (i) the Shares are not being acquired in violation of any applicable law or regulation in the jurisdiction in which The Applicant are resident or domiciled, (ii) The Applicant(s) is/are fully informed as to the tax consequences of acquiring, owning and redeeming the Shares in the jurisdiction in which The Applicant(s) is/are resident or domiciled and (iii) the Shares will not be owned beneficially by a person under 18 years of age.

The Applicant(s) declare(s) that I am not/none of us is a United States Person and I am not/none of us is acquiring shares for the account or benefit of any United States Person or with a view to their offer, sale, transfer or delivery, directly or indirectly, in the United States or to or for the benefit of any United States Person (as such a term is defined in the Prospectus).

The Applicant(s) understand(s) that income received and redemptions paid will only be made to the registered shareholders(s).

The Applicant(s) accept(s) that no third party payments will be made.

The Applicant(s) acknowledge(s) that the Fund, the Investment Managers, the Depositary and the Administrator shall be held harmless and indemnified against any loss arising as a result of any acquisition by The Applicant(s) of the Shares in violation of any applicable law or regulation in the jurisdiction in which The Applicant(s) is/are resident or domiciled.

The Applicant(s) acknowledge(s) that due to legislation aimed at combating money laundering in force in Luxembourg, the Administrator will require proof of identity before this application can be processed. The Applicant(s) has/have read and understood the provisions in this Application Form entitled 'Anti-Money Laundering Declarations' and provided the required information and documentation to the Administrator.

The Applicant(s) declare(s) that he/she/they will provide the Fund with any documentation, information, waivers and certifications that the Fund may request concerning or relating to (a) sections 1471 to 1474 of the Internal Revenue Code of 1986 (the 'Code'), as amended, or any associated regulations or other official guidance, (b) any treaty, law, regulation or other official guidance enacted in any other jurisdiction, or relating to an intergovernmental agreement between the United States of America and any other jurisdiction which (in either case) facilitates the implementation of paragraph (a); or (c) any agreement pursuant to the implementation of

paragraph (a) or (b) above with the US Internal Revenue Service, the US government or any governmental or taxation authority in any other jurisdiction (collectively 'FATCA').

The Applicant(s) will notify the Fund within 30 days of the occurrence of any change in circumstances that causes any documentation, information, waiver or certifications provided by the undersigned pursuant to the preceding sentence to be incorrect, obsolete or invalid and (ii) promptly provide corrected information and execute and deliver updated and valid documentation, waivers and certifications upon the occurrence of any change in circumstances described in clause (i) hereof.

The Applicant(s) hereby give(s) the Funds and Northern Trust Global Services SE, acting in its capacity as Administrator of the Fund, the instruction to provide the Fund with their shareholding positions in the Fund together with their complete name and details on a regular basis. The Applicant(s) kindly ask(s) the Fund and Northern Trust Global Services SE to provide such reporting on the frequency determined by The Fund from time to time until such time as any written instruction to the contrary is provided from The Applicant(s).

The Applicant(s) acknowledge(s) that the Shares have not been and will not be registered under the 1933 Act or any United States State Securities Laws.

The Applicant(s) hereby declare(s) that unless The Applicant(s) has/have received the prior written consent of Northern Trust Global Services SE, the Shares are not being acquired directly or indirectly in the United States or by (or for the benefit of) a US Person (as defined in the prospectus).

The Applicant(s) hereby understand(s) that, Shares will be issued in non-certificated form, and a holder number will be allocated to The Applicant(s) on the contract note issued by the Administrator and The Applicant(s) must quote this number on all correspondence with the Administrator which shall not act upon any instruction unless it contains such holder number.

The Applicant(s) further understand(s) that the Administrator is authorized to accept and execute any instructions given by facsimile or otherwise in writing in respect of such Shares irrespective of the amount and, in the case of transfers, of the name or signature of the transferee and the Administrator shall not be required in any such case to require proof of identity, but shall be entitled to accept The Applicant(s) holder number as proof of authenticity.

The Applicant(s) understand(s) that the Fund has issued a key investor information document ('KIID'), per Share Class. The Applicant(s) acknowledge(s) that the most up-to-date version of the KIIDs can be obtained from the website of the Fund and consent to being provided with the KIIDs in this form via the website. The Applicant(s) acknowledge(s) and confirm (s) that, once the KIIDs have been issued, The Applicant(s) has/have had the opportunity to receive, read and understand the relevant KIID(s) prior to making any application for Shares in the Fund.

The Applicant(s) confirm(s) that he/she/they has/have read and understood the information contained in this Application Form and request the Administrator to act in accordance with The Applicant(s)'s instructions. The Applicant(s) confirm(s) that this application is made in accordance with the terms set out in the Prospectus and KIID for the relevant Share Class.

The Applicant (s) acknowledge(s) and agree(s) that an investment in the Fund should be regarded as long term in nature and should form only part of a balanced investment portfolio – it is only suitable for experienced investors who appreciate the risks involved. The Applicant(s) may not recoup the amount originally invested.

Without prejudice to the provisions of the Privacy Notice referred to under Sections 5 and 6 of this Application Form, the Applicant(s) acknowledge(s) and agree(s) that any confidential information provided to the Fund, the Investment Managers shall be kept confidential by the Fund, Investment Managers and shall not be disclosed to any third party unless (i) required by law or by any court of law or by any regulatory authority; (ii) required in connection with any investment (or potential investment) made or to be made by the Fund (including but not limited to requirements to disclose the identity and/or holding of any investor as a precondition of the Fund making an investment); or (iii) with the prior consent of such investor (such consent not to be unreasonably withheld or delayed). Confidential information shall mean information in relation to an investor's name, citizenship, residency, financial information, ownership or control (both direct and indirect), information in relation to its holding in the Fund.

The Applicant(s) acknowledge(s) that where Shares are issued to and held within a recognized clearing and settlement system, The Applicant(s)'s name will not appear on the Fund's Register. The Applicant(s) Shares will be held in a nominee capacity that may differ depending on the arrangements the Fund has made with the specific recognized clearing and settlement system.

The Applicant(s) acknowledge(s) that he/she/they may, in such case, not be able to fully exercise their rights directly against the Fund.

Section 10 – Applicable law and Jurisdiction

10.1. Declaration

This Subscription Form shall be enforced, governed and construed in all respects in accordance with the laws of the Grand-Duchy of Luxembourg. Any dispute, controversy or claim arising out of or relating to this Subscription Form shall be submitted to the jurisdiction of the courts of the district of Luxembourg-City.

The following forms of identification and verification need to be provided. Documents will need to be certified by an Embassy, Notary Public, Solicitor or an authorized representative within an acceptable banking institution.

Section 11 – SIGNATURE(S)

IMPORTANT INFORMATION

Please note we strongly advise all investors to read and consider the current Prospectus before completing this application form. In order to comply with money laundering legislation, the Fund and the Administrator reserve the right to request applications for shares to provide proof of identity and origin of monies being invested. Where it is necessary for us to hold money on your behalf, we will do so in a segregated client account without paying interest.

By signing below the Applicant hereby (i) states all of the representations, warranties and covenants made in this application are true and correct, (ii) represents and warrants.

By executing this application form, all executing parties expressly and formally acknowledge all provisions and disclosures relating to the processing of personal data which are contained or referenced in this application form and the Privacy Notice, and in particular all provisions of sections 5 and 6 of this application form and having received and/or having been given easy access to the Privacy Notice, a current version of which accompanies this application form or will be provided to the email address mentioned in Section 1.1 or Section 1.8 or Section 2.

All investors must sign here:

Authorised Signatory	Authorised signatory
Print Name: _____	Print Name: _____
Date: _____	Date: _____
Signature: _____	Signature: _____
Authorised Signatory	Authorised signatory
Print Name: _____	Print Name: _____
Date: _____	Date: _____
Signature: _____	Signature: _____

APPENDIX 1 - Customer due diligence requirements per entity type

The section below details the documents (and their format: simple copy, Original or Certified True Copy ("CTC")) required by the administrator in order to make your account compliant to applicable laws and regulations. The list of documents depends on:

- **Entity type:** Financial Institution or assimilated (A), Company or assimilated (B), Trust (C), retail investor (D)
- **Account risk level determined by the administrator risk analysis:**

The level of risk depends on a combination of factors such as your country of residence, sector of activity, if the entity is regulated and/or listed, etc. Our analysis is based on the information provided to the administrator AML specialists.

Due Diligence applicable to your account

The administrator invites you to provide us with the set of documents under "**STDD - Standard Due Diligence**" of your entity type. We draw your attention on the fact that the risk level of your account may evolve until full completion of the documentation analysis. Would your risk level be considered as higher during our review, we would require additional information and/or documents to comply with the **Enhanced Due Diligence (EDD) requirements**.

Simplified Due Diligence (SDD) -Would you think that a SDD could be applied to your account, please make sure you get the formal approval from the administrator before providing us with the SDD pack of documents.

Power of Attorney (POA)

Any entity authorizing a third party to act on its account will provide the administrator with a duly dated and signed document, detailing the power of the third party. Any **third party** authorized to act on an account will also be invited to provide the administrator with a full pack of documentation based on its entity type and risk level.

Financial Institution, Nominee Company, Collective Investment Scheme ('CIS'), Pension Scheme (regulated, not regulated, including Trust Pension Schemes) and any other financial company (i.e. Central Bank, Insurance, etc.)

A. Financial Institution, Nominee Company, Collective Investment Scheme ('CIS'), Pension Scheme (regulated, not regulated, including Trust Pension Schemes) and any other financial company (i.e. Central Bank, Insurance, etc.).

Documents to provide to NTLMC	SDD	STDD	EDD
- (AF) application Form	Copy	Original	Original
- (ASL) authorized Signatures List (dated, certified by 2 auth. persons)	CTC – Original	CTC – Original	CTC – Original
- Valid ID (+ proof of address if EDD) for the AF signatories	n/a	Copy	CTC – Original
- Valid ID (+ proof of address if EDD) for the Deal signatories	n/a	Copy	CTC – Original
- Valid ID (+ proof of address if EDD) for Settlor & Trustee	n/a	Copy	CTC – Original
- (DDQ) Due Diligence Questionnaire	Copy	Copy	Original
- Valid ID of Beneficial Owner	n/a	>25% Copy	>10% Orig.

- Source of wealth (in AF or DDQ)	info	info	Evid – Orig
- (CRS / FATCA) Tax Self Certification Form	Copy	Copy	Copy
- Extract from Commercial Register or certificate of Inc.	n/a	Copy	CTC – Original
- Latest statutes, articles or equivalents	n/a	Copy	CTC – Original
- Evidence of regulation	Copy	Copy	Copy
- Wolfsberg Questionnaire	Copy	Copy	Copy
- AML Letter	n/a	n/a	CTC – Original
- Settlement Instructions (SSI's)	Copy	Copy	CTC – Original
Financial institution (when investing on its own behalf)			
- Valid ID of Beneficial Owner (if private person)	>25% Copy	>25% Copy	>10% CTC
- Financial report	n/a	n/a	CTC – Original

Parent Company:

When the entity is not regulated but fully owned and controlled by a regulated financial institution in an Equivalent Jurisdiction, please provide NTLMC with the following documents for the mother/ parent company:

- Parent Company letter (signed by Compliance officer)	Copy
- (ASL) Authorized Signatures List (dated, certified by 2 auth. persons)	CTC – Original
- Evidence of regulation	Copy

B. Commercial Company (Non Listed or Listed on a Recognized Stock Exchange), Foundation or similar entity, Club, Association, Party Government, Public body in a Prescribed Country

Documents to provide to NTLMC	SDD	STDD	EDD
- (AF) Application Form	Original	Original	Original
- (ASL) Authorized Signatures List (dated, certified by 2 auth. persons)	CTC – Original	CTC – Original	CTC – Original
- Valid ID (+ proof of address if EDD) for the AF signatories	n/a	Copy	CTC – Original
- Valid ID (+ proof of address if EDD) for the Deals signatories	n/a	Copy	CTC – Original
- (DDQ) Due Diligence Questionnaire	Copy	Copy	Original
- Valid ID of Beneficial Owner	n/a	>25% Copy	>10% Orig.
- Source of Wealth	Info	Info	Evid – CTC Orig.
- (CRS / FATCA) Tax Self Certification Form	Copy	Copy	Copy
- Extract from Commercial Register, certificate of Inc.	Copy	Copy	CTC – Original
- Latest statutes, articles or equivalents	n/a	Copy	CTC – Original
- Settlement Instructions (SSI's)	Copy	Copy	CTC – Original
Listed Company only			
- Evidence of listing	Copy	Copy	Copy

- Assessment on the floating rate	Copy	Copy	Copy
Foundation or similar entity, Club, Association, Party only			
- Financial report	n/a	n/a	CTC – Original

C. Trust (patrimonial, other)

Documents to provide to NTLMC	STDD	EDD
- (AF) Application Form	Original	Original
- (ASL) Authorized Signatures List (dated, certified by 2 auth. persons)	CTC – Original	CTC – Original
- Valid ID (+ proof of address if EDD) for the AF signatories	Copy	CTC – Original
- Valid ID (+ proof of address if EDD) for the Deal signatories	Copy	CTC – Original
- Valid ID (+ proof of address if EDD) for Settlor & Trustee	Copy	CTC – Original
- Valid ID (+ proof of address if EDD) for Protector	Copy	CTC – Original
- (DDQ) Due Diligence Questionnaire (in the name of the Trust)	Copy	Original
- Valid ID of Beneficial Owner	>25% Copy	>10% - CTC
- Source of Wealth	Info	Evid – CTC Orig.
- (CRS / FATCA) Tax Self Certification Form	Copy	Copy
- Evidence of regulation (if applicable)	Copy	Copy
- Trust deed / Constitution document	Copy	CTC – Original
- Extract from register of Trust / Trustees (if available)	Copy	CTC – Original
- Financial Report (if applicable)	n/a	CTC – Original
- Settlement Instructions (SSI's)	Copy	CTC – Original

D. Retail Investor – Natural Person

Documents to provide to NTLMC	STDD	EDD
- (AF) application Form	Original	Original
- Valid ID of the Applicant	Copy	CTC – Original
- Proof of address of the Applicant	Copy	CTC – Original
- (DDQ) Due Diligence Questionnaire	Copy	Original
- Valid ID of Beneficial Owner	Copy	CTC
- Source of Wealth	Info	Evid – Orig.
- (CRS / FATCA) tax Self Certification Form for Beneficial owner	Copy	Copy
- (SSI's) Settlement Instructions	Copy	CTC – Original

Guidelines, explanations and frequently asked questions

List of Authorized Signatures, power/regime and specimen of signature

Please provide a complete list of authorized signatures which will include the exhaustive list of persons who may sign for the entity, the global regime of signature of the entity or, by default, the specific power of signature of each individual included in the list and a specimen of their signature.

Ideally the document will be an official booklet edited by the company or an original or a CTC document. In case of a simple copy, this document must be dated, stamped with the official stamp of the company and certified by two authorized persons of the company who can be readily identified by the administrator (e.g. persons mentioned in company statutes or present in an old version of the company signatures list). Those two persons cannot be the signatories of the AF and / or any deal.

Certification rules – Original Documents

1. Certification by an independent professional

Unless otherwise in some specific cases and confirmed on a case by case basis, the administrator will always require original documents or certified true copies of documents, provided that they have been certified by an independent professional person such as the following: Sworn Lawyer / Solicitor (a firm will not be accepted) / Public Notary / Embassy, Consulate, Public Administration / Commissioner of oaths / Professional of the Financial Sector (PFS) regulated in a low risk country / Chartered Accountant

2. Self-certification

For internal documents of the entity (e.g. Financial reports), the administrator may accept self-certification performed by a duly authorized person for whom the administrator can identify the signature. Self-certification will be accepted only in case of a Simplified Due Diligence (SDD) or a Standard Due Diligence (STDD), not for an Enhanced Due Diligence (EDD).

3. Required information

For the certified documentation to be accepted, the following must all be clearly stated by the certifier:

- Full Name and Signature in wet ink of the individual certifying the document
- Name (and address if possible) or company stamp of the organization for which the individual works, including his position
- Date the certification was performed.
- The statement that "I certify that this is a complete and accurate copy of the original"

Settlement Instructions (SSI's) - Bank Statement

The entity will provide the administrator with a full list of bank accounts to which cash proceeds will or are likely to be paid during the period of the investment. This list will ideally be an official booklet of SSI's or on entity's letterhead or else clearly stated on the Application Form. For an entity, a formatted list duly signed by authorized persons of the entity will be accepted, as long as it includes the information stated below, but for a retail investor, a bank statement will be required. **Beneficiary** (Complete Name, Beneficiary account number / IBAN) - **Beneficiary BANK** (Complete name and address, Account of the Beneficiary bank with its correspondent when applicable, SWIFT/ABA (US) /SORT (GB) code - **Correspondent of the Beneficiary Bank** (Complete name and address, SWIFT code (and/or Sort code / ABA code when applicable)

Identification documents (ID card – Passport) and verification

When verifying the investor's identity, the administrator may require passports or national ID. These documents must be current (i.e. unexpired) and valid on the date of the initial investment made by the investor.

Proof of address (documents accepted)

When indicated in the requirements, the administrator will need to verify the residence of the investor (or any related party) on the basis of documents or information obtained from a reliable and independent source. Documentation or information will be accepted by the administrator where the administrator has reasonable grounds to believe that such documents or information can be relied upon to confirm the residence of the investor.

P.O. Boxes are not considered as a physical residence. Utility bills and phone bills are example.

APPENDIX 2 - GLOSSARY CRS

Note: These are selected definitions provided to assist you with the completion of the Tax Self-Certification form. Further details can be found in the Directive 2014/107/EU of 9 December 2014 “as regards to mandatory automatic exchange of information” and in the OECD Standard for Automatic Exchange of Financial Account Information (“OECD Common Reporting Standard, CRS”)

“Account Holder”

The “Account Holder” is the person listed or identified as the holder of the Debt or Equity Interest. This is regardless of whether such person is a flow-through Entity.

A person, other than a Financial Institution, holding a Debt or Equity Interest for the benefit or account of another person as agent, custodian, nominee, signatory, investment advisor, or intermediary, is not treated as holding the account, and such other person is treated as holding the account.

“Financial Institution”

The term “Financial Institution” means a “Custodial Institution”, a “Depository Institution”, an “Investment Entity”, or a “Specified Insurance Company”. Please see the relevant domestic guidance and the CRS for further classification definitions that apply to Financial Institutions.

“Resident for tax purposes”

Generally, a Person will be resident for tax purposes in a jurisdiction if, under the laws of that jurisdiction (including tax conventions), it pays or should be paying tax therein by reason of his domicile, residence, place of management or incorporation, or any other criterion of a similar nature, and not only from sources in that jurisdiction.

“TIN” (including “functional equivalent”)

The term “TIN” means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a “functional equivalent”). Examples of that type of number include, for individuals, the social security number.