

APPLICATION FORM

ASGARD-STENO GLOBAL MACRO FUND ("THE FUND")

A SUB-FUND OF ASGARD FUND ICAV (THE "ICAV")

The administrator of the ICAV is SS&C Financial Services (Ireland) Limited (the "**Administrator**")

This Application Form is for client(s) investing a lump sum into the above Fund.

Please complete this form and return it completed and signed together with the relevant Anti-Money Laundering documentation ("**AML**") to:

SS&C Financial Services (Ireland) Limited

Bishop Square

Redmond's Hill

Dublin

D02 TD99

Ireland

Telefax: + 1 914 729 9523

Telephone: + 353 1 622 5025

Email Enquiries: Asgard_StenoGM.IR@sscinc.com

Investor information:

Entity: Individual ☐ Corporate/Nominee ☐ Intermediary ☐

Other (Specify)

Personal Details:

First Applicant:

Title: Account Designation (If required):

First name(s):

Surname:

Permanent Address:

Postcode:

Telephone Number:

Email Address:

Tax Identification Number*:

Second Applicant Joint Holder:

Title: Account Designation (If required):

First name(s):

Surname:

Permanent Address:

Postcode:

Telephone Number:

Email Address:

Tax Identification Number*:

**For UK Investors this will be your National Insurance Number. For Danish Investors this will be your CPR number*

Investor Bank Account Details:

(Intermediary Details only if applicable)

Intermediary Bank Name:

Intermediary Bank SWIFT:

Beneficiary Bank A/c No. at Intermediary:

Beneficiary Bank Name:

Beneficiary Bank SWIFT / Routing Code:

Ultimate Beneficiary Account Name:

Ultimate Beneficiary Account No./IBAN:

If required: Reference/Payment Details:

If required: Sort Code:

NB: Subscription monies must come from the account detailed above and the account should be in the name of the Shareholder. Redemption monies will be paid to the account above. No Third Party payments will be made.

Important Notice:

In addition to the above details all investors will be required to submit identifying documents when making an initial subscription. Please refer to Appendix I.

All defined terms herein shall have the same meaning attributed to them as in the ICAV's Prospectus and Fund Supplement, as may be amended from time to time (collectively the "Prospectus") unless otherwise indicated.

SUBSCRIPTION FORM

The completed Application Form should be sent to the Administrator by facsimile to +1 914 729 9523 or via email to ISTradedesk@sscinc.com.

The completed Application Form and cleared subscription monies must be received no later than 5 pm (Irish time) on the Business Day being at least two Business Days prior to the relevant Subscription Day (or in exceptional circumstances, such later time as any one Director may from time to time permit provided that all Shareholders will be permitted to submit an Application Form for Shares up to such later time and provided further that Application Forms will not be accepted after the Valuation Point).

For initial subscriptions the original Application Form must follow by post. Applications received after such time will be held over until the following Dealing Day.

No subscription of shares can be made until all documentation has been received by the Administrator and all necessary anti-money laundering checks have been completed.

I/We, having received and read a copy of the Prospectus and the Instrument of Incorporation of the ICAV, wish to invest in Shares in the Fund as indicated in the table below:

A) INVESTOR

Shareholder/Client Name:	
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For Initial Subscriptions please complete the Registration Details section of the Application Form.

B) TRADE DETAILS

Requested trade date (dd/mm/yy) _____

Class	CCY	Distributing?	ISIN	Minimum Initial Investment	Minimum Subsequent Investment	Minimum Holding Amount	Investment Amount	Investment Amount in Words
A	EUR	No	IE000JYE20J2	€100,000	€1,000	€100,000		
B	EUR	No	IE000C9X2MJ1	€10,000,000	€1,000,000	€ 10,000,000		
C	USD	No	IE000CZ7D5Q7	USD equivalent of €100,000	\$ 1,000	EUR equivalent of €100,000		
D	USD	No	IE000GJ16W81	USD equivalent of €10,000,000	\$ 1,000,000	USD equivalent of € 10,000,000		
E	DKK	No	IE000MA9JQC6	DKK equivalent of €100,000	DKK 10,000	DKK equivalent of € 100,000		

C) PAYMENT DETAILS

Cleared subscription monies must be received no later than 5:00 pm (Irish time) on the Business Day being at least two Business Days immediately prior to the relevant Subscription Day or in exceptional circumstances, such later time as any one Director may from time to time permit as detailed in the Prospectus.

Please note with care the corresponding details below.

Euro Settlement Instructions

Intermediary Bank:	Barclays Bank PLC, Frankfurt
Swift:	BARCDEFF
Beneficiary Bank:	The Northern Trust International Banking Corporation, New Jersey
Beneficiary Bank Swift:	CNORUS33
Beneficiary Account Number:	0210472800
Account number	665661 20019
Account name:	Asgard Fund ICAV - Asgard-Steno Global Macro Fund EUR

USD Settlement Instructions

Beneficiary Bank:	The Northern Trust International Banking Corporation, New Jersey
Beneficiary Bank Swift:	CNORUS33
Fedwire ABA:	026001122
CHIPS ABA:	0112
Account number	329037 20010
Account name:	Asgard Fund ICAV - Asgard-Steno Global Macro Fund USD

DKK Settlement Instructions

Intermediary Bank:	Nordea Bank A/S, Copenhagen
Swift:	NDEADKKK
Beneficiary Bank:	The Northern Trust International Banking Corporation, New Jersey
Beneficiary Bank Swift:	CNORUS33
Beneficiary Account Number:	5000021034
Account number	665679 20019
Account name:	Asgard Fund ICAV - Asgard-Steno Global Macro Fund DKK

D) AUTHORISATION

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Position (only if signing on behalf of the beneficial owner): _____

Date: _____ Date: _____

I/We request that the Shares issued pursuant to this Application Form are registered in the name and address set out above.

I/We note that by completing this Application Form, I/we are providing personal data to the ICAV for the purposes of applying for Shares in the ICAV. I/We have seen and reviewed the Data Privacy Notice in this Application Form for further information.

In respect of Joint applicants only - We direct that on the death of one of us the Shares for which we hereby apply be held in the name of and to the order of the survivor or survivors of us or the executor of such survivor or survivors.

Authorised Signatories

To be valid, the Application Form must be signed by each applicant. In the case of a partnership/firm the Application Form should be signed by all the partners/proprietors. In the case of a corporation, the Application Form should be executed under seal or signed by a duly authorised signatory provided that a certified copy of the authority authorising the signatory and an authenticated list of signatories accompanies the application. If this application is signed under power of attorney, such power of attorney or a duly certified copy thereof must accompany this Application Form.

Authorised Signatories (to be completed by all investors)

The Fund and the Administrator are authorised to act on the written instructions of any person listed below until further notice.

Name	Signature
1.
2.
3.

TERMS AND CONDITIONS

1. GENERAL

1.1 These Terms and Conditions relate to the subscription of Shares in the Fund and the applicant(s) agree(s) to be bound by these Terms and Conditions and the Prospectus.

1.2 The ICAV and the Administrator reserve the right to reject any application in whole or in part which is not completed in full and supported by the documentation requested and cleared monies, or for any other reasons at their sole discretion. Failure to attach all documentation requested may result in a delay in the transaction being processed.

1.3 The ICAV and the Administrator reserve the right to request additional information and documentation, including but not limited to, translations and certifications relating to such additional requests from the applicant(s) and existing investors in compliance with legislation and regulations in force from time to time.

2. PREVENTION OF MONEY LAUNDERING

2.1 You (the “Investor”) must complete this Anti-Money Laundering Supplement (“**AML Supplement**”) set out in Appendix I in order to become an Investor in the Fund. Your Application Form will be deemed incomplete, and you will not be deemed an Investor in the Fund, regardless of whether you have already wired funds, until all of the required documentation for your investor type is received and deemed to be in good order. A delay in providing documentation can result in delayed processing of the application and/or delayed payment of any future redemption proceeds being paid. The Fund and/or the Administrator reserve the right to request additional documentation from time to time.

2.2 Enhanced Due Diligence is required to be applied to investors who are Politically Exposed Persons (“**PEPs**”) or in any other such circumstance as the Fund or Administrator may deem. For example, the Administrator will require additional information where the investor is a PEP or, in other cases, in order to disregard the investor as a possible PEP.

2.2 All applicants understand that due to the changing nature of anti-money laundering laws and regulations and the possible extensions of applicable rules, the ICAV and the Administrator may update and amend its procedures from time to time to comply with such amendments.

2.3 In compliance with applicable anti-money laundering rules and regulations, the ICAV and the Administrator may require further identification of the applicant(s) or an existing investor before the application can be processed, any transfer of shares can be made or any redemption proceeds can be paid out. Note that no redemption proceeds will be paid out until the Administrator is in receipt of the original Application Form, the redemption request and all supporting documentation including all necessary anti-money laundering documentation which may be requested by the Administrator.

2.4 Subscription monies from a third party will not be accepted. Redemption proceeds cannot be paid other than to the account of record as detailed above.

2.5 In accordance with the Prospectus, any failure to supply the ICAV or the Administrator with any documentation requested by them for anti-money laundering purposes, as described above, may result in a delay in the settlement of redemption proceeds or dividend payments. In such circumstances, the Administrator may process any redemption request received by a Shareholder and by doing so that investor is no longer considered a Shareholder. Accordingly, Shareholders should note that any redemption proceeds and any sums payable by way of dividend being paid out by a Sub-Fund and held for any time in the Collection Account shall remain an asset of the relevant Sub-Fund. In the event of the insolvency of the ICAV or the relevant Sub-Fund, the Shareholder will rank as an unsecured creditor of the relevant Sub-Fund until such time as the Administrator is satisfied that its anti-money-laundering procedures have been fully complied with, following which redemption proceeds will be released or the dividend paid (as applicable) to the relevant Shareholder. Accordingly, Shareholders are advised to promptly provide the ICAV or Administrator (as appropriate) with all documentation requested to reduce the risk in this scenario.

2.6 In accordance with the Prospectus, the Directors are given broad powers to compulsorily redeem Shares including in circumstances where their ownership gives rise to a breach of any applicable law or requirement in any jurisdiction, or may, in the sole and conclusive opinion of the Directors cause the ICAV or its Shareholders to suffer any legal, regulatory or material administrative disadvantage, or where the Directors in their sole discretion consider it to be in the best interests of the ICAV and the Shareholders to do so – these circumstances giving rise to compulsory redemption of Shares may include any failure to supply the ICAV or the Administrator with any documentation requested by them for anti-money laundering purposes.

3. JOINT APPLICANTS

3.1 If more than one person is named in a single Application Form, all applicants will be considered as joint applicants. As such, they authorise the ICAV and the Administrator to act and rely on the signed or purportedly signed instructions of any one of the applicants without liability with respect to any transfer, payment or other act made or done or omitted to be done in accordance with such instructions.

3.2 The different joint holders shall determine between them, by separate agreement, the rights of any joint account holder on the account. The ICAV and the Administrator may at any time request each joint account holder to inform it about this determination. Under no circumstances can the knowledge that the ICAV and the Administrator has about the distribution of assets between the account holders of a joint account be used against the ICAV or Administrator in any way.

3.3 The applicants hereby confirm that upon the death of any of the undersigned, this individual signatory power will continue to be in force the ICAV and the Administrator may rely and act without liability on any instruction including the transfer or redemption of the Shares signed by the survivor(s) unless the ICAV or the Administrator has been informed in writing of the contrary.

3.4 Unless otherwise advised in writing, all notices and communications shall be addressed and all payments directed to the first applicant specified on page 1 of the present Application Form (the **"First Applicant"**).

4. POWER OF ATTORNEY

Where a Power of Attorney Form is required, a certified copy must be provided, and such Power of Attorney Form shall form an integral part of these Terms and Conditions.

5. APPLICATION BY A PERSON UNDER THE AGE OF 18 YEARS OLD

No person under the age of 18 may apply for Shares in the ICAV.

6. INDEMNITY

6.1 The applicant(s) will indemnify upon first demand the ICAV and the Administrator and any other delegates against any actions, proceedings, claims, losses, damages, costs and expenses, subject to a maximum of the value of the applicant's total investment in the ICAV, which may be brought against, suffered or incurred by them arising either directly or indirectly out of or in connection with a breach by the applicant(s) of these Terms and Conditions or out of anything done or omitted by the ICAV or the Administrator pursuant to any instructions given by fax or out of the ICAV or Administrator relying on, accepting or failing to act on any instruction or declaration or information given by or on behalf of the applicant(s) unless due to the wilful default, negligence or fraud of the ICAV or the Administrator.

6.2 The ICAV will indemnify the applicant for direct damages solely to the extent of its negligence, wilful misconduct or fraud. The ICAV will in no way indemnify indirect or consequential damages suffered by the applicant(s).

6.3 Fax and e-mail indemnity: Instructions may initially be sent by fax or e-mail. Redemptions and dividends will be processed on receipt of fax or e-mail instructions. The Administrator is authorised to act on any fax or e-mail instructions without verification which it in its sole discretion believes emanates from a Shareholder and it shall not be liable for and will not be liable for any failure in acting on any of the instructions by reason of breakdown, delay or failure of transmission or communication facilities or breakdown of or error in transmission or communication for any other reason, unless due to the Administrator's wilful default, negligence or fraud.

6.4 Each applicant for Shares acknowledges that fax is not a secure means of communicating with or giving instructions to the Administrator and confirms that he/she is aware of the risks involved in communicating in this way and that a request to act on any instruction given by fax is for his/her convenience only and he/she hereby indemnifies the Administrator against any claims and hold it harmless from all actions, proceedings, claims, loss, damage, costs (including without limitation, interest and legal fees), charges and expenses subject to a maximum of the value of the applicant's total investment in the ICAV which may be brought against it or suffered or incurred by it and which shall have arisen either directly or indirectly out of or in connection with it accepting Instructions by fax and acting thereon, unless due to the wilful default, negligence or fraud of the ICAV or the Administrator.

6.5 Each applicant hereby undertakes to immediately send the Administrator the original of the Application Form, and acknowledges that the non-receipt by the Administrator of such written confirmation shall in no way invalidate the authority or indemnity provided by the Shareholder.

7. DATA PRIVACY NOTICE

In accordance with the General Data Protection Regulation (697/2016/EU) (the "**GDPR**") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2003) (collectively, "**Data Protection Legislation**"), the ICAV being the data controller for the purposes of this application to subscribe for Shares in the ICAV, must provide you with information on how the personal data that you provide as part of your application to subscribe for Shares will be processed.

Where your details are provided to the ICAV as a consequence of your investment in the ICAV, then the ICAV, acting as a data controller may itself (or through a third party such as the Administrator (acting in its capacity as the ICAV's administrator) process your personal information or that of your directors, officers, employees and/or beneficial owners. In connection with this, please note the following:

A. Contact details

The ICAV, as data controller, has appointed the Administrator as a data processor. The ICAV can be contacted at the following address:

Asgard-Steno Global Macro Fund, a sub-fund of Asgard Fund ICAV

Asgard Asset Management A/S

Landgreven 3,1.tv

DK-1301

Copenhagen K

Denmark

Telephone: + 45 2941 2721

Email: info@stenoglobalmacro.com

B. Purposes of processing and legal basis for processing

The personal data collected from you or provided by you or on your behalf in connection with your application for Shares may be processed by the ICAV or the Administrator (or any of their affiliates, agents, employees, delegates or sub-contractors) for the following purposes:

Performance of the contract

- (a) to facilitate the opening of your account with the ICAV, the management and administration of your holdings in the ICAV and any related account on an on-going basis (the "**Services**") which are necessary for the performance of your contract with the ICAV, including without limitation the processing of redemption, conversion, transfer and additional subscription requests and the payment of distributions;
- (b) to update and maintain records and fee calculation;
- (c) circulating periodic reports relating to the ICAV.

Compliance with a legal obligation

- (a) in order to carry out anti-money laundering checks and related actions which the ICAV considers appropriate to meet any legal obligations imposed on the ICAV relating to the prevention of fraud, money laundering, terrorist financing, bribery, corruption, tax evasion and to prevent the provision of financial and other services to persons who may be subject to economic or trade sanctions, on an on-going basis, in accordance with the ICAV's and the Administrator's anti-money laundering procedures;
- (b) to report tax related information to tax authorities in order to comply with a legal obligation.

Pursuing the legitimate interests of the ICAV including:

- (a) in relation to the prevention of fraud, money laundering, terrorist financing, bribery, corruption, tax evasion and to prevent the provision of financial and other services to persons who may be subject to economic or trade sanctions, on an on-going basis, in accordance with the ICAV's and the Administrator's anti-money laundering procedures;
- (b) carrying out statistical analysis and market research;
- (c) recording, maintaining, storing and using recordings of telephone calls that you make to and receive from the ICAV, the Administrator, or the AIFM and their delegates or duly appointed agents and any of their respective related, associated or affiliated companies for (i) processing and verification of instructions, (ii) investigation and fraud prevention purposes, (iii) for crime detection, prevention, investigation and prosecution, (iv) to enforce or defend the ICAV and its affiliates' rights itself or in order to comply with any legal obligation imposed on the ICAV, (v) to pursue the ICAV's legitimate interests in relation to such matters or (vi) where the processing is in the

public interest;

- (d) to monitor and record calls for quality, business analysis, training and related purposes in order to pursue the legitimate interests of the ICAV to improve its service delivery;
- (e) to disclose information to other third parties such as service providers of the ICAV, auditors, regulatory authorities and technology providers;
- (f) to retain AML and other records of individuals to assist with the subsequent screening of them by the Administrator including in relation to other funds or clients of the Administrator in pursuance of the Administrator's and its clients' legitimate interests.

Please note that where personal data is processed for purposes of legitimate interests, you have a right to object to such processing and the ICAV will no longer process the personal data unless the ICAV can demonstrate compelling legitimate grounds for the processing which override your interests, rights and freedoms or for the establishment, exercise or defence of legal claims.

Consent

Your consent is not required to process your personal data for the purposes referenced above. However, in order to process your personal data for the purposes of direct marketing, the ICAV seeks your consent. Please see the section below which deals exclusively with consent for that purpose.

C. Consent to Direct Marketing

From time to time, one or more of the ICAV and/or its delegates (which may include, without limitation the AIFM and the Depositary may send you information about other products and services that they offer by letter, by telephone, by email or by other reasonable means of communication. You have a right not to receive such information.

If you consent to receive such information and/or marketing material, **please tick (I) here**

☐

You have a right to withdraw this consent at any time. However, your withdrawal of consent will not affect the lawfulness of processing based on consent before its withdrawal. You can withdraw your consent by contacting the ICAV c/o the Administrator at the address above. You also have a right object to the processing of your personal data for direct marketing purposes.

D. Profiling and Screening

The ICAV and its appointed data processors engage in OFAC and politically exposed person screening for the purposes of complying with anti-money laundering and counter terrorist financing legislation and with UN, EU and other applicable sanctions regimes.

E. Disclosures to Data Processors and / or Third Parties

The ICAV may disclose your personal information as follows:

- (a) to third parties identified in the Prospectus and to entities that are companies within the same group of companies as such third parties in order to process the data for the above mentioned purposes. These third parties will handle your information in accordance with applicable Data Protection Legislation;
- (b) to other third parties such as the auditors to the ICAV or agents of the Administrator who process the information for anti-money laundering purposes or for compliance with foreign regulatory requirements; and
- (c) to competent authorities (including tax authorities), courts and bodies as required by law or requested or to affiliates for internal investigations and reporting.

F. Transfers Abroad

The disclosure of personal information to the third parties set out above may involve the transfer of data to other jurisdictions outside the European Economic Area (EEA) in accordance with the requirements of the GDPR. Such countries may not have the same data protection laws as your jurisdiction. The ICAV has authorised the Administrator

as its agent to put in place Standard Contractual Clauses with relevant parties to whom personal data will be transferred. Please contact the Administrator for copies of the Standard Contractual Clauses that have been entered into on behalf of the ICAV.

G. Retention period

The ICAV and the Administrator will retain your personal information for as long as required for the ICAV or the Administrator to perform the Services or perform investigations in relation to same depending on whether additional legal/regulatory obligations mandate that the ICAV retains your personal information.

H. Your data protection rights

Please note that you have the following rights under the GDPR in relation to your personal information. In each case, the exercise of these rights is subject to the provisions of the GDPR:

- (a) You have a right of access to and the right to amend and rectify your personal data.
- (b) You have the right to have any incomplete personal data completed.
- (c) You have a right to lodge a complaint with a supervisory authority, in particular in the Member State of your habitual residence, place of work or place of the alleged infringement if you consider that the processing of personal data relating to you carried out by the ICAV infringes the GDPR.
- (d) You have a right to request that your personal information is erased (in certain specific circumstances).
- (e) You have a right to restrict processing (in certain specific circumstances).
- (f) You have a right to data portability (in certain specific circumstances).
- (g) You also have the right to object to processing where personal data is being processed for marketing purposes and also where the ICAV is processing personal data for legitimate interests.

I. Failure to provide personal data

The provision by you of personal data, as outlined in the section above titled "Purposes of processing and legal basis for processing" is required for us to accept your subscription application and manage and administer your holdings in the ICAV and so that we can comply with the legal, regulatory and tax requirements referenced above. Where you fail to provide such personal data we will not be able to accept your application or to the extent that we do accept your application and the required personal data is not provided within the specified timeframe we may be required to discontinue our business relationship with you.

8. SUBSCRIPTION ORDERS

Upon receipt of the completed Application Form and the full subscription amount, the Administrator will issue Shares in the Fund in the name of the applicant(s).

9. ELECTRONIC DELIVERY OF REPORTS AND OTHER COMMUNICATIONS

9.1 All notices, reports, statements, documents and communications sent to the address of the first applicant are deemed to have been effected to all the applicants on the date sent to the first applicant's address.

9.2 The applicant(s) shall check the accuracy of the details contained in the contract note and statements of accounts sent by the Administrator. Failure to report any inaccuracy within 30 business days of their dispatch will result in the confirmation details to be deemed accurate by the applicant(s).

10. LATE TRADING AND MARKET TIMING

The Administrator shall not permit transactions which it knows to be nor has reason to believe to be related to late trading or market timing practices and shall report those transactions to the AIFM. NOTE: Investment in the Fund is intended for medium to long-term purposes only. Excessive, short-term (or market timing) or other abusive trading practices may disrupt portfolio management strategies, increase expenses and harm Fund performance for all Shareholders and the ICAV will take all reasonable steps to prevent such activity. To minimise harm to a Fund and its Shareholders, the Administrator, working in conjunction with the designated anti-money laundering reporting officer, reserves the right to reject any subscription (including any transfer) from any investor whom it believes has a history of abusive trading or whose trading, in its judgement, has been or may be disruptive to a Fund. In making this judgement, the ICAV may consider trading done in multiple accounts under common ownership or control.

11. TELEPHONE RECORDING

The applicant(s) specifically accept(s) that telephone-recording procedures may be used and agree(s) that these records may be used in court or any legal proceeding, with the same value as written evidence.

12. FRAUDULENT USE OF SIGNATURE

12.1 Neither the ICAV nor the Administrator shall be liable for the fraudulent use by a third party of the applicant's signature, whether this signature be authentic or forged ("**Fraudulent Instruction**").

12.2 Except in the event of negligence on their part, the ICAV and/or the Administrator shall not be liable for any damage, loss, expense or liability of any nature which the applicant(s) may suffer due to the reliance by the ICAV and/or the Administrator on a Fraudulent Instruction which the ICAV and/or Administrator believe in good faith to be genuine and to have been given or signed by the applicant(s).

13. AMENDMENTS TO THE TERMS AND CONDITIONS

The ICAV reserves the right at any time to modify these Terms and Conditions. The ICAV shall inform the applicant (s) in writing of all amendments to these Terms and Conditions. Such modifications shall be deemed to be accepted by the applicant(s) if the applicant(s) does not raise any objection in writing to the proposed amendments, within two weeks from the date of the notification.

14. SEVERANCE

If any provision or clause of these Terms and Conditions is or becomes void or unenforceable in whole or in part for any reason such enforceability or invalidity shall not affect the validity of the remaining Terms and Conditions. Corresponding Terms and Conditions must replace the invalid Terms and Conditions.

15. APPLICABLE LAW

The laws of Ireland shall govern the validity and construction of these Terms and Conditions and the parties agree to be bound by the exclusive jurisdiction of the courts of Ireland.

16. FINAL PROVISION

These Terms and Conditions form an integral part of the Application Form, which applicant(s) declare having accepted by signing this Application Form.

DECLARATIONS, REPRESENTATION AND WARRANTIES

This section must be signed in order to subscribe for Shares in the Fund.

I/We agree that the declarations, representations and warranties given in this Application Form are given on a continuing basis.

I/We hereby warrant that I/we have read the Prospectus and Instrument of Incorporation (as may be amended from time to time) of the ICAV and apply to be entered in the register of Shareholders as the holder/holders of the Shares issued in relation to this application.

I/We acknowledge that I/we may at any time request a hard copy of any such documentation from the ICAV free of charge and/or revoke, in writing or other authorised manner, the consent given to receive such information electronically.

I/We certify that I am/we are an investor who is a professional client/ entitled to be treated as a professional client within the meaning of Annex II of Directive 2014/65/EC. (Markets in Financial Instruments Directive).

I/We acknowledge that I/we am/are not a Retail Investor for the purposes of Regulation (EU) No 1286/2014 of the European Parliament and of the Council of 26 November 2014 on key information documents for packaged retail and insurance-based investment products (PRIIPs) and, accordingly, I/we will not receive a key investor document in respect of the ICAV and/or the relevant Fund.

I/We hereby certify that I/we have such knowledge and experience in financial and business matters that I am/we are capable of evaluating the merits and risks of an investment in the ICAV. I am/we are aware of the risk involved in this proposed investment and of the fact that inherent in such investment is the potential to lose all of the sum invested.

I/we certify that if domiciled or has a registered office in an EEA member state other than an EEA member state in which the AIFM has availed of the national private placement regime under the AIFMD, I/we certify that the application for Shares is made only: (a) at the initiative of the me/us and not at the initiative of, or on behalf of, the AIFM directly or indirectly; or (b) at the initiative of another person not acting at the initiative of, or on behalf of, the AIFM directly or indirectly.

I/We hereby represent and warrant to the ICAV (for itself and on behalf of its Shareholders) that I/we am not a U.S Person as defined in the Prospectus and that I/we are not acting on behalf of or for the benefit of nor do I/we intend transferring any shares in the Fund which I/we purchase to any U.S Person. The Application Form was executed and forwarded by us from the address set out as Shareholder address above, which is outside of the U.S and we were not in the U.S either at the time that the Shares in the Fund were offered to us or at the time such offer was accepted.

I/We acknowledge that due to money laundering and counter terrorist financing requirements operating within their respective jurisdictions the Administrator, the AIFM, that may be appointed and the ICAV (as the case may be) may require further identification of the applicant(s) before the application can be processed and the Administrator, the AIFM, the ICAV shall be held harmless and indemnified against any loss, subject to a maximum of the value of the applicant's investment in the ICAV, arising as a result of a failure to process the Application if such information has been required by the parties referred to and has not been provided by me/us, unless due to the wilful default, negligence or fraud of the Administrator, the AIFM or the ICAV

I/We hereby agree to indemnify and keep indemnified the ICAV against any loss, subject to a maximum of the value of our total investment in the ICAV, arising to it as a result of any breach of any representation, warranty, covenant or confirmation by me/us in the Application Form or from my/our failure to disclose any relevant details or provide it with all information requested by it or by the Administrator on its behalf unless due to the wilful default, negligence or fraud of the ICAV. In the case of delay or failure to provide satisfactory information, each of the ICAV and the Administrator may take such action (including declining to accept an application) as they think fit.

I/We am/are fully empowered and have the authority to make this investment whether the investment is my/our own or is made on behalf of another person or institution.

I/We confirm that I/we have the right and authority to request redemption or repurchase of Shares and confirm that I/we will comply with the redemption and repurchase procedures set out in the Prospectus. All redemption or repurchase instructions must be given in writing and must be accompanied by an endorsed share certificate if such has been issued, or failing which, the appropriate account number must be quoted.

I/We hereby acknowledge that all sale proceeds will be paid in the currency of denomination of the relevant share class and be paid by electronic bank transfer to the bank account specified herein.

I/We confirm that I am/we are 18 years of age or over.

I/We agree to provide these confirmations to the ICAV at such times as the ICAV may request, and to provide on

request such certifications, documents or other evidence as the ICAV may reasonably require substantiating such representations.

I/We agree to notify the ICAV immediately if I/we become aware that any of the confirmations is no longer accurate and complete in all respects and agree immediately either to sell or to tender to the ICAV for redemption a sufficient number of Shares to allow the confirmation to be made.

I/We request that the Shares issued pursuant to this Application Form are registered in the name and address set out above.

I/We have read and understood the Data Privacy Notice in this Application Form in respect of the personal data provided to the ICAV for the purposes of applying for Shares in the ICAV.

In respect of Joint applicants only - We direct that on the death of one of us the Shares for which we hereby apply be held in the name of and to the order of the survivor or survivors of us or the executor of such survivor or survivors.

I/We acknowledge that the ICAV or the Administrator also reserves the right to delay or refuse to make any redemption payment or distribution to a Shareholder without notice if any of the Directors or the Administrator suspects or is advised that the payment of any redemption or distribution moneys to such Shareholder might result in a breach or violation of any applicable anti-money laundering or other laws or regulations by any person in any relevant jurisdiction, or such refusal is considered necessary or appropriate to ensure the compliance by the ICAV, its Directors or the Administrator with any such laws or regulations in any relevant jurisdiction. I/We hereby hold the ICAV and the Administrator harmless and indemnify them against any loss arising as a result of a failure to process the application if such information has been required and has not been provided by me/us.

I/we acknowledge information relating to my/our holding of Shares Fund, and/or details of income arising from such holdings may be subject to disclosure to any relevant tax authority in accordance with the EU Taxation of Savings Directive (2003/48/EC (the "**ESD**") and I/we hereby consent to such disclosure by the Administrator or any person deemed to be a paying agent for the purposes of the ESD (the "**Paying Agent**"). I/We confirm that we will promptly advise the Administrator of any amendments to information which may be relevant for the purposes of the ESD, including my/our name(s), address(es) tax identification number and country of residence for tax purposes.

I/We hereby agree to indemnify the Paying Agent against any and all loss, liability, costs and expenses (including without limitation legal fees, taxes and penalties) subject to a maximum of the value of my/our total investment in the ICAV, which may arise directly or indirectly from my/our failure to provide the requisite information or where the information provided is incorrect or where I/we have failed to update information previously provided, unless due to the wilful default, negligence or fraud of the Paying Agent.

I/we confirm that we agree and consent for all purposes to and accept that, the ICAV, AIFM, and/or the Administrator, acting on their behalf, may provide me/us (or our designated agents) with statements, notices, reports and other communications relating to the ICAV and/or my/our investment in the ICAV, in electronic form, such as e-mail (to the address I/we have provided on this form). I/we note that e-mail messages may not be secure and may contain computer viruses or other defects, may not be accurately replicated on other systems, or may be intercepted, deleted or interfered with without the knowledge of the sender or the intended recipient. I/we note that the Administrator makes no warranties in relation to these matters. I/we also note that the Administrator reserves the right to intercept, monitor and retain e-mail messages to and from its systems as permitted by applicable law. I/we confirm that if I/we have any doubts about the authenticity of an e-mail purportedly sent by the ICAV, AIFM, or the Administrator, I/we will contact the purported sender immediately.

I/we acknowledge that information relating to my/our holding of shares in the ICAV, and/or details of income arising from such holdings may be subject to disclosure to any relevant tax authority in accordance with the terms of the ESD and I/we hereby consent to such disclosure by the Administrator or any person deemed to be a Paying Agent for the purposes of the ESD. I/We confirm that we will promptly advise the Administrator of any amendments to information which may be relevant for the purposes of the ESD, including my/our name(s), address(es) tax identification number and country of residence for tax purposes. I/We hereby agree to indemnify the Paying Agent against any and all loss, liability, costs and expenses (including without limitation legal fees, taxes and penalties) subject to a maximum of the value of the my/our total investment in the ICAV, which may arise directly or indirectly from my/our failure to provide the requisite information or where the information provided is incorrect or where I/we have failed to update information previously provided, unless due to the wilful default, negligence or fraud of the Paying Agent.

	Authorised Signatory 1	Authorised Signatory 2 (if applicable)
Signature:		
PRINT Name:		
DATE		
Capacity of Signatory (if applicable)		

APPENDIX I

1. ANTI-MONEY LAUNDERING DOCUMENTATION REQUIREMENTS

You (the "Investor") must complete this Anti-Money Laundering Supplement ("AML Supplement") in order to become an Investor in the Fund. Your subscription agreement will be deemed incomplete, and you will not be deemed an Investor in the Fund, regardless of whether you have already wired funds, until all of the required documentation for your investor type is received and deemed to be in good order. A delay in providing documentation can result in delayed processing of the application and/or delayed payment of any future redemption proceeds being paid. The Fund and/or the Administrator reserve the right to request additional documentation from time to time.

Enhanced Due Diligence is required to be applied to investors who are Politically Exposed Persons (PEPs) or in any other such circumstance as the Fund or Administrator may deem. For example, the Administrator will require additional information where the investor is a PEP or, in other cases, in order to disregard the investor as a possible PEP.

1. SECTION I - INSTRUCTIONS

- (1) Fill in information in Sections II and III.
- (2) Identify the applicable Investor Type in Section IV and submit the required documentation for that Investor Type.
- (3) Check the appropriate box in Section V.
- (4) Date and sign the appropriate area in Section VI based on the Investor Type selected in Section IV.
- (5) Complete Declaration on own behalf or as intermediary and Ultimate Beneficial Owner Form attached as Schedule II and III, if necessary.

A properly completed and executed copy of the Subscription Application, completed AML Supplement, and documentation required under Section IV is to be provided to the Fund's Administrator.

2. SECTION II: INVESTOR DETAILS (please complete either Individual or Corporate details as appropriate)

Name of Applicant	
Registered Address	
Principal Business Address	
Occupation	
Date of Birth	

In order for the Administrator to comply with applicable anti-money laundering legislation, the Administrator must be able to identify the source of funds sent to it for investment. Therefore, you must wire the payment from an account in your name. PLEASE NOTE THAT THIRD PARTY PAYMENTS WILL NOT BE ACCEPTED.

SECTION III: WIRING BANK DETAILS (which should be the same as the first page)

Are you a Customer of the Wiring Bank below?	
Bank	
Address	
Name of Account Holder	

Account Number		
----------------	--	--

SECTION IV: INVESTOR TYPES

In order to comply with regulatory and industry standards, each investor is required to provide information and documentation based on his/her/its investor type. Please review the fourteen (14) Investor Types, check the box next to the Investor Type that best describes the investor, and provide the required documentation for your investor type to the Administrator at the time of subscription. **For Individuals or Entities who are not residents of, or incorporated in, an Equivalent Country- (as defined below), all copies must be certified by a suitable certifier and the original certified documents must be sent to the Fund's Administrator. The documents should be addressed to, Investor Relations Department, SS&C Financial Services (Ireland) Limited, La Touche House, IFSC, Dublin 1, Ireland. Failure to provide the required documentation can result in a delay in processing your subscription.**

1	INDIVIDUALS (or each joint investor)
	A copy of a valid passport (or national identity card, driver license, or government-issued identification with photograph)
	Proof of current residential address dated within the last 6 months (which must match the address given for subscription) via an original or certified copy of recent bank statement or utility bill (mobile phone bills are not acceptable)
	IF from a Non-Equivalent Country, please also provide:
	Certified copies of the above documents. One additional proof of residential address dated within the last 6 months (which must match the address given for subscription) via an original or certified copy of a recent bank statement or utility bill (mobile phone bills are not acceptable)
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
2	DESIGNATED PERSONS INVESTING ON ITS OWN BEHALF
	Proof that entity is regulated for AML purposes in a Equivalent Country (Evidence from regulatory website dated within 3 months)
	Signed own behalf investment declaration is required from the investor if not included in the subscription document
	Ultimate Beneficial Owner register extract (if applicable)
	Verification of the UBO or Senior Managing Officials detailed in the UBO register through reputable public sources e.g. company website, annual report, reputable news reports or other government registers.
	Copy of Authorized Signatory List
3	DESIGNATED PERSONS INVESTING ON BEHALF OF THIRD PARTIES
	Proof that entity is regulated for AML purposes in a Equivalent Country (Evidence from regulatory website dated within 3 months)
	Signed declaration confirming investment is being made on behalf of a third party if not included in the subscription document.
	Ultimate beneficial ownership declaration
	Ultimate Beneficial Owner register extract (if applicable)
	Verification of the UBO or Senior Managing Officials detailed in the UBO register through reputable public sources e.g. company website, annual report, reputable news reports or other government registers.
	AML Letter from the regulated institution
	Copy of Authorized Signatory List
4	NOMINEES & INTERMEDIARIES
	Where the Nominee Company is a wholly owned subsidiary of a regulated parent entity (in a Equivalent Country):

	Proof of regulation for the parent entity.
	Ultimate beneficial ownership declaration
	Ultimate Beneficial Owner register extract (if applicable)
	Verification of the UBO or Senior Managing Officials detailed in the UBO register through reputable public sources e.g. company website, annual report, reputable news reports or other government registers.
	AML Letter from the regulated parent entity
5	LISTED COMPANIES
	Copy of Authorized Signatory List
	Confirmation that company is listed on a stock exchange in an equivalent country (Evidence from Stock Exchange website dated within 3 months)
6	PRIVATE COMPANIES
	Copy of Certificate of Incorporation or equivalent
	Copy of the Memorandum and Articles of Association or equivalent
	A register of the Directors or a copy of audited annual accounts listing the directors
	Identification documentation of two directors (or one director and one authorized signatory) will be required as per the legal entity form (See relevant section)
	Full list of shareholders detailing the percentage ownership
	Ultimate Beneficial Owner register extract (if applicable)
	For all Beneficial Owners holding 25% or more of the share capital, profit or voting rights or otherwise exercise control over the management of the entity as described above, identification documentation will be required as per the legal entity form (see relevant section).
	IF from a Non-Equivalent Country, all documentation listed above must be provided in certified format. Please also provide the following for all Beneficial Owners as described above:
	Certified copies of the above documents
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
7	INSTITUTIONAL – Local and/or Public Authorities/Supranational Bodies
	Name of the home state authority and the nature of its relationship with the public body
	Nature and purpose of the institution
	List of controllers of the institution
	Verify the identity of two controllers or one controller and one authorised signer
	Details of the main public body officials (name, residential address, date of birth, and occupation)
	Identify all persons who own or control 25% or more of the entity's share capital or voting rights of the body or otherwise exercises control over the management of the body
	Ultimate Beneficial Owner register extract (if applicable)
	Copy of the latest audited report and accounts (or confirmation that they are not produced)
	IF from a Non-Equivalent Country, all documentation listed above must be provided in certified format. Please also provide the following:
	For 2 Officials:
	A certified copy of a valid passport (or national identity card, driver license, or government-issued identification with photograph)

	Two Proofs of current residential address dated within the last 6 months via two original or certified copy of recent bank statements or utility bills (mobile phone bills are not acceptable)
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
8	PENSION SCHEMES
	Simplified Due Diligence ("SCDD") is considered appropriate for pension, superannuation or similar schemes provided proof is obtained from the local government authority confirming its exempt status. In order to qualify, the scheme must ensure that: 1. Retirement benefits are provided to employees; and 2. Contributions are made by an employer or by way of deduction from an employee's wages; and 3. The scheme rules do not permit the assignment of a member's interests under the scheme; and 4. The pension scheme is registered in an equivalent jurisdiction (this can be determined independently). Confirmation of the above point must be obtained in order to apply SCDD to a pension scheme.
	Pension schemes not qualifying for SCDD.
	Full name and registered address of scheme
	Copy of Authorized Signatory List
	Confirmation of registration from Pensions Board or relevant tax authority, if applicable
	Formation Document (e.g., Trust Deed or equivalent); and
	Details of Trustees/Directors/Board Members or the equivalent (name, residential address, date of birth, and occupation)
	Verification of two controllers – Trustees/Directors/Governors/Board Members or equivalent.
	IF from a Non-Equivalent Country, all documentation listed above must be provided in certified format. Please also provide the following:
	Name and address of the Scheme Administrator. Additional documentation may be required in respect of the Scheme Administrator. This will be advised on receipt of the Scheme Administrator details.
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
9	PRIVATE TRUSTS (With No Designated Person As Trustee)
	Copy of the Trust Deed or equivalent
	Registered address of the trust
	Confirmation of legal form of entity (e.g., trust or foundation)
	Nature and purpose of entity
	Details of all trustees (name, residential address, date of birth, and occupation)
	Details of the settlors or controllers or protectors (name, residential address, date of birth, and occupation)
	Details of all Beneficial Owners (name, residential address, date of birth, and occupation)
	If there are no Beneficial Owners, provide details of the individual who has control over the trust and individuals in whose main interest the trust is set up or operates
	Identification documentation of two trustees (or one trustee and one authorized signatory) (see document requirements for individuals). If the Trustee is not an individual, identification documentation will be required as per the legal entity form (See relevant section)

	Identification documentation in respect of all beneficiaries as per the legal entity form (see relevant section).
	Identification documentation in respect of all Settlers, Protectors & Enforcers
	Ultimate Beneficial Owner register extract (if applicable)
	IF from a Non-Equivalent Country, all documentation listed above must be provided in certified format. Please also provide the following:
	Certified true copies of the above documents
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
10	PARTNERSHIPS
	Copy of the Partnership Agreement or equivalent including the full name of the entity and registered address
	Details of all partners (name, residential address, date of birth, and occupation) or where the Partnership is a Fund
	Verification of the identity of the General Partner
	Details of the and Partners who own 25% or more of the partnership capital, profit, voting rights or otherwise exercise control over the management of the entity (name, residential address, date of birth, and occupation)
	Identification documentation for all partners who own 25% or more of the partnership capital, profit, voting rights or otherwise exercise control over the management of the entity in line with their legal entity form (see relevant section)
	Ultimate Beneficial Owner register extract (if applicable)
	Identification documentation of the General Partner or two partners (or one partner and one authorized signatory) as per the legal entity form (see relevant section)
	IF from a Non-Equivalent Country, all documentation listed above must be provided in certified format. Please also provide the following:
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
11	LIMITED LIABILITY COMPANIES
	Full name and registered address
	Operating agreement
	Copy of the Certificate of Formation or equivalent
	Identification documentation for two Managing Members (or one Managing Member and one authorized signatory) as per the legal entity form (see relevant section)
	Details of all Managing Members (name, residential address, date of birth, and occupation)
	Details of Members who own 25% or more of the share capital, profit, voting rights or otherwise exercise control over the management of the entity (name, residential address, date of birth, and occupation)
	Identification documentation for all Members beneficially entitled to 25% or more of the share capital, profit voting rights or otherwise exercise control over the management of the entity as per the legal entity form (see relevant section)
	Ultimate Beneficial Owner register extract (if applicable)
	IF from a Non-Equivalent Country, all documentation listed above must be provided in certified format. Please also provide the following:
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval

12	REGISTERED CHARITIES/FOUNDATIONS
	Confirmation on nature and purpose of charity including nature of funding
	Full name and address of the institution
	Constitutional or Formation document
	Details of Trustees/Directors/Board Members or the equivalent (name, residential address, date of birth, and occupation)
	Review of the relevant charities register
	Copy of the Audited Financial Statements
	Identification documentation of either two Trustees/Directors/Board Members or the equivalent (or one Trustee/Director/Board Member or equivalent and one authorized signatory) as per their legal entity form (see relevant section)
	Details of the beneficiaries (where ascertainable)
	Identification documentation for all beneficiaries who own 25% or more of the charity capital, profit or voting rights or otherwise exercise control over the management of the charity. Documentation required as per the legal entity form (see relevant section)
	IF from a Non-Equivalent Country, all documentation listed above must be provided in certified format. Please also provide the following:
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
13	SCHOOLS, COLLEGES OR UNIVERSITIES
	Full name
	Registered office address
	Copy of the constitutive document / formation document
	Details of the main officials (name, date of birth)
	Identification documentation of two officials (or one official and one authorized signatory) as per their legal entity form (see relevant section)
	Determine the ownership of the entity. In particular, determine if owned publicly or privately. In case of the latter, identify all beneficiaries holding 25% or more of the share capital, profit or voting rights
	Identification documentation for all beneficiaries who own or control 25% or more of the entity's share capital, profit or voting rights, where applicable
	IF from a Non-Equivalent Country, all documentation listed above must be provided in certified format. Please also provide the following::
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
14	FUNDS
	Full name of the Fund
	Registered address of the Fund
	Copy of the authorized signatory list
	Copy of the Offering Memorandum/PPM or equivalent
	Proof of regulation for the entity conducting the AML on the underlying investors of the Fund
	Signed AML letter from the administrator on company headed paper
	Identify beneficial owners who own more than 25% of the Fund capital, profit or voting rights or otherwise exercise control over the management of the Fund
	Ultimate Beneficial Owner register extract (if applicable)
	Verification of the UBO or Senior Managing Officials detailed in the UBO register through reputable public sources e.g. company website, annual report, reputable news reports or

	other government registers.
	IF from a Non-Equivalent Country, OR if entity conducting AML is not regulated in an equivalent country, all documentation listed above must be provided in certified format.
	Please also provide the following:
	Identification documentation of either two Trustees/Directors/Board Members
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
	Identification documentation of all investors holding 25% or more of the shares/units in the Fund as per their legal entity form (see relevant section

SECTION V: POLITICALLY EXPOSED PERSON ("PEP") REPRESENTATION

Politically Exposed Persons ("PEPs"), and immediate family members, and close associates of such persons must also be identified and are subject to Enhanced Due Diligence.

"I/We acknowledge that measures aimed at the prevention of money laundering and terrorist financing will require the verification of my/our identity, address and source of funds and in certain circumstances of the relevant beneficial owner. In addition, this also requires the ongoing monitoring of our business relationship. I/we also acknowledge that the commencement of a business relationship with politically exposed persons, commonly referred to as PEPs, requires a higher level of scrutiny. A PEP is an individual who is or has, at any time in the preceding 12 months, been entrusted with a prominent public function, his/her immediate family members and/or close associates of such person.

PEP Confirmation

I/We confirm that I am/we are a PEP Y/N

In the case of an incorporated applicant, I confirm that the beneficial owner(s) is/are PEPs Y/N

SECTION VI: SIGNATURES

The undersigned hereby represents that: (i) the information contained herein is complete and accurate and may be relied upon; and (ii) the anti-money laundering representations are true and correct.

IN WITNESS WHEREOF, the undersigned has executed this Anti-Money Laundering Supplement this _____ day of _____, 202____.

SIGNATURE FOR INVESTOR TYPE 1 - INDIVIDUALS OR JOINT APPLICANTS as outlined in Section IV

Print Name	
Signature	
Print Name	
Signature	

SIGNATURE FOR INVESTOR TYPES 2-13 – COLLECTIVELY “ENTITIES” as outlined in Section IV

Name of Entity	
Authorized Signature	
Name	
Title	

DEFINITIONS

For the purposes of this Supplement:

“EQUIVALENT COUNTRY” means the countries set in SFSIL’s country risk assessment memorandum as having an effective AML/CFT system, low level of corruption/criminal activity and/or are in line with FATF recommendations on AML/CFT. The list includes the following countries Australia, Austria, Belgium , Bermuda, Canada, Czech Republic, Denmark, Estonia, Finland, France, The French Overseas Territories of Mayotte, New Caledonia, French Polynesia, Saint Pierre and Miquelon and Wallis and Futuna), Germany, Greece Guernsey, Hong Kong, Ireland, Isle of Man, Israel, Italy, Japan, Jersey, Liechtenstein, Luxembourg, , New Zealand, The Netherlands (to include Aruba, Curacao and Saint Maarten), Norway, Poland, Portugal, Singapore, Slovak Republic, Slovenia, South Korea, Spain, Sweden, Switzerland, United Kingdom and United States.

“BENEFICIAL OWNER” means, in relation to a body corporate, the definition given to it by point 6(a) of Article 3 of the EU Fourth Money Laundering Directive and includes any natural person who ultimately owns or controls the relevant legal entity through direct or indirect ownership of a sufficient percentage of the shares or voting rights or ownership interest in that entity or through control via other means.

“DESIGNATED PERSON” is a regulated financial institution (ie, bank or broker-dealer), a credit institution, a financial institution, an auditor, external accountant or tax advisor, a relevant independent legal professional, a trust or company service provider that is located in a Specified Country.

“POLITICALLY EXPOSED PERSON” A Politically-Exposed Person” (“PEP”) is an individual who has at any time in the preceding 12 months been entrusted with a prominent public function including either of the following individuals.

- (a) A specified official;
- (b) A member of the administrative, management or supervisory body of a state-owned enterprise;

“SETTLER” refers to the individual who created the trust or granted property to the trust.

“SUITABLE CERTIFIERS” include a chartered and certified public accountant, notary public, lawyer, embassy and consular staff, Director or Manager of a registered broker-dealer or other regulated financial institution, or a member of the judiciary or a senior civil servant. Each document presented must be marked with the words “original seen’ or ‘true copy of the original document.’ The document must be signed and dated by the individual certifying the document and noting their capacity, contact details, and license number (if applicable).

SOURCE OF WEALTH CONFIRMATION

"I/We acknowledge that measures aimed at the prevention of money laundering and terrorist financing will require the verification of my/our identity, address and source of funds and in certain circumstances of the relevant beneficial owner. In addition, this also requires the ongoing monitoring of our business relationship. I/we also acknowledge that the commencement of a business relationship with politically exposed persons, commonly referred to as PEPs, requires a higher level of scrutiny. A PEP is an individual who is or has, at any time in the preceding 12 months, been entrusted with a prominent public function, his/her immediate family members and/or close associates of such person.

PEP Confirmation

I/We confirm that I am/we are a PEP Y/N

In the case of an incorporated applicant, I confirm that the beneficial owner(s) is/are PEPs Y/N

Source of Wealth

If you have answered Yes to either of the previous questions or are resident/incorporated in an non-equivalent country, please complete the following:

To comply with the requirements of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010-2021, you are required to provide information to confirm the source of funds and source of wealth in respect of the amount you are investing. This checklist must be signed and dated by either the investor(s) or the intermediary.

Please fully complete the appropriate sections and associated details below.

Individual Investors: Please ensure that both A and C below are fully completed

Corporate Investors: Please ensure that both B and C below are fully completed

A Individuals

(to be completed in respect of single and joint applicants)

Occupation

Employer (omit if retired)

Annual Income (omit if retired)

Source of funds

Income

Savings

Inheritance

Benefactor

Date

Sale of existing assets

Type of assets sold

Other

Please specify

Details of Additional Assets Held

Cash

Property

Shares/Bonds

Other (Details)

None

Value

Value

Value

Investor's net worth (total assets less liabilities) In respect of joint applicants, combined total net worth

USD/EUR 100,000 to 500,000

USD/EUR 500,001 to 1,000,000

<input type="checkbox"/>
<input type="checkbox"/>

USD/EUR 1,000,001 to 1,250,000

More than USD/EUR 1,250,000

B Corporate

Please provide one of the following

- (i) an original document or certified true copy of latest audited financial statements, or
- (ii) an original document or certified true copy of latest financial statements, or
- (iv) confirmation that (i) or (ii) are not produced plus details of the corporate's:
 1. Activities and nature of business activity
 2. Annual net profits for previous and current financial years and net assets at end of current and previous financial years
 3. Anticipated level of investment in products offered by SS&C in the coming 12 months

C This checklist must be signed and dated by the investor(s) or the intermediary

Prepared by (capitals)

Name of investor

or Name of intermediary

Signature

Date

(Please complete fully as incomplete applications may be rejected)

I/We acknowledge that the Administrator reserves the right not to issue shares/units until such time as the Administrator has received and is satisfied with all the information and documentation requested to verify my/our identity, address, PEP status and source of funds. I/We also acknowledge that the Administrator shall be held harmless by me/us against any loss suffered by the Administrator arising as a result of a failure to process my/our application for shares/units if such information and documentation as has been requested by the Administrator has not been provided by me/us. I/We also confirm that if my status changes I/we will alert the administrator"

Declaration on own behalf or as intermediary

Please tick A or B where relevant

A Declaration on own behalf ☐

I/We declare that I am/we are applying for shares on my own/our own behalf/on behalf of a company and that I am/we are/the company is entitled to the Shares in respect of which this declaration is made.

B Declaration as intermediary

I/we declare that I am/we are applying for shares on behalf of persons who will be beneficially entitled to the Shares.

Note: Please also complete the ultimate beneficial ownership declaration attached

Date/Month/Year: _____

Signature: _____

Full Name: _____

Title: _____

Ultimate Beneficial Ownership Declaration

The undersigned [Name] _____

is an authorized signatory of _____

a company incorporated under the laws of _____

having its registered office at _____

and registered and / or regulated with _____

Please select the correct option

Option 1 :

- No individual holds equal to or more than 25% interest in the investment as its ultimate beneficial owner;

Option 2

- *[Name of Shareholder who directly/indirectly owns more than 25% of the investment]*

_____ holds _____% interest in the investment as its ultimate beneficial owner;

Given in _____

Date/Month/Year _____

Signature: _____

Full Name: _____

Title: _____

APPENDIX II

ENTITY SELF-CERTIFICATION FORM FOR CORPORATIONS/PARTNERSHIPS/TRUSTS OR FOUNDATIONS

Instructions for completion

We are obliged under Section 891E, Section 891F, and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in a Fund, with the Irish tax authorities, Tethe Revenue Commissioners. They in turn may exchange this information, and other financial information with foreign tax authorities, including tax authorities located outside the EU.

If you have any questions about this form or defining the account holder's tax residency status, please speak to a tax adviser or local tax authority.

For further information on FATCA or CRS please refer to the Irish Revenue or the OECD website at: <http://www.revenue.ie/en/business/aeoi/index.html> or the following link:

<http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.

If any of the information below about the account holder's tax residence or FATCA/CRS classification changes in the future, please ensure that we are advised of these changes promptly.
(Mandatory fields are marked with an *)

Account holders that are Individuals or Controlling Persons should not complete this form and should complete the form entitled "Individual (including Controlling Persons) Self-Certification for FATCA and CRS".

*Section 1: Account holder Identification

*Account holder Name: _____ (the "Entity")

Country of Incorporation or Organisation: _____

*Current (Resident or Registered) Address:

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

*Section 2: FATCA Declaration:

Please tick either (a), (b) or (c) below and complete as appropriate.

a) The Entity is a **Specified U.S. Person** and the Entity's U.S. Federal Taxpayer Identifying number (U.S. TIN) is as follows:

U.S. TIN: _____

☐

Or

b) The Entity is **not a Specified U.S. Person** (Please also complete Sections 3, 4 and 5)

☐

Or

c) The Entity is a **US person but not a Specified U.S. Person** (Please also complete Sections 4 and 5)

☐

Indicate exemption: _____

***Section 3: Entity's FATCA Classification (the information provided in this section is for FATCA, please note your FATCA classification may differ from your CRS classification in Section 5):**

3.1 Financial Institutions under FATCA:

If the Entity is a *Financial Institution*, please tick one of the below categories and provide the Entity's GIIN at 3.2 or indicate at 3.3 the reason why you are unable to provide a GIIN.

I.	<i>Irish Financial Institution or a Partner Jurisdiction Financial Institution</i>	<input type="checkbox"/>
II.	<i>Registered Deemed Compliant Foreign Financial Institution</i>	<input type="checkbox"/>
III.	<i>Participating Foreign Financial Institution</i>	<input type="checkbox"/>

3.2 Please provide the Entity's **Global Intermediary Identification number ("GIIN")**

□□□□□□.□□□□□□.□□.□□□□

3.3 If the Entity is a **Financial Institution** but unable to provide a **GIIN**, please tick one of the below reasons:

I.	<p>The Entity has not yet obtained a <i>GIIN</i> but is sponsored by another entity which does have a <i>GIIN</i>[∞] Please provide the sponsor's name and sponsor's <i>GIIN</i> :</p> <p>Sponsor's Name: _____</p> <p>Sponsor's GIIN: □□□□□□.□□□□□□.□□.□□□□</p> <p>[∞]NOTE: this option is only available to Sponsored Investment Entities in Model 1 IGA jurisdictions. Sponsored Investment Entities that do not have U.S. reportable accounts are not required to register and obtain a GIIN with the IRS unless and until U.S. reportable accounts are identified.</p>	<input type="checkbox"/>
II.	The Entity is an Exempt Beneficial Owner,	<input type="checkbox"/>

	<p><i>Please tick and confirm the category of Exempt Beneficial Owner;</i></p> <p>I. <input type="checkbox"/> Government Entity</p> <p>II. <input type="checkbox"/> International Organisation</p> <p>III. <input type="checkbox"/> Foreign Central Bank</p> <p>IV. <input type="checkbox"/> Exempt Retirement Fund</p> <p>V. <input type="checkbox"/> Collective Investment Vehicle Wholly Owned by Exempt Beneficial Owners.</p>	
III.	<p><i>The Entity is a Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the IGA Agreement)</i></p> <p>Indicate exemption: _____</p>	<input type="checkbox"/>
IV.	<p><i>The Entity is a Non-Participating Foreign Financial Institution</i></p>	<input type="checkbox"/>
V.	<p><i>The Entity is an Excepted Foreign Financial Institution</i></p> <p>Indicate exemption: _____</p>	<input type="checkbox"/>
VI.	<p><i>The Entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN</i></p> <p>Trustee's Name: _____</p> <p>Trustee's GIIN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<input type="checkbox"/>

3.4. Non-Financial Institutions (Non-Foreign Financial Entity/NFFE) under FATCA:

If the Entity is **not** a Financial Institution, please confirm the Entity's FATCA classification below by ticking one of the categories

I.	<p><i>Active Non-Financial Foreign Entity</i></p>	<input type="checkbox"/>
II.	<p><i>Passive Non-Financial Foreign Entity (NFFE)</i></p> <p><i>(Please tick the box that applies)</i></p>	<input type="checkbox"/>

	<i>I. Passive Non-Financial Foreign Entity with no Controlling Persons that are specified U.S Persons.</i> <i>II. Passive Non-Foreign Financial Entity with Controlling Persons that are specified U.S Persons. (If this box is ticked, please indicate the name of all natural Controlling Person(s) of the Entity in section 6.1 below and separately complete</i>	
III.	<i>Excepted Non-Financial Foreign Entity</i>	<input type="checkbox"/>
IV.	<i>Direct Reporting NFFE</i> <i>Please provide your GIIN</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

***Section 4: Common Reporting Standard (“CRS”) Declaration of Tax Residency**
(Note that Entities may have more than one country of Tax Residence)

Please indicate the Entity’s country of tax residence for CRS purposes, (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers (“**TIN**”). Please refer to the OECD CRS Web Portal for AEOI for more information on Tax Residence.

If the Entity is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that below and provide its place of effective management or country in which its principal office is located.

NOTE: Under the Irish legislation implementing the CRS, provision of a Tax ID number (TIN) is required to be provided unless:

- a) You are tax resident in a Jurisdiction that does not issue a (TIN)
Or
b) You are tax resident in a non-reportable Jurisdiction (i.e. Ireland or the USA)

Country of Tax Residency	Tax ID Number	∞If TIN unavailable Select (A, B or C) and check box below

∞If a TIN is unavailable, please provide the appropriate reason **A, B or C** where indicated below:

- ☐ **Reason A** - The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents

☐ **Reason B** - The Account Holder is otherwise unable to obtain a TIN (*Please explain why you are unable to obtain a TIN if you selected Reason B*)

☐ **Reason C** - No TIN is required. (Note: Only select this reason if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)

***Section 5: Entity's CRS Classification** (The information provided in this section is for CRS. Please note an Entity's CRS classification may differ from its FATCA classification in Section 3 above). In addition please note that the information that the Entity has to provide may differ depending on whether they are resident in a participating or non-participating CRS Jurisdiction. For more information please see the OECD CRS Standard and associated commentary. <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

5.1 Financial Institutions under CRS:

If the Entity is a *Financial Institution*, **Resident in either a Participating or Non-Participating CRS Jurisdiction** please review and tick one of the below categories that applies **and** specify the type of Financial Institution below.

Note: Please check the Irish Revenue AEOI portal at the time of completion of this form to confirm whether your country of Tax Jurisdiction is considered Participating or Non-Participating for the purposes of CRS Due- Diligence in Ireland. <http://www.revenue.ie/en/business/aeoi/participating-jurisdictions.pdf>

I.	A Reporting Financial Institution resident in a participating CRS jurisdiction	<input type="checkbox"/>
II.	A Financial Institution Resident in a Non-Participating Jurisdiction. <input type="checkbox"/> An Investment Entity resident in a Non-Participating Jurisdiction and managed by another Financial Institution (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity in section 6 below and complete a separate individual self-certification forms for each of your Controlling Persons") <input type="checkbox"/> An Investment Entity resident in a Non-Participating Jurisdiction that is not managed by another Financial Institution <input type="checkbox"/> Other Financial Institution , including a Depository Financial Institution, Custodial Institution or Specified Insurance Company	<input type="checkbox"/>
III.	Non-Reporting Financial Institution under CRS. Specify the type of Non-Reporting Financial Institution below: <input type="checkbox"/> Governmental Entity	<input type="checkbox"/>

	<input type="checkbox"/> International Organization <input type="checkbox"/> Central Bank <input type="checkbox"/> Broad Participation Retirement Fund <input type="checkbox"/> Narrow Participation Retirement Fund <input type="checkbox"/> Pension Fund of a Governmental Entity, International Organization, or Central Bank <input type="checkbox"/> Exempt Collective Investment Vehicle <input type="checkbox"/> Trust whose trustee reports all required information with respect to all CRS Reportable Accounts <input type="checkbox"/> Qualified Credit Card Issuer <input type="checkbox"/> Other Entity defined under the domestic law as low risk of being used to evade tax. Specify the type provided in the domestic law: <hr/>	
--	--	--

5.2 Non Financial Institutions (“NFE”) under CRS:

If the Entity is a *not defined as a Financial Institution under CRS* then, please tick one of the below categories confirming if you are an Active or Passive NFE.

I.	Active Non-Financial Entity – a corporation the stock of which is regularly traded on an established securities market. Please provide the name if the established securities market on which the corporation is regularly traded: <hr/>	<input type="checkbox"/>
II.	Active Non-Financial Entity – if you are a Related Entity of a regularly traded corporation. Please provide the name of the regularly traded corporation that the Entity is a Related Entity of: <hr/> Please provide details of the securities market that the entity is listed on : <hr/>	<input type="checkbox"/>
III.	Active Non-Financial Entity – a Government Entity or Central Bank	<input type="checkbox"/>
IV.	Active Non-Financial Entity – an International Organisation	<input type="checkbox"/>

V.	Active Non-Financial Entity – other than those listed in I, II, III or IV above. (for example a start-up NFE or a non-profit NFE)	<input type="checkbox"/>
VI.	Passive Non-Financial Entity (“”If this box is ticked, please also complete Section 6.1 below and indicate the name of all natural Controlling Person(s) of the Entity and complete a separate Individual Self-Certification Form for each of your Controlling Person(s)	<input type="checkbox"/>

Section 6: Controlling Persons

NB: Please note that each Controlling Person must complete a Separate Individual Self-Certification form.

If there are no natural person(s) who exercise control of the Entity then the Controlling Person will be the natural person(s) who hold the position of senior managing official of the Entity.

For further information on Identification requirements under CRS for Controlling Persons, see the Commentary to Section VIII of the CRS Standard. <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

Name of All Controlling Person(s) of the Account Holder:

If you have ticked sections 5.1 VI above, then please complete section 6.1 and 6.2 below:

6.1 Indicate the name of all Controlling Person(s) of the Account Holder:

I.	
II.	
III.	

Note: In case of a trust, Controlling Persons means the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary (ies) or class(es) of beneficiary(ies), **AND** any other natural person(s) exercising ultimate effective control over the trust. With respect to an Entity that is a legal person, if there are no natural person(s) who exercise control over the Entity, then the Controlling Person will be the natural person who holds the position of senior managing official of the Entity.

6.2 Complete a separate Individual (Controlling Person's) Self-Certification for FATCA and CRS for each Controlling Person listed in Section 6.1.

*Section 7: Declarations and Undertakings

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

I acknowledge and consent to the fact that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I/We on behalf of the Entity undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstance (for guidance refer to Irish Revenue or OECD website) occurs which causes any of the information contained in this form to be incorrect.

*Authorised Signature(s):

*Print Name(s):

*Capacity in which declaration is made:

*Date: (dd/mm/yyyy):

INDIVIDUAL (INCLUDING CONTROLLING PERSONS) SELF-CERTIFICATION

Instructions for completion and data protection notice

Instructions for completion and Data Protection Notice

We are obliged under Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this form you are providing personal information which may constitute personal data within the meaning of the General Data Protection Regulation (697/2016/EU) (the "GDPR") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2003. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Fund, with the Irish tax authorities, the Revenue Commissioners. They may in turn exchange this information, and other financial information with foreign tax authorities, including tax authorities outside the EU.

If you have any questions about this form or defining the account holder's tax residency status, please speak to a tax adviser or local tax authority.

For further information and guidance on FATCA or CRS please refer to the Irish Revenue or OECD websites at: <http://www.revenue.ie/en/business/aeoi/index.html> <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/> in the case of CRS only.

If any of the information below about the account holder's tax residence or FATCA/CRS classification changes in the future, please advise of these changes promptly.

*Please note that where there are joint account holders **each account holder** is required to complete a separate Self-Certification form.*

Section 1, 2, 3 and 5 must be completed by all Account holders or Controlling Persons.

Section 4 should only be completed by any individual who is a Controlling Person of an entity account holder which is a Passive Non-Financial Entity, or a Controlling Person of an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution.

(Mandatory fields are marked with an *)

***Section 1: Account Holder/Controlling Person Identification**

***Account Holder / Controlling Person Name:** _____

***Current Residential Address:**

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

***Place and Date Of Birth**

*Town or City of Birth: _____ *Country of Birth: _____

*Date of Birth: _____

***Section 2: FATCA Declaration of U.S. Citizenship or U.S. Residence for Tax purposes:**

Please tick either (a) **or** (b) and complete as appropriate.

(a) ☐ 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

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

***Section 3: Common Reporting Standard (CRS) Declaration of Tax Residency/Residencies (please confirm all Tax Residencies)**

Please indicate your country of tax residence (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers ("TINs")).

For further guidance on Tax Residence and TINs, please refer to the OECD CRS Information Portal <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759>

NOTE: Under the Irish legislation implementing the CRS, provision of a Tax ID number (TIN) is required to be provided unless:

a) You are tax resident in a Jurisdiction that does not issue a TIN, **Or,**

b) You are tax resident only in a non-reportable Jurisdiction (i.e. Ireland or the USA)

Country of Tax Residency	Tax ID Number	If TIN unavailable Select (A, B or C) and check box below

If a TIN is unavailable, please tick the appropriate box as follows;

☐ **Reason A** - The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents

☐ **Reason B** - The Account Holder is otherwise unable to obtain a TIN (*Please explain why you are unable to obtain a TIN*)

☐ **Reason C** - No TIN is required. (Note: This should only be selected if the domestic law of the relevant country/jurisdiction does not required the collection of the TIN issued by such country/jurisdiction)

Section 4 - Type of Controlling Person

(**ONLY** to be completed by an individual who is a Controlling Person of an entity which is a Passive NFE or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution)

For Joint or multiple Controlling Person(s) please complete a separate *"Individual (Including Controlling Persons) Self-Certification for FATCA and CRS* form for **each** Controlling Person.

Please Confirm the type of Controlling Person applicable under CRS that applies to you/the Account holder by ticking the appropriate box	ease Tick	Entity Name
Controlling Person of a legal person - control by ownership		
Controlling Person of a legal person - control by other means		
Controlling Person of a legal person - senior managing official		
Controlling Person of a trust - settlor		
Controlling Person of a trust - trustee		
Controlling Person of a trust - protector		
Controlling Person of a trust - beneficiary		
Controlling Person of a trust - other		
Controlling Person of a legal arrangement (non-trust) - settlor-equivalent		
Controlling Person of a legal arrangement (non-trust) - trustee-equivalent		
Controlling Person of a legal arrangement (non-trust) - protector-equivalent		
Controlling Person of a legal arrangement (non-trust) - beneficiary equivalent		
Controlling Person of a legal arrangement (non-trust) - other-equivalent		

***Section 5: Declaration and Undertakings:**

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

I acknowledge and consent to the fact that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

Data Protection - Customer Information Notice :

The Common Reporting Standard (CRS), formally referred to as the Standard for Automatic Exchange of Financial Account Information, is an information standard for the automatic exchange of information (AEOI), developed in the context of the Organisation for Economic Co-operation and Development (OECD).

The standard requires that Financial Institutions in participating jurisdictions gather certain information from account holders (and, in particular situations, also collect information in relation to relevant Controlling Persons of such account holders).

Under CRS account holder information (and, in particular situations, information in relation to relevant Controlling Persons of such account holders) is to be reported to the relevant tax authority where the account is held, which, if a different country to that in which the account holder resides, will be shared with the relevant tax authority of the account holder's resident country, if that is a CRS-participating jurisdiction.

Information that may be reported includes name, address, date of birth, place of birth, account balance, any payments including redemption and dividend/interest payments. Tax Residency(ies) and TIN(s).

Further information is available on the OECD website; <http://oecd.org/tax/automatic-exchange/>
And on the Irish Revenue website - <https://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx>

^Authorised Signature;

*Print Name;

*Date; (dd/mm/yyyy);

*Capacity (if Controlling Person);

DEFINITIONS

Unless otherwise defined herein, the following terms shall have the same meaning as defined in the IGA

Specified U.S. Person

Specified U.K. Person

Financial Institution

Global Intermediary Identification Number

Exempt Beneficial Owner

Certified Deemed Compliant Financial Institution

Registered Deemed Compliant Financial Institution

Registered Non-Profit Organisation

Owner-documented FFI

Territory Financial Institution

Non-Participating Foreign Financial Institution

Excepted FI

Active NFFE

Passive NFFE

Controlling Persons

Excepted NFFE

APPENDIX III

Declaration of residence outside Ireland

Applicants resident outside Ireland are required by the Irish Revenue Commissioners to make the following declaration which is in a format authorised by them, in order to receive payment without deduction of tax. It is important to note that this declaration, if it is then still correct, shall apply in respect of any subsequent acquisitions of Shares. Terms used in this declaration are defined in the Prospectus.

Declaration on own behalf

I/we* declare that I am/we are* applying for the Shares on my own/our own behalf/on behalf of a company* and that I am/we are/the company* is entitled to the Shares in respect of which this declaration is made and that

- I am/we are/the company* is not currently resident or ordinarily resident in Ireland, and
- Should I/we/the company* become resident in Ireland I/we/the company* will so inform you, in writing, accordingly.

***Delete as appropriate**

Declaration as Intermediary

I/we* declare that I am/we are* applying for Shares on behalf of persons:

- who will be beneficially entitled to the Shares; and
- who, to the best of my/our* knowledge and belief, are neither resident nor ordinarily resident in Ireland.

I/we* also declare that:

- unless I/we* specifically notify you to the contrary at the time of application, all applications for Shares made by me/us* from the date of this application will be made on behalf of such persons; and
- I/we* will inform you in writing if I/we* become aware that any person, on whose behalf I/we* hold Shares, becomes resident in Ireland.

***Delete as appropriate**

Name and address of applicant: _____

Signature of applicant or authorised signatory: _____ **(declarant)**

Capacity of authorised signatory (if applicable): _____

Date: ____ / ____ / ____

Joint Applicants:

Names: _____ **Signatures:** _____

IMPORTANT NOTES

1. Non-resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration.
2. To be valid, the application form (incorporating the declaration required by the Irish Revenue Commissioners) must be signed by the applicant. Where there is more than one applicant, each person must sign. If the applicant is a company, it must be signed by the company secretary or another authorised officer.
3. If the application form (incorporating the declaration required by the Revenue Commissioners) is signed under power of attorney, a copy of the power of attorney must be furnished in support of the declaration.

Definition of intermediary

An "Intermediary" means a person who-

- carries on a business which consists of, or includes, the receipt of payments from an investment undertaking resident in the State on behalf of other persons;
- holds units in an investment undertaking on behalf of other persons.

Notes in relation to residence / ordinary residence:

Residence — Individual

An individual will be regarded as being resident in Ireland for a tax year if s/he;

- 1) spends 183 days or more in the State in that tax year; or
- 2) has a combined presence of 280 days in the State, taking into account the number of days spent in the State in that tax year together with the number of days spent in the State in the preceding year.

Presence in a tax year by an individual of not more than 30 days in the State will not be reckoned for the purpose of applying the two-year test. Up to 31 December 2008, presence in the State for a day means the personal presence of an individual at the end of the day (midnight). **From 1 January 2009, presence in the State for a day means the personal presence of an individual at any time during the day.**

Ordinary Residence — Individual

The term "ordinary residence" as distinct from "residence" relates to a person's normal pattern of life and denotes residence in a place with some degree of continuity. An individual who has been resident in the State for three consecutive tax years becomes ordinarily resident with effect from the commencement of the fourth tax year.

An individual who has been ordinarily resident in the State ceases to be ordinarily resident at the end of the third consecutive tax year in which s/he is not resident. Thus, an individual who is resident and ordinarily resident in the State in 2004 and departs from the State in that year **will remain** ordinarily resident up to the end of the tax year in 2007.

Residence — Company

Prior to Finance Act 2014, company residence was determined with regard to the long-established common law rules based on central management and control. These rules were significantly revised in Finance Act 2014 to provide that a company incorporated in the State will be regarded as resident for tax purposes in the State, unless it is treated as resident in a treaty partner country by virtue of a double

taxation treaty. While the common law rule based on central management and control remains in place, it is subject to the statutory rule for determining company residence based on incorporation in the State set out in the revised section 23A TCA 1997.

The new incorporation rule for determining the tax residence of a company incorporated in the State will apply to companies incorporated on or after 1 January 2015. For companies incorporated in the State before this date, a transition period will apply until 31 December 2020.

**Declaration of residence in the republic of Ireland -
Resident entities composite declaration
(declaration referred to in section 739D(6) taxes consolidation act, 1997)**

This declaration, if it is then still correct, shall apply in respect of any subsequent acquisition of Shares.

☐ I declare that the information contained in this declaration is true and correct

☐ I also declare that I am applying for the Shares on behalf of the Applicant named below who is entitled to the Shares in respect of which this declaration is made and is a person referred to in Section 739D(6) of the Taxes Consolidation Act, 1997, being a person who is (please tick ✓ as appropriate)

a pension scheme;	<input type="checkbox"/>
a company carrying on life business within the meaning of section 706 TCA 1997;	<input type="checkbox"/>
an investment undertaking;	<input type="checkbox"/>
an investment limited partnership;	<input type="checkbox"/>
a special investment scheme;	<input type="checkbox"/>
a unit trust to which section 731 (5)(a) TCA 1997 applies;	<input type="checkbox"/>
a charity being a person referred to in section 739D(6)(f)(i) TCA1997;	<input type="checkbox"/>
a qualifying management company;	<input type="checkbox"/>
entitled to exemption from income tax and capital gains tax by virtue of section 784A(2) TCA, 1997* (see further requirement for Qualifying Fund Manager below);	<input type="checkbox"/>
a PRSA Administrator;	<input type="checkbox"/>
a credit union within the meaning of section 2 of the Credit Union Act 1997.	<input type="checkbox"/>

Additional requirements where the declaration is completed on behalf of a Charity

☐ I also declare that at the time of making this declaration, the Shares in respect of which this declaration is made are held for charitable purposes only and

- form part of the assets of a body of persons or trust treated by the Revenue Commissioners as a body or trust established for charitable purposes only, or
- are, according to the rules or regulations established by statute, charter, decree, deed of trust or will, held for charitable purposes only and are so treated by the Revenue Commissioners.

☐ undertake that, in the event that the person referred to in paragraph (7) of Schedule 2B TCA 1997 ceases to be a person referred to in Section 739D(6)(f)(i) TCA, 1997, I will, by written notice, bring this fact to the attention of the investment undertaking accordingly.

Additional requirements where the declaration is completed by a qualifying fund manager / PRSA Administrator

☐ I/we* also declare that at the time this declaration is made, the Shares in respect of which this declaration is made

- are assets of * an approved retirement fund/an approved minimum retirement fund or a

- PRSA, and
- are managed by the Declarant for the individual named below who is beneficially entitled to the Shares.

☐

I/we* undertake that, if the Shares cease to be assets of *the approved retirement fund/the approved minimum retirement fund or the PRSA, including a case where the Shares are transferred to another such fund or account, I/we* will, by written notice, bring this fact to the attention of the investment undertaking accordingly.

**Delete as appropriate*

Additional requirements where the declaration is completed by an Intermediary

☐

I/we* also declare that I am/we are* applying for Shares on behalf of persons who

- To the best of my/our* knowledge and belief, have beneficial entitlement to each of the Shares in respect of which this declaration is made, and
- Is a person referred to in section 739D(6) TCA, 1997.

☐

I/we* further declare that

- Unless I/we* specifically notify you to the contrary at the time of application, all applications for Shares made by me/us* from the date of this application will be made on behalf of persons referred to in section 739D(6) TCA, 1997, and
- I/we* will inform you in writing if I/we* become aware that any person ceases to be a person referred to in section 739D(6) TCA, 1997.

**Delete as appropriate*

Name of Applicant: _____

Irish tax reference number of Applicant: _____

Authorised signatory: _____ **(Declarant)**

Title: (Mr/Ms. etc) _____

Capacity in which declaration is made: _____

Date: ____ / ____ / ____

Important Notes

1. This is a form authorised by the Revenue Commissioners which may be subject to inspection. It is an offence to make a false declaration.
2. Tax reference number in relation to a person has the meaning assigned to it by Section 885 TCA, 1997 in relation to a "specified person" within the meaning of that section. In the case of a

charity, quote the Charity Exemption Number (CHY) as issued by Revenue. In the case of a qualifying fund manager, quote the tax reference number of the beneficial owner of the Share.

3. In the case of, (i) an exempt pension scheme, the administrator must sign the declaration; (ii) a retirement annuity contract to which Section 784 or 785 applies, the person carrying on the business of granting annuities must sign the declaration; (iii) a trust scheme, the trustees must sign the declaration. In the case of a charity, the declaration must be signed by the trustees or other authorised officer of a body of persons or trust established for charitable purposes only within the meaning of Sections 207 and 208 TCA 1997. In the case of an approved retirement fund/an approved minimum retirement fund or a PRSA, it must be signed by a qualifying fund manager or PRSA administrator. In the case of an intermediary, the declaration must be signed by the intermediary. In the case of a company, the declaration must be signed by the company secretary or other authorised officer. In the case of a unit trust it must be signed by the trustees. In any other case it must be signed by an authorised officer of the entity concerned or a person who holds a power of attorney from the entity. A copy of the power of attorney should be furnished in support of this declaration.

**Declaration for Irish Residents who are not Exempt Investors –
Return of Values (Investment Undertakings) Regulations 2013**

The ICAV must collect additional information in order to satisfy Return of Values (Investment Undertakings) Regulations 2013(S.I. 245 of 2013). Therefore any individual, company or any unincorporated body of persons which is Irish resident or ordinarily Irish resident and is not an Exempt Investor (as defined in the Prospectus) must provide the following additional information and documentation:

Tax Identification Number (TIN) / PPS Number and any one of the following additional documents are required to verify the TIN or PPS Number (either a copy or the original is sufficient): P60, P45, P21 Balancing Statement, Payslip (where employer is identified by name or tax number), Drug Payment Scheme Card, European Health Insurance Card, Tax Assessment, Tax Return Form, PAYE Notice of Tax Credits, Child Benefit Award Letter /Book, Pension Book, Social Services Card or Public Services Card. In addition, any printed documentation issued by the Revenue Commissioners or by the Department of Social Protection which contain your name, address and tax reference number will also be acceptable. In the case of joint account holders, the additional documentation is required for each Applicant.

Your personal information will be handled by the Administrator or it's duly appointed delegates as Data Processor for the ICAV in accordance with the Data Protection Legislation. Your information provided herein will be processed for the purposes of complying with the Return of Values (Investment Undertakings) Regulations 2013 and this may include disclosure to the Irish Revenue Commissioner