

**Polen Capital Investment Funds II plc**  
(an umbrella fund with segregated liability between sub-funds)

**Application Form for Shares**

<p>Mailing Address C/o State Street Fund Services (Ireland) Limited Transfer Agency Department 78 Sir John Rogerson's Quay Dublin 2 Ireland Email: <a href="mailto:PolencapitalTA@statestreet.com">PolencapitalTA@statestreet.com</a> Tel: + 353 1 242 5584 Fax: + 353 1 562 5548</p>	<p>Please tick here if this has already been sent by facsimile transmission. <input type="checkbox"/></p>
---	---

**Instructions**

**General**

For initial subscriptions for Shares in the Company you must complete this application form including the relevant: (i) FATCA and CRS certifications; and (ii) anti-money laundering documentation (the "AML Documentation") referred to in Appendix 1, Part A and Part B and Appendix 2, respectively (the "Application Form") and post it to State Street Fund Services (Ireland) Limited (the "Administrator") at the above address.

Completed Application Forms and AML Documentation may also be sent by fax to the Administrator, at the above fax number, with the originals to follow by post promptly thereafter.

Eligible investors who have forwarded the completed Application Form and provided satisfactory proof of identification to the Administrator before the Dealing Deadline will be entitled to purchase Shares.

Once an application for Shares has been received by the Administrator, it is irrevocable and binding on the investor. This application for Shares may only be cancelled or modified at the discretion of the Company having received a written request for cancellation or modification prior to the Dealing Deadline. Any application received by the Administrator after the Dealing Deadline shall be held in abeyance and shall be effective on the next succeeding Dealing Day, unless the Directors at their discretion decide to accept an application provided that such application(s) have been received prior to the Valuation Point for the particular Dealing Day.

Investors are required to transmit cleared funds representing the subscription monies by wire instructions to the relevant account(s) set out below in the table titled "Subscription Information" so that the monies are received by the relevant Settlement Time. In certain circumstances, the Company may deem it appropriate to require that cleared funds representing the subscription monies are received in the Company's account by the Administrator by the Dealing Deadline. If payment for a subscription is not received by the relevant settlement date (or Dealing Deadline, as appropriate), a subscription may be cancelled or the investor may be charged interest on the outstanding subscription monies at normal commercial rates. In such an event, the investor may be held liable for any loss to the relevant Fund.

Investors are required to complete the table below titled "Details of Investment" as appropriate. Subscriptions for Shares must be made in the Base Currency of the Fund or the named currency of the Class. In exceptional circumstances and by prior agreement with the Administrator and the Company, subscriptions may be made in a currency that is not the Base Currency of the Fund or Class. In such cases the subscription will be converted into the Base Currency of that Fund or Class at the rate of exchange available to the Administrator and the costs of conversion shall be deducted from the subscription monies which will then be invested in Shares.

No repurchase payments may be made until the original Application Form and AML Documentation have been received from the investor and all anti-money laundering procedures have been carried out.

Subsequent subscriptions (i.e. subsequent to an initial subscription for Shares within a Fund) may be made by submitting a subscription form to the Administrator by the Dealing Deadline in writing or by fax. Subscription forms are available from the Administrator.

Non Retail Accounts - An authorised signatory list must be provided at the time of account opening for the investing entity in whose name the account is being opened. The Application Form must be signed by no less than two authorised signatories.

Any changes to the original account details must be received in original format and signed by no less than two authorised signatories, in the case of a company, on corporate letterhead, and in the case of retail applicants, all account signatories must authorise every instruction.

Capitalised terms not defined and used in the Application Form shall have the same meaning as defined in the Prospectus.

The Company reserves the right to reject any application for Shares.

Amendments to an Applicant's registration details and payment instructions will only be effected on receipt of an original instruction which has been duly authorised.

**SECTION 1 – DETAILS OF INVESTMENT AND APPLICANTS**

Please pay subscription monies to the following account(s)

	<b>Euro</b>	<b>US Dollars</b>	<b>Sterling</b>
<b>Beneficiary Bank Name</b>	Bank of America N.A., New York	Bank of America N.A., New York	Bank of America N.A., New York
<b>Beneficiary Bank SWIFT Code</b>	BOFAGB22	BOFAUS3N	BOFAGB22
<b>Beneficiary Bank Sort Code</b>		ABA; 026009593	165050
<b>Beneficiary Account Name</b>	Polen Capital Investment Funds II PLC	Polen Capital Investment Funds II PLC	Polen Capital Investment Funds II PLC
<b>Beneficiary Account Number</b>	47420021	6550962843	47420013
<b>Beneficiary IBAN</b>	GB46 BOFA 1650 5047 4200 21		GB68 BOFA 1650 5047 4200 13
<b>Reference</b>	Name of Fund – Applicant	Name of Fund – Applicant	Name of Fund – Applicant

**DETAILS OF EXPECTED INVESTMENT (please complete this section)**

Please tick one of the following boxes to confirm whether you invest for your own account or on behalf of another person

<u>Level of expected total investment (noting the minimum investment amount relevant to each Share Class:</u> Ranging between a currency equivalent to EUR Zero to EUR100K Ranging between a currency equivalent to EUR 100K to EUR1M Ranging between a currency equivalent to EUR 1M to EUR100M Superior to a currency equivalent to EUR 100M	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>Declaration of investment:</u> Investing on my/our own behalf (please tick the box if applicable) Investing on behalf of a Third Party Disclosed in the Investor Name Investing on behalf of several non-disclosed Third Parties (omnibus/pooled accounts)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Please ensure that your bank quotes the details above in the electronic funds transfer to the appropriate bank.

<b>Details of Investment:</b>				
The Applicant, having received and read a copy of the Prospectus of the Company hereby applies to invest in the Company, as indicated in the table below:				
Sub-Fund Name	Share Class	Currency	Number of Units	Value of Subscription

Should you have any questions, please contact State Street Fund Services (Ireland) Limited, Transfer Agency Department .  
 Telephone: + 353 1 242 5584 Facsimile: + 353 1 562 5548

Email: [PolencapitalTA@statestreet.com](mailto:PolencapitalTA@statestreet.com) .

Account Registration Details						
Registered Name						
Account Designation (if any)						
Shareholder Type						
Occupation (if individual) or Nature and purpose of business activity (if entity)						
Source of funds for initial investment (please tick multiple boxes if appropriate)	<input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Sale of Business <input type="checkbox"/> Salary <input type="checkbox"/> Pension <input type="checkbox"/> Investment income <input type="checkbox"/> Sale of assets (please specify) <input type="checkbox"/> Lottery <input type="checkbox"/> Other (please specify)					
	Further supporting documentation may be requested if deemed necessary to verify the above information.					
Source of wealth, i.e. aggregation of accumulated wealth (please tick multiple boxes if appropriate)	<input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Sale of Business <input type="checkbox"/> Salary <input type="checkbox"/> Pension <input type="checkbox"/> Investment income <input type="checkbox"/> Sale of assets (please specify) <input type="checkbox"/> Lottery <input type="checkbox"/> Other (please specify)					
	Further supporting documentation may be requested if deemed necessary to verify the above information.					
Registered Address PO or C/O will not be accepted						
Mailing Address (if different)						
Contact Name						
Contact Details	Telephone		Facsimile		Email	
Transmission Method for Contract Notes and Statements (please tick)	E-mail <input type="checkbox"/>	E-mail address:				
	Facsimile <input type="checkbox"/>	Facsimile:				
	POST					

**Joint Applicant(s)**

Details of up to 3 additional holders may be added to the application. Please complete details in block capitals below.

First additional applicant details	
Registered Name	
Occupation (if individual or joint account) or	

Nature of purpose of entity (if entity)						
Source of funds for initial investment (please tick multiple boxes if appropriate)	<input type="checkbox"/> Inheritance <input type="checkbox"/> Salary <input type="checkbox"/> Sale of assets (please specify) <input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Gift <input type="checkbox"/> Pension <input type="checkbox"/> Lottery		<input type="checkbox"/> Sale of Business <input type="checkbox"/> Investment income	
Further supporting documentation may be requested if deemed necessary to verify the above information.						
Source of wealth, i.e. aggregation of accumulated wealth (please tick multiple boxes if appropriate)	<input type="checkbox"/> Inheritance <input type="checkbox"/> Salary <input type="checkbox"/> Sale of assets (please specify) <input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Gift <input type="checkbox"/> Pension <input type="checkbox"/> Lottery		<input type="checkbox"/> Sale of Business <input type="checkbox"/> Investment income	
Further supporting documentation may be requested if deemed necessary to verify the above information.						
Registered Address PO or C/O will not be						
Contact Name						
Contact Details	Telephone		Facsimile		Email	

<b>Second additional applicant details</b>
--

Registered Name						
Occupation (if individual or joint account) or Nature of purpose of entity (if entity)						
Source of funds for initial investment (please tick multiple boxes if appropriate)	<input type="checkbox"/> Inheritance <input type="checkbox"/> Salary <input type="checkbox"/> Sale of assets (please specify) <input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Gift <input type="checkbox"/> Pension <input type="checkbox"/> Lottery		<input type="checkbox"/> Sale of Business <input type="checkbox"/> Investment income	
Further supporting documentation may be requested if deemed necessary to verify the above information.						
Source of wealth, i.e. aggregation of accumulated wealth (please tick multiple boxes if appropriate)	<input type="checkbox"/> Inheritance <input type="checkbox"/> Salary <input type="checkbox"/> Sale of assets (please specify) <input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Gift <input type="checkbox"/> Pension <input type="checkbox"/> Lottery		<input type="checkbox"/> Sale of Business <input type="checkbox"/> Investment income	
Further supporting documentation may be requested if deemed necessary to verify the above information.						
Registered Address PO or C/O will not be						
Contact Name						
Contact Details	Telephone		Facsimile		Email	

<b>Third additional applicant details</b>
---

Registered Name						
Occupation (if individual or joint account) or Nature of purpose of entity (if entity)						
Source of funds for initial investment (please tick multiple boxes if appropriate)	<input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Sale of Business <input type="checkbox"/> Salary <input type="checkbox"/> Pension <input type="checkbox"/> Investment income <input type="checkbox"/> Sale of assets (please specify) <input type="checkbox"/> Lottery <input type="checkbox"/> Other (please specify)					
	Further supporting documentation may be requested if deemed necessary to verify the above information.					
Source of wealth, i.e. aggregation of accumulated wealth (please tick multiple boxes if appropriate)	<input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Sale of Business <input type="checkbox"/> Salary <input type="checkbox"/> Pension <input type="checkbox"/> Investment income <input type="checkbox"/> Sale of assets (please specify) <input type="checkbox"/> Lottery <input type="checkbox"/> Other (please specify)					
	Further supporting documentation may be requested if deemed necessary to verify the above information.					
Registered Address PO or C/O will not be						
Contact Name						
Contact Details	Telephone		Facsimile		Email	

\*\* Correspondence will only be sent to the first named applicant/correspondence address. Additional applicants will be required to provide confirmation of residential address details for anti-money laundering verification purposes.

Intermediary Details (if applicable)						
Broker ID				Branch ID		
Broker Name						
Broker Address						
Representative Name				Representative ID		
Contact Details	Telephone		Facsimile		Email	

**ULTIMATE ECONOMIC BENEFICIARY OWNER DECLARATION –**

Option A: We confirm there is/are natural person(s) who is/are the beneficial owner(s) of the investor.  
 (Please complete Section 1 below)

Option B: We confirm there is/are no natural person(s) identified under Option A and therefore, the beneficial owner(s) are those who hold the position of senior managing official(s).  
 (Please complete Section 2 below)

**Section 1: Natural person(s) who is/are a beneficial owner of the investor**

Beneficial Owner 1

Full Name	Registered Address (PO or C/O will not be accepted)	Date and Place of Birth	Nationality	Tax Residence (s)	Tax Identification Number(s)	Shareholding Type (and %)

Beneficial Owner 2

Full Name	Registered Address (PO or C/O will not be accepted)	Date and Place of Birth	Nationality	Tax Residence (s)	Tax Identification Number(s)	Shareholding Type (and %)

*If needed, please add additional natural person(s) who are beneficial owners on a separate sheet*

**Section 2: No natural person(s) who is / are a beneficial owner of the investor**

In the event where no natural person falls under Option A, the senior managing official(s) of the subscribing entity will be recorded as the Beneficial Owner.

In completing the below, we confirm we have read and understood the above definition and we have provided below details of a senior managing officials who should be recorded as the Beneficial Owner(s).

Senior Managing Official 1

Full Name	Registered Address (PO or C/O will not be accepted)	Date and Place of Birth	Nationality	Function (Title)

Senior Managing Official 2

Full Name	Registered Address (PO or C/O will not be accepted)	Date and Place of Birth	Nationality	Function (Title)

--	--	--	--	--

*If needed, please add additional senior managing official(s) on a separate sheet*

**I, \_\_\_\_\_ hereby certify, to the best of my knowledge, that the information provided above is complete and correct.**

**Further, I understand that the Company, the Administrator and/or their delegates reserves the right to request further documentation if needed to comply with applicable anti-money laundering laws and regulations.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Appropriate Representative (e.g. VP or above, Director, Compliance, MLRO or delegate)  
(State Name and Position of Appropriate Representative)

**Note:**

**Definition of a “beneficial owner”:**

Article 3 of AMLD4 defines a “beneficial owner” as meaning any natural person(s) who ultimately owns or controls the customer and/or the natural person(s) on whose behalf a transaction or activity is being conducted and includes at least:

(a) in the case of corporate entities:

(i) the natural person(s) who ultimately owns or controls a legal entity through direct or indirect ownership of a sufficient percentage of the shares or voting rights or ownership interest in that entity, including through bearer shareholdings, or through control via other means, other than a company listed on a regulated market that is subject to disclosure requirements consistent with Union law or subject to equivalent international standards which ensure adequate transparency of ownership information. A shareholding of 25 % plus one share or an ownership interest of more than 25 % in the customer held by a natural person shall be an indication of direct ownership. A shareholding of 25 % plus one share or an ownership interest of more than 25 % in the customer held by a corporate entity, which is under the control of a natural person(s), or by multiple corporate entities, which are under the control of the same natural person(s), shall be an indication of indirect ownership

(ii) if, after having exhausted all possible means and provided there are no grounds for suspicion, no person under point (i) is identified, or if there is any doubt that the person(s) identified are the beneficial owner(s), the natural person(s) who hold the position of senior managing official(s), the obliged entities shall keep records of the actions taken in order to identify the beneficial ownership under point (i) and this point;

(b) in the case of trusts:

(i) the settlor; (ii) the trustee(s); (iii) the protector, if any; (iv) the beneficiaries, or where the individuals benefiting from the legal arrangement or entity have yet to be determined, the class of persons in whose main interest the legal arrangement or entity is set up or operates; (v) any other natural person exercising ultimate control over the trust by means of direct or indirect ownership or by other means; or

(c) in the case of legal entities such as foundations, and legal arrangements similar to trusts, the natural person(s) holding equivalent or similar positions to those referred to in point (b).

**Bank Account Details for Redemption and Distribution Payments**

Please list the details of the account to which redemption proceeds, and/or dividend distributions should be paid. Payments will only be made to a bank account held in the name of the registered shareholder. No third party payments will be made.

Both IBANS & SWIFT (BIC) Codes should be quoted for all banks within the EU/EEA.

Amendments to investors' payment instructions will only be effected upon receipt of an original instruction which has been duly authorised. In the case of joint accounts, instructions will only be made upon receipt of instruction duly signed by all applicants.

The Administrator does not accept any responsibility for the bank account details quoted and any payments made using these details will be at your risk.

<b>Correspondent Bank Name</b>	
<b>Correspondent Bank Address</b>	
<b>Correspondent Bank Sort Code/ SWIFT (BIC)/ ABA/Fedwire</b>	
<b>Beneficiary Bank Name</b>	
<b>Beneficiary Bank Address</b>	
<b>Beneficiary Bank Sort Code/ SWIFT (BIC)/ ABA/Fedwire</b>	
<b>Beneficiary Account Name</b>	
<b>Beneficiary Account Number</b>	
<b>Payment Type (please select)</b>	MT202 <input type="checkbox"/> / MT103 <input type="checkbox"/>
<b>Reference</b>	

**Dividend Option (please tick)****Please Tick**

<b>Reinvest Option</b>	automatic purchase of additional shares of the same class equivalent to monthly dividends	
<b>Cash option</b>	pay all dividends to the bank account listed above	

Should this section not be completed and dividends are paid (in the event that there is a change in dividend policy) they will be automatically reinvested in additional shares.

Please note that the above options are relevant to "Income Share Classes" as described in the Prospectus. Income Share Classes are share classes in which dividends are declared and paid. "Accumulating Shares Classes", as described in the Prospectus are classes in respect of which any dividends which are declared will automatically be re-invested.



## SECTION 2 – DECLARATIONS

### Return of Values (Investment Undertakings) Regulations 2013

Pursuant to the Return of Values (Investment Undertakings) Regulations 2013 (S.I. 245 of 2013) (the "Regulations"), the Company is required to collect certain information from non-Excepted Share Holders. All Applicants, whether individuals, bodies corporate or unincorporated bodies of persons, which are Irish resident or ordinarily resident should review the list of Excepted Share Holders set out below.

If the Applicant is Irish resident or non-Irish resident and is not an Excepted Share Holder, please provide the following information and documentations:

Tax Identification Number (TIN) / PPS Number: \_\_\_\_\_

Any one of the following additional documents is required to verify the TIN or PPS Number (either an original or a copy will suffice):

- P60
- P45
- P21 Balancing Statement
- Payslip (where employer is identified by name or tax number)
- Drug Payment Scheme Card
- Tax Assessment
- Tax Return Form
- PAYE Notice of Tax Credits
- Child Benefit Award Letter / Book
- Pension book
- Social Services Card
- Public Services Card

In addition, printed documentation issued by the Irish Revenue Commissioners or the Department of Social Protection which includes your name, address and tax reference number is also 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, the Company or its duly appointed delegates as Data Processor for the Company in accordance with the Data Protection Acts 1988 to 2018. Information provided herein will be processed for the purposes of complying with the Regulations and this may include disclosure to the Irish Revenue Commissioners.

<b>Excepted Share Holders</b>	
<b>Share Holders</b>	TCA 1997 reference
The following entities will constitute Excepted Share Holders provided the Fund has obtained a duly completed appropriate declaration:	
An investment undertaking	739D(6)(c)
An investment limited partnership	739D(6)(cc)
A pension scheme which is an exempt approved scheme	739D(6)(a)
A company carrying on a life assurance business	739D(6)(b)
A special investment scheme	739D(6)(d)
A unit trust to which section 731(5) applies	739D(6)(e)
A charity	739D(6)(f)(i)
ARFs, AMRFs	739D(6)(h)
A qualifying fund manager	739D(6)(g)
A qualifying savings manager	739D(6)(g)
PRSA providers	739D(6)(i)
The National Pensions Reserve Fund	739D(6)(l)
The National Asset Management Agency	739D(6)(ka)
A Section 110 Company	739D(6)(m)
A Credit Union	739D(6)(j)
An Irish resident company but only where the Fund is a money market fund	739D(6)(k)
A non-Irish resident unit holder in respect of whom the Fund has obtained a completed non-resident declaration or where the Fund has adopted the Equivalent Measures Regime	739D(7) 739D(7B)
A unit holder who holds their units in a recognised clearing system	739B

## Politically Exposed Persons

Please complete EITHER Section A or B below, with reference to the definitions below

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. This includes the following individuals (but excluding any middle ranking or more junior official):

- a. a “specified official”;
- b. a member of the administrative, management or supervisory body of a state-owned enterprise;

A “specified official” is (including any such officials in an institution of the European Communities or an international body):

- a. heads of State, heads of government, ministers and deputy or assistant ministers;
- b. members of parliament or of similar legislative bodies;
- c. members of the governing bodies of political parties;
- d. members of supreme courts, of constitutional courts or of other high-level judicial bodies, the decisions of which are not subject to further appeal, except in exceptional circumstances;
- e. members of courts of auditors or of the boards of central banks;
- f. ambassadors, chargés d'affaires and high-ranking officers in the armed forces;
- g. members of the administrative, management or supervisory bodies of State-owned enterprises;
- h. directors, deputy directors and members of the board or equivalent function of an international organisation.

**Note:** No public function referred to in points (a) to (h) shall be understood as covering middle-ranking or more junior officials.

An immediate family member of a PEP includes any of the following persons:

- a. any spouse of the PEP;
- b. any person who is considered to be equivalent to a spouse of the PEP under the national or other law of the place where the person or PEP resides;
- c. any child of the PEP;
- d. any spouse of a child of the PEP;
- e. any person considered to be equivalent to a spouse of a child of the PEP under the national or other law of the place where the person or child resides;
- f. any parent of the PEP;
- g. any other family member of the PEP who is of a class prescribed by the Minister for Justice under section 37(11) of the Act.

A close associate of a PEP includes any of the following persons

- a. any individual who has joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with the PEP;
- b. any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the PEP.

As an example, a “beneficial owner” of a body corporate is any individual who (other than a company having securities listed on a regulated market):

- a. ultimately owns or controls, whether through direct or indirect ownership or control (including through bearer shareholdings), more than 25 per cent of the shares or voting rights of the body; or
- b. otherwise exercises control over the management of the body.

### SECTION A: TO BE COMPLETED ONLY IF THE PEP RULES APPLY WITH REFERENCE TO THE ABOVE DEFINITIONS:

the application is being made by a PEP / immediate family member of a PEP / close associate of a PEP

OR

the applicant has a beneficial owner who is a PEP / immediate family member of a PEP / close associate of a PEP

OR

the application is being made for the benefit of a PEP / immediate family member of a PEP / close associate of a PEP

OR

it is intended to transfer the shares to a PEP / immediate family member of a PEP / close associate of a PEP

Name of PEP		Address of PEP	
Office of PEP		Relationship of Applicant or Applicant's Beneficial Owner to PEP	

Source of Wealth of the PEP (e.g. Income from employment, Income from company business, inheritance, etc)

- |  |                                  |  |
|--|----------------------------------|--|
| <input type="checkbox"/> Inheritance                     | <input type="checkbox"/> Gift    | <input type="checkbox"/> Sale of Business  |
| <input type="checkbox"/> Salary                          | <input type="checkbox"/> Pension | <input type="checkbox"/> Investment income |
| <input type="checkbox"/> Sale of assets (please specify) | <input type="checkbox"/> Lottery |  |
| <input type="checkbox"/> Other (please specify)          |                                  |  |

Further supporting documentation may be requested if deemed necessary to verify the above information.

**SECTION B: PLEASE TICK BOX BELOW IF THE PEP RULES DO NOT APPLY WITH REFERENCE TO THE DEFINITIONS ABOVE:**

I/we confirm that the application is NOT being made by a PEP / immediate family member of a PEP / close associate of a PEP  
AND  
the applicant does not have a beneficial owner who is a PEP / immediate family member of a PEP / close associate of a PEP  
AND  
the application is NOT being made for the benefit of a PEP / immediate family member of a PEP / close associate of a PEP  
AND  
it is NOT intended to transfer the shares to a PEP / immediate family member of a PEP / close associate of a PEP

**Data Protection Notice and Acknowledgement**

I/we acknowledge that by completing this Application Form that I/we have provided personal information, which may constitute “personal data” within the meaning of the Irish Data Protection Acts 1988 and 2003, the EU Data Protection Directive 95/46/EC, the EU ePrivacy Directive 2002/58/EC (as amended) and any relevant transposition of, or successor or replacement to, those laws (including, when they come into force, the General Data Protection Regulation (Regulation (EU) 2016/679) and the successor to the ePrivacy Directive) (together, the “**Data Protection Legislation**”). I/we acknowledge that personal data will be used by the Company for the following purposes: (i) to manage and administer Shareholder’s holding in the Company and any related accounts on an ongoing basis in accordance with the contract between the applicant and the Company;(ii) to carry out statistical analysis and market research as the Company’s legitimate business interest; (iii) to comply with legal and regulatory obligations applicable to the applicant and the Company from time to time including applicable anti-money laundering and counter terrorist financing legislation. In particular, in order to comply with the Common Reporting Standard (as implemented in Ireland by Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections) and FATCA, applicants’ personal data (including financial information) may be shared with the Irish Revenue Commissioners. They in turn may exchange information (including personal data and financial information) with foreign tax authorities (including the U.S. Internal Revenue Service and foreign tax authorities located outside the European Economic Area). Applicants are advised to consult the AEOI (Automatic Exchange of Information) webpage on [www.revenue.ie](http://www.revenue.ie) for further information in this regard; and (iv) for any other specific purposes where the applicant has given specific consent. I/we acknowledge that personal data may be disclosed by the Company to its delegates, professional advisors, service providers, regulatory bodies, auditors, technology providers and any duly authorised agents or related, associated or affiliated companies of the foregoing for the same or related purposes.

I/we acknowledge that personal data may be transferred to countries which may not have the same or equivalent data protection laws as Ireland. If such transfer occurs, the Company is required to ensure that such processing of the applicant’s personal data is in compliance with Data Protection Legislation and, in particular, that appropriate measures are in place such as entering into Model Contractual Clauses (as published by the European Commission) or ensuring that the recipient is Privacy Shield certified, if appropriate. For more information on the means of transfer of applicant’s data or a copy of the relevant safeguards, please contact [DataProtection@kbassociates.ie](mailto:DataProtection@kbassociates.ie).

Pursuant to the Data Protection Legislation, applicants have the right to object to processing of personal data by the Company and a number of other rights which may be exercised in respect of their personal data, *i.e.* the right of access to personal data held by the Company; the right to amend and rectify any inaccuracies in personal data held by the Company; the right to erase personal data held by the Company; the right to data portability of personal data held by the Company; and the right to request restriction of the processing of personal data held by the Company. I/we acknowledge that these rights will be exercisable subject to limitations as provided for in the Data Protection Legislation. The applicant may make a request to the Company to exercise these rights by contacting [DataProtection@kbassociates.ie](mailto:DataProtection@kbassociates.ie).

Personal data may be retained by the Company for the duration of an applicant’s investment and afterwards in accordance with the Company’s legal and regulatory obligations, including but not limited to the Company’s record retention policy. The Company is a data controller within the meaning of the Data Protection Legislation and undertakes to hold any personal information provided by applicants in confidence and in accordance with the Data Protection Legislation. For queries, requests or comments in respect of this notice or the way in which the Company uses applicant’s personal data, please contact [DataProtection@kbassociates.ie](mailto:DataProtection@kbassociates.ie). Applicants have the right to lodge a complaint with the Office of the Data Protection Commissioner.

**European Union Savings Directive**

Council Directive 2003/48/EC of 3 June 2003 (the “EU Savings Directive”), which deals with the taxation of savings income in the form of interest payments, seeks to ensure that an individual who is resident in a member state of the European Union (an “EU Member State”) and who receives savings income from another EU Member State, is taxed in the EU Member State in which he/she is resident for tax purposes. In this regard the Company is obliged to establish the identity and residence of such individuals.

**For completion by Applicants who are tax resident outside the EU Member States**

The Applicant confirms by ticking the box to the left that the Applicant is not resident in an EU Member State and has not verified its identity for the purposes of the Company’s anti-money laundering verification requirements by use of an EU passport/official identity.

**For completion by Applicants who are tax resident outside the EU Member States**

The Applicant confirms by ticking the box to the left that the Applicant is not resident in an EU Member State and has not verified its identity for the purposes of the Company’s anti-money laundering verification requirements by use of an EU passport/official identity.

**Applicants who are tax resident in the EU Member States should complete either Section (1) or Section (2) below:**

**Section 1:** This Section 1 is to be completed by an Applicant resident in an EU Member State who is not a natural person (i.e., not an individual, unincorporated body, unincorporated partnership, or any of the foregoing acting as trustee of a trust):

- A. Is Applicant a legal person, e.g., an incorporated entity? YES or NO (strike out as applicable)
- B. Are Applicant’s profits taxed under general arrangements for business taxation? YES or NO (strike out as applicable)
- C. (i) Is Applicant a UCITS or (ii) has Applicant been issued a certificate by Applicant’s EU Member State allowing Applicant to be treated as a UCITS for the purposes of the EU Savings Directive? YES or NO (strike out as applicable)

**Section 2:** This Section 2 is to be completed by natural person Applicants (i.e., an individual, an unincorporated body, an unincorporated partnership, or any of the foregoing acting as a trustee of a trust) residing in an EU Member State or who, in completing the Trust’s money laundering verification requirements, have verified his/her identity by use of an EU Member State passport/official identity:

<b>A.</b>	Specify the EU Member State in which Applicant is tax resident:	
	Please insert the Tax Identification Number (“TIN”) issued to Applicant by that EU Member State:	
<b>B.</b>	Is Applicant’s EU passport or official identity issued by the same EU Member State that appears in Applicant’s address in section 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>C.</b>	Applicant’s date, place, and country of birth:	

**Notes:**

- (1) If Applicant answered Yes to Section 1(c)(ii) above, Applicant must provide a certified copy of the certificate.
- (2) If Applicant answered NO to Section 2(b) above, then Applicant must provide a “certificate of residence for tax” issued by Applicant’s local taxation authority, otherwise Applicant’s EU residency will be decided and reported upon the basis of information contained in Applicant’s passport/official identity card and/or other documentation provided for the purposes of satisfying the Company’s money laundering verification requirements.

**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. Please select either A or B

**A - Declaration on Own Behalf**

- i. 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 a resident or ordinarily resident in Ireland, I/we will so inform you, in writing, accordingly.

**B - Declaration as Intermediary**

- i. 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 a resident or ordinarily resident in Ireland, and
- ii. 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 a resident or ordinarily resident in Ireland.

**Additional Declarations**

I/We, having received and considered a copy of the current Prospectus and the applicable Key Investor Information Document (KIID) or Key Investor Document ("KID") of the Company, hereby confirm that this application is based solely on the terms of the current Prospectus and the material contracts therein referred to together (where applicable) with the most recent annual report or semi-annual report and accounts of the Company. I/We hereby acknowledge that, unless otherwise defined in this Application Form, all capitalized terms shall have the same meaning as defined in the Prospectus. I/We undertake to observe and be bound by the provisions of the Prospectus and the Memorandum and Articles of Association of the Company (as amended from time to time) (the "Constitution") and apply for the Shares issued in relation to this application to be entered in the register of Shareholders in my/our name(s) (or in the name of a nominee or agent).

I/We hereby acknowledge that I/we may at any time request a paper copy of the Prospectus or the KIID/KID from the Company and that I/we may revoke or restrict consent to electronic delivery of account communications at any time by notifying the Company, in writing, of the intention to do so. I/We hereby agree that the Company, the Investment Manager, any sub-investment manager and the Administrator will not be liable for any interception of account communications. I/We acknowledge that Shareholders should note that no additional charge for electronic delivery will be assessed, but Shareholders may incur charges from Internet service or access providers. In addition, there are risks, such as systems outages, that are associated with electronic delivery.

I/We acknowledge that measures aimed at the prevention of money laundering may require verification of my/our identity. I/We acknowledge that Shares will not be issued until such time as the Administrator has received and is satisfied with all the information and documentation requested to verify my/our identity (as set out in Appendix A to this Application Form). I/we acknowledge that the Administrator and the Company shall be held harmless against any loss arising as a result of a failure to process my/our application for Shares if such information and documentation as has been requested by the Administrator has not been provided by me/us. I/We acknowledge that repurchase requests will not be processed on non-verified accounts.

I/We hereby acknowledge that in accordance with anti-money laundering and counter-terrorist financing requirements that redemption monies or dividend payments shall not be paid until the signed Application Form and all documents required in connection with the obligation to prevent money laundering have been received by the Administrator and all anti-money laundering procedures have been completed satisfactorily. In the event that an investor fails to submit the necessary documentation requested by the Company or its delegate as required under the anti-money laundering and counter-financing requirements redemption monies or dividend payments will be held in the Fund's account and shall remain an asset of the Fund and the investor will not benefit from the application of any investor money protection rules (i.e., the redemption monies/dividend payments will not be held on trust for the investor). In such circumstances, the investor acknowledges that it will be an unsecured creditor of the relevant Fund in respect of such redemption monies/dividend payments until such time as the relevant documentation required by the Company has been received to its satisfaction and the redemption monies/dividend payments have been paid to the investor. If insufficient information is provided by the investor in order to satisfy the anti-money laundering and counter-financing requirements, each of the Company, the Administrator and the Investment Manager may take such steps as they deem necessary to discontinue the relationship with the investor.

I/We hereby authorise the Administrator to accept and execute any instructions, (including but not limited to any instructions regarding subscriptions, switches, conversions, transfers or repurchases of Shares or any payment in relation to same or otherwise) in respect of Shares to which this application relates, given by me/us in written form, by facsimile or by electronic means. I/We hereby agree to indemnify each of the Administrator and the Company and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them (up to the highest value of my/our aggregate investment in the Company as determined by the Administrator irrespective of the value of my/our investment in the Company at the time on which reliance on this indemnity is sought by the relevant party) as a result of either or them acting upon instructions given in written form, by facsimile or by electronic means by me/us. The Administrator and the Company may rely conclusively upon, and shall incur no liability in respect of, any action taken upon any notice, consent, request, instruction or other instrument believed in good faith to be genuine or to be signed by properly authorised persons. For the avoidance of doubt and without limitation, I/we acknowledge that this indemnity shall be enforceable against me/us in the event that any such claims, demands, proceedings, liabilities, damages, losses, costs or expenses directly or indirectly suffered or incurred by the Indemnified Party arise and/or come to the attention of the Indemnified Party after I/we cease to be invested in the Company.

I/We confirm that I/we have the capacity and am/are duly authorised to complete this form and to make the representations and give the indemnities referred to herein.

I/We consent to any notice or other document to be sent by the Company or the Administrator to me/us as a Shareholder, by electronic means including but not limited to e-mail, swift or posting such notice or other document on a website notified to me/us by post or by e-mail.

I/we acknowledge that in the event that subscription monies are paid to a Fund in advance of the issue of Shares on the relevant Dealing Day that such amounts will be held in the Umbrella Cash Account (i.e., a single umbrella cash account opened in the name of the Company) and will be treated as an asset of the relevant Fund. For the avoidance of doubt, such monies will not be held in an account that is subject to the Central Bank (Supervision and Enforcement) Act 2013 (Section 48(1)) Investor Money Regulations 2015 for fund service providers. Accordingly, subscribing investors who pay subscription monies to a Fund in advance of the relevant Dealing Day in respect of which Shares are to be issued will be unsecured creditors of the relevant Fund with respect to the subscription amount until the corresponding Shares are issued on the relevant Dealing Day. Such investors will not benefit from any appreciation in the Net Asset Value of the Fund or any other Shareholder rights in respect of the subscription amounts (including dividend entitlements) until such time as the Shares are issued in respect of the relevant Dealing Day.

I/we acknowledge that monies held in an Umbrella Cash Account will be commingled with the assets and liabilities of the other Funds and will be exposed to counterparty risk, the risk of market conditions generally, the Fund's creditors and any other risks affecting the relevant Fund. In the event of an insolvency of a Fund, there is no guarantee that the Fund will have sufficient funds to pay unsecured creditors (including investors entitled to subscription, redemption and dividend payments) (see above) in full.

I/we acknowledge that no interest will be paid on the amounts held in the Umbrella Cash Account prior to the payment of any redemption or dividend proceeds. Any interest earned on the monies in the Umbrella Cash Account will be for the benefit of the relevant Fund and will be allocated to the Fund on a periodic basis for the benefit of the Shareholders at the time of the allocation.

I/We acknowledge that, in accordance with the requirements of Regulation (EU) 2016/11 of the European Parliament and Council of 6 June 2016 on indices used as benchmarks in financial instruments and financial contracts or to measure the performance of investment funds (the “Benchmark Regulation”), the Company has adopted an index contingency plan to set out the actions which the Company would take in the event that a benchmark used by a sub-fund of the Company materially changes or ceases to be provided (the “Index Contingency Plan”), details of which may be reflected in the Prospectus. I/We acknowledge and agree that actions taken by the Company on the foot of the Index Contingency Plan may have an adverse impact on my/our investment in the Company.

I/We acknowledges that I/we will be entitled to look solely to the assets of the Fund in respect of all payments in respect of Shares. If the realised net assets of the Fund are insufficient to pay any amounts payable in respect of the relevant Shares, I/we acknowledge that I/we will have no further right of payment in respect of such Shares nor any claim against or recourse to any of the assets of any other Fund or any other asset of the Company or of the Administrator or of the Depositary.

**(In respect of joint shareholdings 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 (s) of us or the executor or administrator of such survivor(s).

**(In respect of natural persons only)** I confirm that I have reached the age of majority under the laws of my country of nationality or domicile.

**(In respect of corporate applicants only)** We hereby confirm that we have the full right and power to make this application and invest in Shares and all necessary corporate action has been taken to authorise this application and such investment.

I/We confirm that I am/we are not a U.S. Person and am/are not acquiring Shares in the Company on behalf of, or for the benefit of, a U.S. Person, nor do I/we intend to transfer any Shares which I/we may purchase to any U.S. Person.

I/We hereby certify that I am/we are aware of the risks involved in the proposed investment as set out in the Prospectus. I/We confirm that I am/we are in agreement with the distribution policy as outlined in the Prospectus.

I/We agree to provide such representations to the Company and its Directors at such times as either of them may request and to provide on request such certifications, documents or other evidence as the Company and/or its Directors may reasonably require to substantiate such representations.

I/ We understand that the representations and warranties made herein are continuous and all subsequent subscriptions of Shares in the Company by me/us shall be governed by them, and I/we agree to notify the Company or the Administrator immediately, if any representation or warranty are no longer accurate and to abide by any directions from the Company or the Administrator arising as a result.

I/We declare that the information contained in the declarations completed above is true and correct. By signing this Application Form, I/we hereby agree to indemnify and hold harmless each of the Company, the Administrator and the Investment Manager (each an “Indemnified Party”) (up to the highest value of my/our aggregate investment in the Company as determined by the Administrator irrespective of the value of my/our investment in the Company at the time on which reliance on this indemnity is sought by an Indemnified Party) from any claims, demands, proceedings, liabilities, damages, losses, costs and expenses directly or indirectly suffered or incurred by such Indemnified Party arising as a result of the declarations made herein being untrue or as a result of my failure to notify the Company or Administrator of a change in my status which would render the declarations contained herein untrue subsequent to the date of signing this Application Form. For the avoidance of doubt and without limitation, I/we acknowledge that this indemnity shall be enforceable against me/us in the event that any such claims, demands, proceedings, liabilities, damages, losses, costs or expenses directly or indirectly suffered or incurred by the Indemnified Party arise and/or come to the attention of the Indemnified Party after I/we cease to be invested in the Company.

I/We agree immediately to sell or to tender to the Company for repurchase Shares held by me/us in the Company if the continuing holding of the Shares by me/us would result in regulatory, pecuniary, legal taxation or material administrative disadvantage for the Company or the Shareholders as a whole or otherwise be contrary to the provisions of the Prospectus.

**SECTION 3 – AUTHORISATION AND SIGNATURE**

I/We agree to be bound by the declarations, representations, consents and indemnities set out in this Application Form

Signature (1) \_\_\_\_\_

Capacity of Authorised Signatory \_\_\_\_\_

Name Authorised Signatory (1) \_\_\_\_\_

Signature (2) \_\_\_\_\_

Capacity of Authorised Signatory \_\_\_\_\_

Name Authorised Signatory (2) \_\_\_\_\_

Signature (3) \_\_\_\_\_

Capacity of Authorised Signatory \_\_\_\_\_

Name Authorised Signatory (3) \_\_\_\_\_

Signature (4) \_\_\_\_\_

Capacity of Authorised Signatory \_\_\_\_\_

Name Authorised Signatory (4) \_\_\_\_\_

Date \_\_\_\_\_

<b>Important Information</b>
<p>Non resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration.</p> <p>To be valid, this application form (incorporating the declaration or required by the Irish Revenue Commissioners) must be signed by the applicant and in the case of joint applicants, each must sign. In the case of a corporation, the application must be signed by authorised signatories as agreed in the corporate signing mandate.</p> <p>If the Application Form (incorporating the declaration required by the Irish Revenue Commissioners) is signed under power of attorney, a copy of the power of attorney must be furnished in support of the signature.</p> <p>Applicants who are Irish Resident or are an Exempt Irish Resident should contact the Administrator immediately as additional requirements (including additional declarations where appropriate) may be required to be completed.</p> <p>Where an applicant is not a natural person, details of beneficial owners must also be provided as set out in Section 1 of this Application Form</p>

# APPENDIX 1

## PART A

### ENTITY SELF-CERTIFICATION FOR FATCA AND CRS

#### Instructions for completion and data protection notice

We are obliged under Section 891E, Section 891F and Section 891G, or, as applicable, Chapter 3A of Part 38 of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each investor's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this application form you are providing personal information, which may constitute personal data within the meaning of the Irish Data Protection Acts. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's interests in the Fund, with the Irish tax authorities, the Revenue Commissioners. They in turn may exchange this information, and other financial information with foreign tax authorities, including tax authorities located outside the EEA. This form is intended to request information only where such request is not prohibited by Irish law.

If you have any questions about this form or defining the investor's tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser.

For further information on FATCA or CRS please refer to Irish Revenue 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 investor'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 investor is required to complete a separate Self-Certification form.*

*(Mandatory fields are marked with an \*)*

**Investors that are individuals should not complete this form and should complete the form entitled "Individual Self-Certification for FATCA and CRS".**

#### Section 1: Investor Identification

Entity Name\*: \_\_\_\_\_ (the "Entity")

Country of Incorporation or Organisation: \_\_\_\_\_

Current Residence 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 Specified U.S. Person\*:

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 (please also complete Sections 4 and 5):

U.S. TIN: \_\_\_\_\_

OR

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

OR

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

Information Classification: General



**Section 3: Entity's FATCA Classification\* (the information provided in this section is for FATCA, please note your 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

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

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.	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> : Sponsor's Name: _____ Sponsor's <i>GIIN</i> : _____	
II.	<i>Exempt Beneficial Owner</i>	
III.	<i>Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)</i>	
IV.	<i>Non-Participating Foreign Financial Institution</i>	
V.	<i>Excepted Foreign Financial Institution</i>	
VI.	<i>The Entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN</i>  <i>Trustee's Name:</i> _____  <i>Trustee's GIIN:</i> _____	

**3.4 Non-Financial Institutions under FATCA:**

If the Entity is not a *Financial Institution*, please tick one of the below categories

I.	<i>Active Non-Financial Foreign Entity (including Excepted Non-Financial Foreign Entity)</i>	
II.	<i>Passive Non-Financial Foreign Entity</i> <i>(If this box is ticked, please include individual self-certification forms for each of your Controlling Persons)</i>  I. <input type="checkbox"/> <i>Passive Non-Financial Foreign Entity with no Controlling Persons that are specified U.S Persons.</i>  II. <input type="checkbox"/> <i>Passive Non-Foreign Financial Entity with Controlling Persons that are specified U.S Persons. (If this is ticked, please include self-certification forms for each of your Controlling Persons)</i>	
III.	<i>Excepted Non-Financial Foreign Entity (NFFE)</i>	
IV.	<i>Direct Reporting Non-Financial Foreign Entity (NFFE)</i>  <i>Please provide your GIIN:</i> _____	

**Section 4: CRS Declaration of Tax Residency (please note that you may choose more than one country)\***

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 ("TINs")). Please refer to the OECD CRS Web Portal for AEOI for more information on Tax Residence.

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)

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.

Country of Tax Residency	Tax ID Number

Country of Tax Residency	Tax ID Number

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):

For more information please see the 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.	<b>A Reporting Financial Institution resident in a participating CRS jurisdiction</b>	<input type="checkbox"/>
II.	<b>A Financial Institution Resident in a Non-Participating Jurisdiction</b>	<input type="checkbox"/>
	<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	

III.	<b>Non-Reporting Financial Institution under CRS.</b>  <b>Specify the type of Non-Reporting Financial Institution below:</b> <input type="checkbox"/> Governmental Entity <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:  _____	<input type="checkbox"/>
------	--	--------------------------

**5.2 Non Financial Institutions 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.	<b>Active Non-Financial Entity (NFE)</b> – 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:  _____	<input type="checkbox"/>
II.	<b>Active Non-Financial Entity (NFE)</b> – 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:  _____ Please provide details of the securities market that the entity is listed on :  _____	<input type="checkbox"/>
III.	<b>Active Non-Financial Entity (NFE)</b> – a Government Entity or Central Bank	<input type="checkbox"/>
IV.	<b>Active Non-Financial Entity (NFE)</b> – an International Organisation	<input type="checkbox"/>
V.	<b>Active Non-Financial Entity (NFE)</b> – 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.	<b>Passive Non-Financial Entity (NFE)</b> - (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:

Information Classification: General

**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):** \_\_\_\_\_

# APPENDIX 1

## PART B

### INDIVIDUAL (CONTROLLING PERSONS) SELF-CERTIFICATION FOR FATCA AND CRS

#### Instructions for completion and data protection notice

We are obliged under Section 891E, Section 891F and Section 891G, or, as applicable, Chapter 3A of Part 38 of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each investor's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this application form you are providing personal information, which may constitute personal data within the meaning of the Irish Data Protection Acts. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's interests in the Fund, with the Irish tax authorities, the Revenue Commissioners. They in turn may exchange this information, and other financial information with foreign tax authorities, including tax authorities located outside the EEA. This form is intended to request information only where such request is not prohibited by Irish law.

If you have any questions about this form or defining the investor's tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser.

For further information on FATCA or CRS please refer to Irish Revenue website at: <http://www.revenue.ie/en/business/aeoi/index.html> or the following link to the OECD CRS Information Portal at: <http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.

*If any of the information below about the investor'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 investor is required to complete a separate Self-Certification form.*

**Section 1, 2, 3 and 5 must be completed by all investors**

**Section 4 should only be completed by any individual who is a Controlling Person of an entity investor which is a Passive Non-Financial Entity. For further guidance see:** <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

**(Mandatory fields are marked with an \*)**

#### Section 1: Investor Identification

Investor Name\*: First or Given Name: \_\_\_\_\_

Family Name or Surname: \_\_\_\_\_

Current Residence 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\*: \_\_\_\_\_

Information Classification: General

**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] /[the investor is] a U.S. citizen and/or resident in the U.S. for tax purposes and [my]/[its] U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

OR

(b)  I confirm that [I am not]/[the investor is not] a U.S. citizen or resident in the U.S. for tax purposes.

**Section 3: CRS Declaration of Tax Residency (please note you may choose more than one country)\***

Please indicate your/the investor’s country of tax residence (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers (“TINs”). Please see the CRS Information Portal for more information on Tax Residency.

**NOTE:** Provision of a Tax ID number (TIN) is required unless you are tax resident in a jurisdiction that does not issue a TIN.

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** - 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)

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

**Section 4 – Type of Controlling Person**

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

For Joint or multiple Controlling Persons please use a separate Self-Certification form for each Controlling Person

Please Confirm the type of Controlling Person applicable under CRS that applies to you/the investor by ticking the appropriate box	Please 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 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.

Information Classification: General

I undertake to advise the recipient promptly and, in any event, within 90 days and provide an updated Self-Certification form and any documentary evidence required by us under applicable law or guidance 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 - <http://www.revenue.ie/en/business/aeoi/>

\*Authorised Signature: \_\_\_\_\_

\*Print Name: \_\_\_\_\_

\*Date: (dd/mm/yyyy): \_\_\_\_\_

\*Capacity: \_\_\_\_\_

## APPENDIX 2

### ANTI-MONEY LAUNDERING – KNOW YOUR CUSTOMER REQUIREMENTS

Under Irish legislation and supplemental Guidance covering anti-money laundering and the taxation of savings the Company and the Administrator are required to obtain the following documentation to verify the identity of all new applicants. This documentation should be provided with the application form. The documentation listed below may not cover all applications and the Company and the Administrator reserve the right to request additional documentation if required.

Should documents be provided in a language other than English, an English translation may be required.

Please note that the application may not be accepted until the Administrator is in receipt of all required anti-money laundering documentation, the original Application Form and the original banking details for the settlement of the redemption proceeds. In any event, redemption and dividend payments will not be processed until full anti-money laundering documentation has been received on the account and the Company and the Administrator reserve the right to take further action where full anti-money laundering documentation has not been received.

#### Documentation which may be required for all Retail Applicants

1. Personal Verification<sup>1</sup> - ONE official photographic document (Certified<sup>2</sup>)
2. Address Verification<sup>3</sup> - TWO different address verification documents (Original or Certified)
3. Source of Funds Verification
4. Source of Wealth Verification

#### Documentation which may be required for Designated Bodies in certain Countries<sup>4</sup>

1. Confirmation of Name and Address
2. Confirmation of Regulatory Body
3. Original Authorised Signatory List
4. Original Letter of Assurance (where investing as an intermediary)
5. Original/certified Declaration of Beneficial Owner(s) Form

\*Additional information / documentation may be required subject to intermediary risk assessment, such as information on their AML/CTF policies and the nature of the intermediaries business. Intermediaries from non EU / EEA countries will require an enhanced level of due diligence and further information or documentation, including information on underlying shareholders may also be required.

#### Documentation which may be required for Non Designated Bodies

1. Confirmation of name, office address, principal business address and registered number
2. Confirmation of Regulatory Body (if applicable)
3. Certificate of Incorporation or Certificate to Trade (Certified)
4. Memorandum and Articles of Association (Certified)
5. Latest audited Financial Statements (Certified)
6. Nature and purpose of the entity
7. List of Directors to include full name, dates of birth, occupation, residential and business addresses
8. Authorised Mandate or Board Resolution to establish the business relationship
9. Original Authorised Signatory List
10. ONE personal verification and TWO address verification documents for at least TWO directors **OR** ONE director and ONE authorised signatory (original or certified)
11. Verify the identity of all beneficial owners beneficially entitled to more than 25% of the entity's share capital or voting rights or otherwise exercises control over the management of the entity (if no beneficial owner holds more than 25%, verification of this is required (e.g. share register))

#### Documentation which may be required for Pension Fund Accounts in certain Countries

1. Confirmation of name and address
2. Pension Scheme Rules

---

<sup>1</sup> Acceptable Personal Verification documents are a certified copy of a Passport or a Driver's License or National Identity Card. The certified documents must be in date, show a picture of the person, full name, date of birth and signature of the person.

<sup>2</sup> Verification documents must be *certified* by a suitable person/entity, such as; the Companies Registration Office (or the equivalent in the investors jurisdiction) with regard to incorporation documentation, a notary public, a police officer, an embassy/consular official, a chartered or certified public accountant, a practicing solicitor, any Designated Body. Documents should be stamped with the official stamp of the person, dated and signed by that person.

<sup>3</sup> Acceptable Address Verification documents are any TWO of the following: electricity bill, gas bill, water bill, telephone bill, cable television bill, bank statement or credit card statement, social insurance documents, household/motor insurance certificates. Documents must originate from a different source, show the full name and residential address of the applicant and must be dated within 6 months of submission.

<sup>4</sup> *Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Guernsey, Hong Kong, Iceland, Ireland, Italy, Jersey, Luxembourg, Isle of Man, Netherlands, Norway, Portugal, Singapore, Spain, Sweden, Switzerland, United Kingdom, United States (please note this list is subject to change).*



3. Constitutional / Formation Document (e.g.: Trust Deed)
4. Confirmation of registration from the relevant tax authorities or Pensions Board
5. Verification of the principal employer (if applicable)
6. Name, address and dates of birth of the officers/board members/trustees/directors/governors or equivalent
7. Identity verification for TWO officers/board members/trustees/directors/governors or equivalent
8. Evidence that the person representing the Pension Scheme is empowered to act (Certified)
9. Original Authorised signatory list

**Documentation which may be required for a Nominee Company**

1. Confirmation of Name and Address of Nominee Company
2. Original Authorised Signatory List for the Nominee Account
3. Confirmation of Name and Address of Parent of Nominee
4. Confirmation of Regulatory Body of Parent of Nominee
5. Original Authorised Signatory List of Parent
6. Proof of regulation (nominee / parent)
7. Original Letter of Assurance from Parent

**Documentation which may be required for a Trust/Foundation/Charity**

1. Confirmation of name, registered & principal business address
2. Evidence of charitable status (if applicable)
3. Constitutional / Formation document (e.g.: Trust Deed or equivalent)
4. Nature and purpose
5. ONE Personal Verification and TWO Address Verification documents for at least TWO trustees/directors/governors/board members or ONE trustee/director/governor/board member and ONE authorised signatory (original / certified)
6. ONE Personal Verification and TWO Address Verification documents for any settler (where appropriate)
7. ONE Personal Verification and TWO Address Verification documents for all beneficiaries who own at least 25% of the capital
8. Original Authorised Signatory List

Please note that the Administrator can only accept Application Forms from an entity that has legal capacity to enter into contracts on its own right and may require the constitutive document to legitimate legal status.

**AML CONFIRMATION FOR NOMINEES / INTERMEDIARIES**

This confirmation can only be completed by designated bodies regulated for anti money-laundering purposes by the appropriate regulator in one of the following countries: Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Guernsey, Hong Kong, Iceland, Ireland, Italy, Jersey, Luxembourg, Isle of Man, Netherlands, Norway, Portugal, Singapore, Spain, Sweden, Switzerland, United Kingdom, United States (please note this list is subject to change).

<b>DESCRIPTION OF INVESTOR</b>	<b>DESIGNATED BODY INVESTING AS AN INTERMEDIARY</b> <input type="checkbox"/> <b>NOMINEE COMPANY</b> <input type="checkbox"/>
--------------------------------	---

<b>RELATIONSHIP OF CONFIRMATION PROVIDER (REGULATED ENTITY) TO INVESTOR</b>	<b>INVESTOR</b> <input type="checkbox"/> <b>PARENT OF INVESTOR</b> <input type="checkbox"/>
---	--

<p><b>UNLESS THE FOLLOWING BOX IS TICKED THE ADMINISTRATOR WILL APPLY THE BELOW CONFIRMATION TO ANY SUBSEQUENT DESIGNATED ACCOUNTS IN THE NAME OF THIS INVESTOR.</b></p> <p><b>DO NOT APPLY THE BELOW CONFIRMATION TO SUBSEQUENT DESIGNATIONS</b> <input type="checkbox"/></p>
--

Name of Regulated Entity \_\_\_\_\_

Name of Regulator \_\_\_\_\_

Information Classification: General

We confirm that we are a designated body regulated for anti money-laundering purposes by the below regulator and hereby confirm the following in connection to the investor

1. We / the investor\* has performed the anti-money laundering and counter-terrorist financing identification for any parties on whose behalf the investor is purchasing shares (“underlying investors”).
2. The evidence we / the investor\* has obtained to verify the identity of the underlying investors, and where appropriate, their beneficial shareholders, meets the requirements of our national anti-money laundering and counter-terrorist financing legislation and regulations.
3. We confirm that all documents and information, which we / the investor\* may have on our / the investor’s\* files relating to the identity of each underlying investor will be sent to a competent authority as soon as practicable upon the competent authority’s request.
4. We confirm that all documents and information, which we / the investor\* may have on our / the investor’s files relating to the identity of each underlying investor will be sent to the Administrator of the Fund as soon as practicable upon its request, subject to applicable rules and regulations.
5. We / the investor\* will retain these documents and information for a period of at least 5 years after the relationship with an underlying investor has ended.
6. We / the investor\* will take measures to ensure that the underlying investors are neither individuals nor institutions against whom sanctions have been imposed by the EU or United Nations or persons or entities that are included on the List of Specially Designated Nationals and Blocked Persons maintained by the U.S. Treasury’s Department’s Office of Foreign Asset Control (“OFAC”).

Yours faithfully

Name: \_\_\_\_\_

Title: \_\_\_\_\_  
Authorised Signatory of Regulated Entity.

*This should be signed by the MLRO, a Director or an authorised member of the Compliance Department or Legal Department (please state position).*

Delete \* as applicable

\* delete as applicable