

APPLICATION FORM

All investors must complete Sections 1 to 12 (as appropriate) and each party to the account must sign the form.

The form should be returned, together with the required documentation as detailed in the [appendix 1](#):

STOREBRAND SICAV

(The “Fund”)

c/o Northern Trust Global Services SE

(The “Administrator”)

10, rue du Château d’Eau, L-3364 Leudelange, Grand Duchy of Luxembourg

Phone number - Dealing: +352 28 294 127

Facsimile number - Dealing: +352 28 294 452

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

E-mail for email-dealing: STOREBRAND-EMAIL-DEALING@ntrs.com

IMPORTANT INFORMATION

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

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

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

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

Please ensure that sections related to FATCA/CRS self-certification (page 30); well-informed investor (page 35) and signatures at the end of this document (page 38) are duly executed by the account holder(s).

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

Please complete this form in BLOCK CAPITALS.

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Section 1 - Investor Information : Institutional/Entity investor

If you are a retail, natural investor, please complete **section 2**.

1.1 General details

Legal entity name (full designation, please): _____

Registration address of the entity: _____

Phone Number: _____

Email Address: _____

Account designation: _____

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

Country & date of Incorporation: _____

Legal form of the company: _____

Type of business activity: _____

Tax Identification number (if applicable): _____

What is the business object of the investor? _____

Will dealing instructions be sent via swift? YES NO

If YES, please indicate the swift code used: _____

Will dealing instructions be sent via Email? YES NO

If YES, please indicate the email address used: _____

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

	Representative 1	Representative 2
First name and Surname:	_____	_____
	_____	_____
Place and date of birth:	_____	_____
	_____	_____
Nationality:	_____	_____
Address:	_____	_____

Mailing/business place address:

National identification number:

Email address:

Phone Number:

All communications will be sent to the first named registered holder. However, all joint applicants must sign this application.

If this form is signed by an attorney or other agent, the original or a certified copy of the authority of the attorney or agent must accompany this form.

A corporation should execute under its common seal or sign by a duly authorized officer who should state his representative capacity.

Additional Recipient of Statements:

Please insert below the name and contact details of an additional person or entity to whom statements of your holdings should be sent (if applicable):

- Name: _____

- Address: _____

- Fax No: _____
- Email: _____

PFIC Statements:

IF YOU WANT TO RECEIVE PFIC STATEMENTS PLEASE TICK THIS BOX.

1.2 Entity type

Please tick the relevant box below (entity type) and complete the information for the specific entity type in section 1.4, and, if applicable, 1.5, or 1.6, or 1.7, depending on your answers section 1.3 (please find additional guidance in the Appendix 1 of this Application Form)

- Financial Institution, Nominee Company, Collective Investment Scheme ('CIS'), Pension Scheme** (regulated only, including Trust Pension Schemes) and any **other financial company** (i.e. Central Bank, Insurance, etc.)
- Commercial Company** (Listed or not on a Regulated Market*), **LLC, Partnership Foundation** (or similar entity), **Club/Society, Association/Trade Union, Public body, Non regulated Pension Scheme** (other than Trust)
- Trust** (patrimonial, non-regulated Trust Pension Scheme), **Charity, Church, School/University, other**

1.3 Nature and intended purpose of the business relationship with the Fund

Please tick the boxes below where relevant.

- Distribution of units and shares to own clients
- Market Maker
- Platform for transmitting orders
- Others (please specify): _____
- Wrapping unit-linked products
- Nominee
- Client Investment for diversification

1.4 Regulated status

A. Listing on a Regulated Market*

Are you listed on a Regulated Market*? YES NO

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

**Regulated Market: As defined under Directive 2014/65/EU of the European Parliament and of the Council of 15 May 2014 on markets in financial instruments ("MiFID II").*

B. Regulated Entity within the meaning of compliance, anti-money laundering and anti-terrorism financing perspectives as per FATF Recommendations on International Standards on Combatting Money Laundering and the Financing of Terrorism & Proliferation?

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

Name of our regulator: _____

Type of our business license: _____

NO, but we are fully owned and controlled by a regulated financial institution

Legal entity name of our Parent Company: _____

Percentage of ownership: _____

Place of incorporation of our Parent Company: _____

Name of the regulator of our Parent company (please provide a Proof of Regulation) _____

C. **NONE of the above.** We are not regulated and we do not have a regulated parent company.
(If selected, please complete instead the required information depending on your entity type which follows).

1.5 Commercial Company, Foudation, Club, Association, Party, Government, other

Does the Entity have its own legal personality (not a shelter foundation): YES NO
The legal form of the Entity is: _____
The Entity is incorporated in (specify country): _____

1.6 State agency, Government, Public Administrations or Enterprises

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

Type of Relationship with the State: _____

1.7 Trust (excluding Regulated Pension Schemes)

The Trust is governed by the laws of:

The Trust is revocable: Yes No
Legal form of the Trust is: _____

o The Trustee(s) is(are):

Name: _____
Legal form: _____
Place and date of birth / incorporation:

Nationality (if individual only):

Permanent residential / registered address:

Principle place of business (if different from registered address):

Official national identification number, where appropriate:

Trustee is supervised and regulated by: _____

o The Settlor(s) / Grantor(s) is/(are):

Name: _____
Legal form: _____
Place and date of birth / incorporation:

Nationality (if individual only):

Permanent residential / registered address:

Principle place of business (if different from registered address):

Official national identification number (where appropriate):

o The Protector is (are):

Surname and first name: _____

Place and date of birth:

Permanent residential / registered address: _____

Official national identification number (where appropriate):

Nationality: _____

1.8 Relationship: “acting on our own behalf” or “on behalf of a Third party”

Please tick when relevant boxes.

A. We hereby certify that we are acting **on our own behalf** (investing our own money)

(If this option does not apply, please complete the section section **B** including **(i)** and **(ii)** which follow)

B. We are acting **on behalf of a third party** (please tick relevant boxes in **(i)** and **(ii)**)

We are acting on behalf of a third party and commit to provide the information below as well as, upon request, the AML/KYC identification and verification data and other relevant documentation on the identity of the underlying investors and their beneficial owners without delay.

(i) We specify the profile of the investors we provide our service to as follows:

Retail investors

High Net Worth Individuals and family offices

Commercial companies

Insurance companies

Investment fund

Pension Schemes and plans

Others (please specify):

Our approximate number of client is: _____ as of _____

(ii) We offer fund share/units to customers from/in countries identified as jurisdictions with AML-CTF strategic deficiencies:

N/A Yes and we do list those jurisdictions with AML-CTF strategic deficiencies here:

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

1.9 Identification of the directors or equivalent

Please provide the following information concerning your executive and non-executive directors, or any person exercising similar position :

First name	Last name	Residential Address	Tax residential address	Place of Birth	Date of Birth	Official National ID Number <small>(where appropriate)</small>	Profession/ Occupation

1.10 Identification of the Ultimate Beneficial Owners

Please complete below where relevant.

In accordance with Article 1(7) of the Luxembourg Law of 12 November 2004¹, please follow Steps A, B & C in order to determine ultimate beneficial ownership of your structure. (If you are acting on behalf of a 3rd party, Step D will also be required):

A. Identify the natural person(s) who directly or indirectly holds or controls a sufficient percentage, namely 25% plus one, of the shares/units, voting rights or ownership in an entity; (Please note, in some cases requiring Enhanced Due Diligence, a threshold of 10% plus one will apply).

Is/are there any natural person(s) who directly or indirectly holds or controls a enough percentage, namely 25% plus one, of the shares/units, voting rights or ownership in an entity;

Yes No

If the response is yes, please complete the following table. If the response is no, please go to 2.B. below.

First Name	Last Name	Date of Birth	Place of Birth	Nationality	Address	National identification number <small>(Where appropriate)</small>

¹ Law of 12 November 2004 on the fight against money laundering and terrorist financing (amended): http://www.cssf.lu/fileadmin/files/Lois_reglements/Legislation/Lois/L_121104_AML_upd100818_eng.pdf

We commit to communicate any subsequent change of Ultimate Beneficial Ownership to Northern Trust without any delay.

B. Where no natural person can be identified under 2.A., please complete the following table to identify any person who controls the legal entity via other means;

First Name	Last Name	Date of Birth	Place of Birth	Nationality	Address	National identification number (Where appropriate)

We commit to communicate any subsequent change of Ultimate Beneficial Ownership to Northern Trust without any delay.

C. Where no person under points 2.A. and 2.B. above is identified, identify any person who holds the position of senior managing official.

First Name	Last Name	Date of Birth	Place of Birth	Nationality	Address	National identification number (Where appropriate)

We commit to communicate any subsequent change of Ultimate Beneficial Ownership to Northern Trust without any delay.

D. If you are acting on behalf of a 3rd party please also complete the following:

We do not have any underlying investor owning more than 25 %* of the shares or units of this register account through us.

We have one or more underlying investor(s) owning more than 25 %* of the shares or units of this register account through us whose details are provided in the table hereunder.

*Please note that in some cases a threshold of 10% may apply.

First Name	Last Name	Date of Birth	Place of Birth	Nationality	Address	National identification number (Where appropriate)

We commit to communicate any subsequent change of Ultimate Beneficial Ownership to Northern Trust without any delay.

1.11 Identification of the chain of ownership (multilayer structure)

Is your legal entity a multilayer structure?

Yes No (If **YES**, please continue onto the following documentary request).

We attach the most up to date, signed and dated multilayer structure chart including percentage of shareholding/control for each entity in the structure.

We confirm that the structure chart(s) provided is accurate & up to date

Others (please specify):

Note: Where legal persons or arrangements exist in the ownership structure between the customer and the Ultimate Beneficial Owner, the following information shall be recorded for each:

- Denomination;
- Legal form;
- Address of the registered office and, if different, a principal place of business;
- Where appropriate, official national identification number;
- Executive and non-executive directors or persons exercising similar positions (for the legal arrangements).

Is there any chain of ownership between the investor and the Ultimate Beneficial Owner?

Yes No

If the answer is **YES**, please complete the following table for each of the legal entities and/or multiple

Layer 1	
Denomination	
Legal form	
Address of the registered office and, if different, a principal place of business;	
Where appropriate, official national identification number	
Executive and non-executive directors or persons exercising similar positions (for the legal arrangements).	Please complete the table hereunder for each.

First name	Last name	Residential Address	Tax residential address	Place of Birth	Date of Birth	Official National ID Number <small>(where appropriate)</small>	Profession/ Occupation

1.12 Identification of other signatories (if any)

Please provide the following information concerning the signatories of your entity, who are or will be involved in the business relationship with Northern Trust.

First name	Last name	Residential Address	Tax residential address	Place of Birth	Date of Birth	Official National ID Number <small>(where appropriate)</small>	Profession/ Occupation

1.13 Identification of other related parties (if applicable)

Please confirm if there is any third-party legal entity, which acts on behalf of your entity during the business relationship with Northern Trust, who are or will be involved in the business relationship with Northern Trust.

Yes No

If the above answer is **YES**, please complete the table(s) below.

Denomination	
Legal form	
Address of the registered office and, if different, a principal place of business;	
Where appropriate, official national identification number	
Executive and non-executive directors or persons exercising similar positions (for the legal arrangements).	Please complete the table hereunder for each.

First name	Last name	Residential Address	Tax residential address	Place of Birth	Date of Birth	Official National ID Number <small>(where appropriate)</small>	Profession/ Occupation

1.14 Source of funding and wealth

Source of Funds: According to the CSSF Circular 17/661 means the origin of the funds involved in a business relationship or occasional transaction. It includes both the activity that generated the funds used in the business relationship, as well as the means through which the customer’s funds were transferred.

Please note that no third party payment is accepted.

Please indicate the origin/source of the money you are investing by ticking the applicable box(es) below (proof of evidence may be required)

- Salary or bonus
- Profit from sale of investment
- Investment income (e.g. dividends, interest)
- Employee Pension Contributions
- Others (please specify):

- Savings
- Inheritance or gift
- Profit from sale of property
- Loan
- Profit from sale of business
- Client’s money

Source of Wealth: According to the CSSF Circular 17/661, means the origin of the customer’s total wealth. Total balance sheet / Total assets of the last 3 years:

Profit and losses of the last 3 years:

Please provide details on how your overall wealth was accumulated:

Section 2 - Investor Information : Natural investor

2.1 Investor details

Individual account holder Joint account

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

Owner's first name & Surname: _____

Mother's maiden name: _____ Gender: _____

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

Nationality: _____ Profession or former profession: _____

** if you are retired, please confirm your main profession(s) until your retirement*

Official national identification number:

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

Permanent residential (Registered) address (PO Box is not allowed):

Telephone(s): _____

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

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

Joint Owner's first name: _____ Surname: _____

Mother's maiden name: _____ Gender: _____

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

Nationality: _____ Profession or former profession * _____

** if you are retired, please confirm your main profession(s) until your retirement*

Official national identification number:

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

Permanent residential (Registered) address (PO Box is not allowed):

Telephone(s): _____

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

Will dealing instructions be sent via Email? YES NO

If YES, please indicate the email address used: _____

Additional Recipient of Statements:

Please insert below the name and contact details of an additional person or entity to whom statements of your holdings should be sent (if applicable):

• Name: _____

• Address: _____

• Fax No: _____

• Email: _____

PFIC Statements:

IF YOU WANT TO RECEIVE PFIC STATEMENTS PLEASE TICK THIS BOX.

2.1 Relationship: “acting on our own behalf” or “on behalf of a Third party”

I/We confirm that I/we are acting on our own behalf (investing our own money)

or

I/We declare that I/we act directly or indirectly on behalf of a third-party individual

If acting on behalf of a third party – individual, please describe the relationship:

2.3 Nature and intended purpose of the business relationship with the Fund

I/we confirm that the purpose of my/our relationship with the Fund is:

To generate income /return on investment Succession Planning

Retirement Planning Appreciation

To start/expand a business Capital

Others (please specify):

2.4 Source of funding and wealth

Amount invested and expected amount to be invested in the future:

Expected number of subscriptions per year:

Source of funding (of the amount currently invested and/or to be invested in the future, e.g. inheritance, property sale, savings):

(Please note that documentary evidence may be required)

Source of wealth (of how you have generated your overall wealth to date, e.g. Salary, Investment Returns)

(Please note that documentary evidence may be required)

Section 3 - Agent(s)

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

Agent company information: _____

Agent name: _____

Address: _____

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

Contact Name: _____ Telephone: _____

Email address: _____

Authorised Signatory

Print Name: _____

Date: _____

Signature: _____

Authorised signatory

Print Name: _____

Date: _____

Signature: _____

Section 4 - Details of investment & Payment details

4.1 Investment Details:

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

This section may be left blank if this form is being completed only for account opening purposes.

4.1.1 Subscription in amount

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

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

4.1.2 Subscription in quantity

Sub-fund name	Share class	ISIN code	Subscription quantity*

*Please note that commas denote thousands and that full stop denote decimals. For example: 10,000.25 = ten thousand shares spot 25.

Share decimalization can be found in the Fund's Prospectus.

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

Expected amount of investment: _____

Expected amount of subscription/year: _____

4.1.3 Distributions

Please select how you would like us to deal with any distributions.

Distributions are automatically reinvested unless you indicate otherwise.

Cash distribution will be sent to the bank account details provided in section 4.4 below. Cash

4.2 Fund Payment Details

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

EUR

Correspondent Bank	Societe Generale Paris
Correspondent Bank Swift code	SOGEFRPP
Correspondent Account	1015853970
Beneficiary Bank	Northern Trust Global Services SE, Luxembourg
Beneficiary Bank Swift code	CNORLULX
Beneficiary Name	STOREBRAND SICAV
Beneficiary IBAN	LU344060000011979046
Beneficiary Communication	Subscription in STOB08

GBP

Correspondent Bank	Northern Trust Company, London Branch
Correspondent Sort Code	23-28-63
Correspondent Bank Swift code	CNORGB22
Beneficiary Bank	Northern Trust Global Services SE, Luxembourg
Beneficiary Bank Swift code	CNORLULX
Beneficiary Name	STOREBRAND SICAV
Beneficiary IBAN	LU344060000011979046
Beneficiary Communication	Subscription in STOB08

CHF

Correspondent Bank	Credit Suisse AG
Correspondent Bank Swift code	CRESCHZZ80A
Correspondent Account	CH9704835114209903000
Beneficiary Bank	Northern Trust Global Services SE, Luxembourg
Beneficiary Bank Swift code	CNORLULX
Beneficiary Name	STOREBRAND SICAV
Beneficiary IBAN	LU344060000011979046
Beneficiary Communication	Subscription in STOB08

SEK

Correspondent Bank	Svenska Handelbanken AB
Correspondent Bank Swift code	HANDSESS
Correspondent Account	SE376000000000004034 1399
Beneficiary Bank	Northern Trust Global Services SE, Luxembourg
Beneficiary Bank Swift code	CNORLULX
Beneficiary Name	STOREBRAND SICAV
Beneficiary IBAN	LU344060000011979046
Beneficiary Communication	Subscription in STOB08

USD

Correspondent Bank	The Northern Trust Company (CNORUS44)
Correspondent ABA	071000152
Correspondent Account	5186061000
Beneficiary Bank	Northern Trust Global Services SE, Luxembourg
Beneficiary Bank Swift code	CNORLULX
Beneficiary Name	STOREBRAND SICAV
Beneficiary Account	17-71466
Beneficiary Communication	Subscription in STOB08

NOK

Correspondent Bank	Nordea Bank Norge ASA
Correspondent Bank Swift code	NDEANOKK
Correspondent Account	60060707475
Beneficiary Bank	Northern Trust Global Services SE, Luxembourg
Beneficiary Bank Swift code	CNORLULX
Beneficiary Name	STOREBRAND SICAV
Beneficiary IBAN	LU344060000011979046
Beneficiary Communication	Subscription in STOB08

DKK

Correspondent Bank	Nordea Bank Danmark A/S
Correspondent Bank Swift code	NDEADKKK
Correspondent Account	DK6620005000017851
Beneficiary Bank	Northern Trust Global Services SE, Luxembourg
Beneficiary Bank Swift code	CNORLULX
Beneficiary Name	STOREBRAND SICAV
Beneficiary IBAN	LU344060000011979046
Beneficiary Communication	Subscription in STOB08

4.3 Investor - Payment details for your investment and redemption facility

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

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

Account holder Name: _____

Account Number (IBAN if existing): _____

Currency of the account: _____

Beneficiary Bank:

NAME: _____

ADDRESS: _____

SWIFT/SORT CODE: _____

Correspondent Bank of the Beneficiary Bank (if relevant):

NAME: _____

ADDRESS: _____

SWIFT/SORT CODE: _____

4.4 Investor - Distribution (Dividends) Payment details

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

Account holder Name: _____

Account Number (IBAN if existing): _____

Currency of the account: _____

Beneficiary Bank:

NAME: _____

ADDRESS: _____

SWIFT/SORT CODE: _____

Correspondent Bank of the Beneficiary Bank (if relevant):

NAME: _____

ADDRESS: _____

SWIFT/SORT CODE: _____

Section 5 - E-mail dealing facility

If e-mail dealing is chosen (section 1.1), dealing instruction will be accepted only from the email address indicated above (section 1.1) and the Central Administration will send a unique password to protect the documents containing dealing instructions only to this e-mail address. Kindly read section below 'Electronic instructions'.

If you believe your password information has become known to a third party, please contact our Customer Services team immediately on +352 28 294 127 or via email: STOREBRAND-TA-LUX@ntrs.com.

5.1 Request for electronic instructions capability and acceptance of risks

I/We request the ability to send duly signed dealing instructions for trading in the STOREBRAND SICAV (subscriptions, switches, transfers and redemptions, excluding initial applications) to the administrator in the form of a portable document format ('PDF') or a commonly used equivalent scanned form, transmitted via email and to have them acted upon instead of the usual requirement of physically delivering original signed instructions or sending them by facsimile. I/We understand and agree that STOREBRAND SICAV and the administrator will rely on such electronic instructions received in good faith without further enquiry. I/We authorise STOREBRAND SICAV and the administrator to rely on such electronic instructions, based on the terms contained under this section 'Electronic Instructions'. If further clarification is required, this includes the right for STOREBRAND SICAV and the administrator to request original documentation. I/We understand and accept that electronic communications are not a secure form of communication and may be intercepted, altered or corrupted by unauthorised persons. I/We understand and accept that using and relying on electronic communications involves increased risk of fraud and of miscommunications including those due to a telecommunications system or equipment failure, misdirected communications or illegibility of the instructions or documents. I/We understand that I/we may still elect at any time to deliver originals either physically or by facsimile. I/We acknowledge that if upon sending dealing instructions via e-mail. I/we do not receive (i) a prompt automatic e-mail confirmation back from the Administrator associated e-mail address that is specified in the Application Form and (ii) a telephone call or an e-mail confirmation from a representative of the Administrator within twenty four hours (the "Confirmation Period"), if such instructions are sent on business days in Luxembourg between 9:00am and 6:00pm (CET) and if sent at any other times, the Confirmation Period will start the following business day in Luxembourg from 9:00am (CET), confirming the receipt of such dealing instructions.

I/we will follow-up via telephone on +352 28 294 127 or email to STOREBRAND-TA-LUX@ntrs.com whether the Administrator has received such e-mail dealing instruction and when it will respond. If sending dealing instructions via e-mail. I/we undertake to ensure that the e-mail is sent from an address provided to the Administrator by me/us below in this Application Form, e-mail subject line shall only read "Email dealing" and the documents attached to such e-mail are in PDF or other commonly used equivalent scanned format protected with a unique password that has been provided by the Administrator upon signing up for e-mail dealing to the e-mail address given by me/us herein.

5.2 Right of the Fund and the Administrator to not act on facsimile, e-mails and/or copies

I/We understand and agree that STOREBRAND SICAV or the administrator or both may choose not to rely on electronic communications. If this is the case, STOREBRAND SICAV and the administrator agree that, whichever of them elects not to act upon the electronic communications, they will try to contact us on the same day to advise us of their decision. I/We will not hold STOREBRAND SICAV or the Management Company (and they will not be) responsible if they choose not to act on electronic instructions.

5.3 Allocation of risk

I/We agree to bear the risks associated with using and relying on electronic communications except where STOREBRAND SICAV or the administrator is grossly negligent or willfully default in undertaking their respective responsibilities. I/We agree that, except where STOREBRAND SICAV or the administrator is grossly negligent or willfully default, they cannot accept responsibility for any use of an incorrect email address, interception, failure, alteration or corruption of the electronic instructions, non-receipt of the electronic instructions, failure of the technical infrastructure, or any allotment, transfer, payment or other act done in good faith in accordance with electronic instructions.

If STOREBRAND SICAV or the administrator incur a loss of any nature due to their acting or failing to act on electronic communications received from me/us or due to equipment failure or any circumstances beyond the control of STOREBRAND SICAV or the administrator, I/we will indemnify and keep indemnified STOREBRAND SICAV and the administrator from all such loss, except where STOREBRAND SICAV or the administrator is grossly negligent or willfully default in undertaking their respective responsibilities.

Section 6 - Data Protection declarations

In order to provide services and products to the [Fund], NTGS needs to be able to share certain confidential information about you with its affiliates and branches and other recipients for certain purposes, all detailed below.

NTGS agrees to take all reasonable and customary measures to keep your information confidential and will require contractually other recipients to keep your information confidential (unless they are subject to the same legal requirements).

6.1. Purposes of data processing

Your personal data may be processed by the Fund or the Administrator (or any of their affiliates, agents, employees, delegates or sub-contractors) for the following purposes:

- to facilitate the opening of your account with the [Fund], the management and administration of your holdings in the [Fund] and any related account on an on-going basis (the "Services") which are necessary for the performance of your contract with the Fund, including without limitation the processing of redemption, conversion, transfer and additional subscription requests and the payment of distributions;
- in order to carry out anti-money laundering checks and related actions which the [Fund] considers appropriate to meet any legal obligations imposed on the [Fund] relating to, or the processing in the public interest or to pursue the [Fund's] legitimate interests 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 [Fund] and the Administrator's anti-money laundering procedures;
- to report tax related information to tax authorities in order to comply with a legal obligation;
- to monitor and record calls and electronic communications 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 [Fund] and its affiliates', itself or through third parties to whom it delegates such responsibilities or rights in order to comply with any legal obligation imposed on the [Fund], (v) to pursue the Fund's legitimate interests in relation to such matters or (vi) where the processing is in the public interest;

- to disclose information to other third parties such as service providers of the [Fund], auditors, regulatory authorities and technology providers in order to comply with any legal obligation imposed on the Fund or in order to pursue the legitimate interests of the Fund;
- to monitor and record calls for quality, business analysis, training and related purposes in order to pursue the legitimate interests of the Fund to improve its service delivery;
- to update and maintain records and fee calculation;
- 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; and which are necessary to comply with the Fund or the Administrator's legal obligations and/or which are necessary for the Fund or the Administrator's legitimate interests indicated above and/or the processing is in the public interest.

6.2 Recipients of Data and International Transfer of Data

The Fund may disclose your personal information as follows:

- to its service providers, including the Central Administration, and their affiliates, and other third party service providers engaged by the Fund in order to process the data for the above mentioned purposes;
- to competent authorities (including tax authorities), courts and bodies as required by law or requested or to affiliates for internal investigations and reporting; and

The disclosure of personal information to the third parties set out above may involve the transfer of data to the other jurisdictions outside the European Economic Area (EEA) in accordance with the requirements of the General Data Protection Regulation and in particular India, the Philippines, United Kingdom and the United States of America. Such countries may not ensure an adequate level of protection of personal data as assessed by the EU Commission. The Fund has authorised the Central Administration as its agent to put in place standard data protection clauses adopted by the EU Commission with relevant parties to whom personal data will be transferred. Please contact the Central Administration for copies of the Standard Contractual Clauses that have been entered into on behalf of the Fund.

6.3 Retention period

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

6.4 Data Subject Rights

You have the following rights, in certain circumstances, in relation to your personal information:

- Right to access your personal information.
- Right to rectify your personal information.
- Right to restrict the use of your personal information (in certain specific circumstances).
- Right to request that your personal information is erased (in certain specific circumstances).
- Right to object to processing of your personal information (in certain specific circumstances).
- Right to data portability (in certain specific circumstances).

Where the Fund or the Administrator requires your personal information to comply with AML or other legal requirements, failure to provide this information means the Fund may not be able to accept you as an investor in the Fund.

You have the right to lodge a complaint with a supervisory authority in the EU Member State of your habitual residence or place of work or in the place of the alleged infringement if you consider that the processing of personal data relating to you carried out by the Fund or its service providers infringes the General Data Protection Regulation.

6.5 How to contact us

If you require further information in relation to the processing of data by the Central Administrator, please contact Privacy_Compliance@ntrs.com.

Section 7 - Privacy policy

The Fund, the Management Company and/or the Administrator consider customer privacy to be a fundamental aspect of our relationships with shareholders and are committed to maintaining the confidentiality, integrity and security of our current, prospective and former shareholders' personal information. To ensure our shareholders' privacy, the Fund, the Management Company and/or the Administrator have developed policies that are designed to protect this confidentiality, while allowing shareholders' needs to be served.

The Applicant(s) understand(s) that the Fund and its agents may record or monitor telephone calls between him/her/them and the Fund and its agents, to ensure that instructions can be checked and that the Fund and its agents are meeting their service standards.

The Applicant(s) acknowledge(s) that the Fund and its agents, or anyone else mentioned below may give information about him/her/them and his/her/their account:

- between the Fund and its agents.
- people who provide a service to the Fund or its agents, on the understanding that they will keep the information confidential.
- anyone to whom the Fund and its agents transfer or may transfer their rights and duties under this Declaration.
- anyone if the Fund and its agents have a duty to do so or if the law allows the Companies to do so.

Otherwise the Fund and its agents will keep information about him/them confidential, other than if the Applicant(s) have carried out transactions through a Financial Adviser when that Adviser will be deemed to be his/her/their agent to whom full details of his/their investments will be disclosed unless the Applicant(s) advise the Fund and its agents to the contrary in writing.

The Applicant(s) understand(s) that it/he/she/they may request a copy of his/their information from the Fund and its agents in return for payment of a fee and to require the Fund and its agents to correct any inaccuracies.

7.1 Obtaining Personal Information

In the course of providing shareholders with products and services, the Fund, the Management Company and/or the Administrator may obtain non-public personal information about shareholders, which may come from sources such as account applications and other forms, from other written, electronic or verbal correspondence, from shareholder transactions, from a shareholder's brokerage or financial advisory firm, financial adviser or consultant, and/or from information captured on our internet web sites.

7.2 Respecting Your Privacy

As a matter of policy, the Fund, the Management Company and/or the Administrator do not disclose any personal or account information provided by shareholders or gathered by us to non-affiliated third parties, except as required for our everyday business purposes, such as to process transactions or service a shareholder's account, or as otherwise permitted by law. As is common in the industry, non-affiliated companies may from time to time be used to provide certain services, such as preparing and mailing Prospectuses, reports, account statements and other information, and gathering shareholder proxies. The Fund, the Management Company and/or the Administrator may also retain non-affiliated financial services providers to market our Shares/Units or products and we may enter into joint-marketing arrangements with them and other financial companies. The Fund, the Management Company and/or the Administrator may also retain marketing and research service firms to conduct research on shareholder satisfaction. These companies may have access to a shareholder's personal and account information, but are permitted to use this information solely to provide the specific service or as otherwise permitted by law. The Fund, the Management Company and/or the Administrator may also provide a shareholder's personal and account information to their respective brokerage or financial advisory firm, Depository, and/or to their financial advisor or consultant.

7.3 Sharing Information with Third Parties

The Fund, the Management Company and/or the Administration reserve the right to disclose or report personal information to non-affiliated third parties where that disclosure is required under law to cooperate with regulators or law enforcement authorities, to protect our rights or property or upon reasonably acceptable request by any investee entity in which a shareholder has chosen to invest. Of course, the Fund, the Management Company and/or the Administrator shall also share investor information upon written consent from the investor.

Some national or foreign laws, regulations or payment systems may require identification of the person placing the order and its beneficiary. Your attention is drawn to the fact that where assets are to be transferred, NTGS may have to disclose the Information relating to you to third parties, including public authorities and correspondent banks of NTGS.

Data, including data of a personal nature, included in cross-border transfers shall be subject to processing by NTGS and other specialised intermediaries and in particular SWIFT (Society for Worldwide Interbank Financial Telecommunication). Such processing may take place in centres established in other member states of the EU, in Switzerland, in the United States of America and other countries pursuant to local regulations. The consequence, inter alia, thereof, is that the authorities of such countries and foreign authorities may request access to such data, in the context of the fight against terrorism or for other purposes.

7.4 Sharing Information with Affiliates

The Fund, the Management Company and/or the Administration may share shareholder information with our affiliates in connection with our affiliates' everyday business purposes, such as servicing a shareholder's account, but our affiliates may not use this information to market products and services to you except in conformance with applicable laws or regulations. The information the Fund, the Management Company and/or the Administrator share includes information about our experiences and transactions with a shareholder and may include, for example, a shareholder's participation in one of the Funds or in other investment programs, a shareholder's percentage ownership of certain types of accounts, or other data about a shareholder's transactions or accounts.

But also the following type of information:

- surname, first name, domicile, address, nationality, date and place of birth, profession (in case of legal persons: corporate name, address of registered office, registration number with the relevant corporate registry, date and place of incorporation, nationality, legal form, shareholder structure);
- information on identification documents: issuance numbers, date and place of issuance, duration of validity and copies of such documents (in case of legal persons: deed and articles of incorporation, excerpts from corporate registry, shareholder register);
- tax domicile and other tax-related documents and information, including FATCA and/or CRS status; and
- transactions, assets and orders and communications relating thereto;

Our affiliates, in turn, are not permitted to share shareholder information with non-affiliated entities, except as required or permitted by law.

Accordingly you authorise NTGS, to disclose to its Affiliates and branches in the EU and the EEA and outside the EEA (in particular in India, the Philippines, United Kingdom and the United States of America), Information on you, your investors, beneficial owners and representatives. NTGS will take all reasonable steps to ensure an Affiliate or branch treats such disclosed information as confidential.

7.5 Procedures to Safeguard Private Information

The Fund, the Management Company and/or the Administrator take seriously the obligation to safeguard shareholder non-public personal information. In addition to this policy, the Fund, the Management Company and/or the Administrator have also implemented procedures that are designed to restrict access to a shareholder's non-public personal information only to internal personnel who need to know that information in order to provide products or services to such shareholders. In addition, the Fund, the Management Company and/or the Administrator have physical, electronic, and procedural safeguards in place to guard a shareholder's non-public personal information.

7.6 Disposal of Confidential Records

The Fund, the Management Company and/or the Administrator will dispose of records; if any that are knowingly derived from data received from a consumer reporting agency regarding a shareholder that is an individual in a manner that ensures the confidentiality of the data is maintained. Such records include, among other things, copies of consumer reports and notes of conversations with individuals at consumer reporting agencies.

7.7 Investor Agreement

Luxembourg law requires us to obtain your consent to share the information.

By ticking this box, I indicate that I have read and agree to the terms presented under section 6 - Data Protection declarations and Section 7 - Privacy policy

Section 8 - TAX information and declarations

8.1 Tax information

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

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

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

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

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

- **An investor who is a US person**
- **An investor with any US indications, such as a US address or US telephone number**
- **A company or trust**

An investor having the intention to invest directly in US securities

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

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

The subscriber is:

- investing solely on its own behalf (proceed to **section 8.2.2** Tax status of Beneficial Owner)
- a distributor investing for undisclosed clients through an omnibus/custody account (proceed to **section 8.2.2** Tax status of Beneficial Owner)
- investing on behalf of a third party as a: Nominee | Trustee | Partner | Agent | Other (proceed to **section 8.2.1** Tax status of subscriber investing on behalf of third party)

8.2 Tax status

8.2.1 Tax status of Subscriber investing on behalf of third party

Name _____

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

Tax Identification Number (TIN)² _____

8.2.2 Tax status of Beneficial Owner

Name of Beneficiary _____

Main Tax Residency _____

Tax Identification Number (TIN) _____

Other Tax Residency _____

Tax Identification Number (TIN) _____

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

8.3 Classification for FATCA purposes

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

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

GIIN: _____

FATCA Classification (please tick where accurate):

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

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

Sponsor's GIIN: _____

Sponsoring Organization _____

² Please indicate "N/A" if the country of tax residence either does not issue a TIN or does not require the TIN to be disclosed. Please indicate "Applied For" if you are a newly incorporated company having applied for a TIN. If no TIN is available, please provide an explanation.

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

8.3.3 Entities without a Global Intermediary Identification Number (GIIN)

- A Certified Deemed-Compliant Financial Institution under IGA Model 2
- Non-Reporting Financial Institution under IGA Model¹
- An exempt Beneficial Owner
- A territory Financial Institution
- A Non-Participating Foreign Financial Institution
- An Active NFE
- A Passive NFFE

8.4 Classification for CRS purposes

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

8.4.1 Financial Institution (FI)

- Investment Entity with tax residence in non-participating jurisdiction and managed by another FI
- Other Investment Entity
- Financial Institution other than above Investment Entity (Depository institution, Custodial institution, Specific insurance company)
- Financial Institution Non Reporting according to your local jurisdiction legislation where you are resident

8.4.2 Non-Financial Entity (NFE)

- Active Non-Financial Entity. Corporation that is regularly traded or an affiliate of such corporation
- Active Non-Financial Entity – Government Entity or Central Bank
- Active Non-Financial Entity – International Organisation
- Active Non-Financial Entity other than above Active Non-Financial Entity classifications
- Passive Non-Financial Entity*

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

If the Entity is a Passive Non-Financial (Foreign) Entity or an Investment Entity with tax residence in non-participating jurisdiction and managed by another FI, please provide details of any Controlling Persons by completing the section “ 8.5 Controlling Person Self-Certification Form for FATCA and CRS” below. The term Controlling Persons is to be interpreted in a manner consistent with the recommendations of the Financial Action Task Force. If there are no natural person(s) who exercise control of the organization, then the Controlling Person(s) will be the natural person(s) who hold the position of senior managing official in the organization.

8.5 Controlling Person Self-Certification Form for FATCA and CRS

8.5.1 Controlling Person Identification (please refer to the glossary in the Appendix 2)

First name and Surname: _____

Place and date of birth: _____

Nationality: _____

Permanent residential address: _____

Mailing address (if different): _____

Official national identification number (where appropriate): _____

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

Please tick and complete as appropriate.

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

OR

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

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

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

Country of Tax Residence	Tax ID Number ⁽¹⁾

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

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

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

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

Please provide the Controlling Person’s Status by ticking the appropriate box	Please tick	Entity Name
a. Controlling Person of a legal person – control by ownership		
b. Controlling Person of a legal person – control by other means		
c. Controlling Person of a legal person – senior managing official		
d. Controlling Person of a trust - settlor		
e. Controlling Person of a trust – trustee		
f. Controlling Person of a trust – protector		
g. Controlling Person of a trust – beneficiary		
h. Controlling Person of a trust – other		
i. Controlling Person of a legal arrangement (non-trust) – settlor-equivalent		
j. Controlling Person of a legal arrangement (non-trust) – trustee-equivalent		
k. Controlling Person of a legal arrangement (non-trust) – protector-equivalent		
l. Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent		
m. Controlling Person of a legal arrangement (non-trust) – other-equivalent		

Declaration and Undertakings

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

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

Section 9 - Anti-Money Laundering (AML) and Terrorist Financing Prevention

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

Pursuant to the Luxembourg Law of November 12, 2004, as amended on the fight against money laundering and terrorist financing, the CSSF Regulation n°12-02 of December 14, 2012, the CSSF Circular 17/650 of 17 February 2017 and EU Directives issued by the European Parliament and Council relating to the prevention of money laundering and terrorist financing, as amended from time to time (the "**Anti-Money Laundering Laws**"), obligations have been imposed on all professionals of the financial sector to prevent the use of undertakings for collective investment for money laundering purposes and terrorist financing purposes.

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

Required documentation

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

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

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

The list of documents will depend on:

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

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

Section 10 - Declarations and legal information

10.1 Documentation up to date

We hereby declare that we will provide NTGS SE with all the required documentation upon structural changes or any other changes affecting the information provided in the sections above & below.

10.2 Politically Exposed Persons

A. Institutional / Entity investor

If you are an **individual, retail** investor, please complete **section B below**.

No Politically Exposed Persons (PEP)

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

Politically Exposed Persons (PEP)

Our entity is owned, controlled or represented by the following PEP(s) directly or indirectly (in upper chain of ownership entities):

First name	Last name	Address	Date of birth	Place of birth	Nationality	Public fonction

B. Individual/retail investors

No Politically Exposed Persons (PEP)

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

Politically Exposed Persons (PEP)

If our account is controlled or represented at any level by a PEP(s), we commit to disclose them here below and provide name(s), address(es), Place & Date of Birth(s), Nationality, National ID number(s) and specify their public function(s).

10.3 Restrictions on share classes/Institutional Share Class (I-Shares)

If we subscribe into a fund Share Class administered by Northern Trust Global Services SE, we certify that we have checked the eligibility of any underlying investor on behalf of whom we act before subscribing in any given Share Class.

We also confirm that we will notify with no undue delay Northern Trust Global Services SE should any underlying investor on behalf of whom we subscribe cease to be eligible to hold any given Share Class.

10.4 Screening and identification of employees

Screening and Identification of Employees

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

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

We do not perform identification and screening on our employees

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

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

10.5 "WELL-INFORMED" investor qualification

I/We adhere to the status of well-informed investor as defined by article 2 of the Law of 13 February 2007 relating to Specialised Investment Funds ("the 2007 Law") and agree to provide upon request to the Fund and/or its AIFM and the Administrator such information as the Fund and/or its AIFM and the Administrator determine to be necessary or appropriate to evidence our status of well-informed investor.

The following categories of investors are considered as well-informed investors within the meaning of article 2 of the 2007 Law:

I. "Institutional Investors" within the meaning of Luxembourg laws and regulations, which generally include the following:

- (i) Institutional investors stricto sensu, such as credit institutions, other professionals of the financial sector (PFS), insurance and reinsurance companies, social security institutions and pension funds, industrial, commercial and financial group companies, all subscribing on their own behalf and for their own account, and the structures which such institutional investors put into place for the management of their own assets;
- (ii) Credit institutions or PFS established in Luxembourg or abroad and investing in their own name but on behalf of institutional Investors as defined under i above or Professional Investors as defined under II below;

(iii) Credit institutions or PFS investing in their own name but on behalf of their non-institutional clients on the basis of a discretionary asset management mandate, which prohibits such clients to have a direct claim against the Fund;

(iv) Undertakings for collective investment (investment funds/collective investment schemes) established in Luxembourg or abroad, even if its investors may not be regarded as being institutional investors.

II. Professional Investors within the meaning of Annex III of the Luxembourg law of 5 April 1993 on the financial sector, as amended.

III. Credit institutions and other PFS established in Luxembourg or abroad which invest in their own name but on behalf of a client, who (a) has adhered in writing to the status of a well-informed investor within the meaning of article 2 of the 2007 Law and has the relevant expertise, experience and capacity to adequately appraise an investment in the Fund, **and** (b) commits to invest a minimum of € 125,000 in the Fund, **or** benefits from a confirmation of his/her/its expertise, experience and capacity to adequately appraise an investment in the Fund delivered by a credit institution, a MiFID investment firm or by a UCITS management company.

IV. Any other well-informed investor who fulfils the following conditions:

(i) declares in writing that it adheres to the status of well-informed investor and invests a minimum of the equivalent of one hundred twenty five thousand Euro (EUR 125,000) in the Fund; or

(ii) declares in writing that it adheres to the status of well-informed investor and provides an assessment made by a credit institution, by a MiFID investment firm or by a UCITS Management Company certifying his expertise, his experience and his knowledge in adequately appraising an investment in the Fund.

The conditions set forth above are not applicable to the Board of Directors, other persons who are involved in the management of the SICAV or their respective Affiliates.

Acknowledged and agreed:

Signed in	_____
on the	_____
by	_____
Represented by	_____
Title	_____
Signature	_____

10.6 Acknowledgement and Declarations

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

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

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

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

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

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

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

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

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

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

The Applicant(s) hereby give(s) the Funds and Northern Trust Global Services SE, acting in its capacity as Administrator of the Fund, the instruction to provide the Fund with their shareholding positions in the Fund together with their complete name and details on a regular basis. The Applicant(s) kindly ask(s) the Fund and Northern Trust

Global Services SE to provide such reporting on the frequency determined by the Fund from time to time until such time as any written instruction to the contrary is provided from the Applicant(s).

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

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

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

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

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

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

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

The Applicant(s) acknowledge(s) and agree(s) that any confidential information provided to the Fund, the Investment Manager or its investors shall be kept confidential by the Fund, Investment Manager and its investors and shall not be disclosed to any third party unless (i) required by law or by any court of law or by any regulatory authority; (ii) required in connection with any Investment (or potential Investment) made or to be made by the Fund (including but not limited to requirements to disclose the identity and/or holding of any investor as a precondition of the Fund making an investment); or (iii) with the prior consent of such investor (such consent not to be unreasonably withheld or delayed). Confidential information shall mean information in relation to an investor's name, citizenship, residency, financial information, ownership or control (both direct and indirect), information in relation to its holding in the Fund.

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

The Applicant(s) acknowledge(s) that he/she/they may, in such case, not be able to fully exercise their rights directly against the Fund. Any email dealing must be sent to STOREBRAND-EMAIL-DEALING@ntrs.com.

Section 11 - Applicable law and Jurisdiction

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

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

Section 12 - SIGNATURE(S)

IMPORTANT INFORMATION

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

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

All investors must sign here:

<p>Authorised Signatory</p> <p>Print Name: _____</p> <p>Date: _____</p> <p>Signature: _____</p>	<p>Authorised signatory</p> <p>Print Name: _____</p> <p>Date: _____</p> <p>Signature: _____</p>
<p>Authorised Signatory</p> <p>Print Name: _____</p> <p>Date: _____</p> <p>Signature: _____</p>	<p>Authorised signatory</p> <p>Print Name: _____</p> <p>Date: _____</p> <p>Signature: _____</p>

APPENDIX 1 - Customer due diligence requirements per entity type

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

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

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

Due Diligence applicable to your account:

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

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

Power of Attorney (POA):

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

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

A. Financial Institution, Nominee Company, Collective Investment Scheme (‘CIS’), Pension Scheme (regulated only including Trust Pension Schemes) and any other financial company (ie. Central Bank, Insurance...)

The following institutions are in scope of this category: credit institution, exchange office, remittance office, insurance company, investment firm, insurance intermediary...etc.

Documents to provide to NTGS SE	SDD	STDD	EDD
- (AF) application Form ⁽¹⁾	Copy	Original	Original
- (ASL) authorized Signatures List (dated, certified by 2 auth. Persons) ⁽²⁾	Copy	CTC – Original	CTC – Original
- Valid ID (+ proof of address if EDD) for the AF signatories ⁽³⁾	n/a	Copy	CTC – Original
- Valid ID (+ proof of address if EDD) for the Deal signatories ⁽³⁾	n/a	Copy	CTC – Original
- Valid ID (+ proof of address if EDD) for Settlor & Trustee ⁽³⁾	n/a	Copy	CTC – Original
- (DDQ) Due Diligence Questionnaire ⁽⁴⁾	Copy	Copy	Original
- Valid ID of Beneficial Owner ⁽⁴⁾	n/a	>25% Copy	>10% Orig.
- Source of wealth / Source of Funds (in AF or DDQ) ⁽⁴⁾	info	info	Evid – Orig
- (CRS / FATCA) Tax Self Certification Form ⁽⁵⁾	Copy	Copy	Copy

- Extract from Commercial Register or certificate of Inc. ⁽⁶⁾	n/a	Copy	CTC – Original
- Latest statutes, articles or equivalents ⁽⁷⁾	n/a	Copy	CTC – Original
- Evidence of regulation ⁽⁸⁾	Copy	Copy	Copy
- Wolfsberg Questionnaire ⁽⁹⁾	Copy	Copy	Copy
- AML Letter ⁽¹⁰⁾	n/a	n/a	CTC – Original
- Settlement Instructions (SSI's) ⁽¹¹⁾	Copy	Copy	CTC – Original

Financial institution (when investing on its own behalf)

- Valid ID of Beneficial Owner (if private person) ^{(3) + (4)}	>25% Copy	>25% Copy	>10% CTC
- Financial report	n/a	n/a	CTC – Original

Nominee:

In case the entity is a Nominee Company incorporated in low risk jurisdiction and fully owned and/or controlled by a regulated financial institution in a low risk country, NTGS SE will have to receive, in addition to above mentioned documents only one of the following documents to identify the nominee company:

- Extract from Commercial Register or certificate of Inc. ⁽⁶⁾	Copy
- Latest statutes, articles or equivalents	Copy
- Financial report ⁽¹⁵⁾	Copy

Parent Company:

In case the entity is a Nominee Company incorporated in low risk jurisdiction and fully owned and/or controlled by a regulated financial institution in a low risk country, NTGS SE will have to receive the following documents to identify the mother/ parent company:

, the mother/ parent company:

- Parent Company letter (signed by Compliance officer)	Copy
- (ASL) Authorized Signatures List (dated) ⁽²⁾	Copy
- Evidence of regulation ⁽⁸⁾	Copy

Regulated Pension Scheme:

In case the entity is a **Regulated Pension Scheme**, NTGS SE will have also to receive the following document to identify the parties associated in the set-up of the Pension Scheme (if required):

- Copy of Pension rules and any subsequent amendments	Copy
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B. Commercial Company (Non Listed or Listed on a Recognized Stock Exchange), Foundation or similar entity, Club, Association, Party Government, Public body in a Prescribed Country

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

- Latest statutes, articles or equivalents	n/a	Copy	CTC – Original
- Settlement Instructions (SSI's)	Copy	Copy	CTC – Original
Listed Company only			
- Evidence of listing	Copy	Copy	Copy
- Assessment on the floating rate	Copy	Copy	Copy
Foundation or similar entity, Club, Association, Party only			
- Financial report	n/a	n/a	CTC – Original

C. Trust (patrimonial, other)

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

D. Retail Investor – Natural Person

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

Guidelines, explanations and frequently asked questions

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

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

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

Certification rules – Original Documents

1. Certification by an independent professional

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

2. Self-certification

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

3. Required information

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

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

Settlement Instructions (SSI's) - Bank Statement

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

Identification documents (ID card – Passport) and verification

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

Proof of address (documents accepted)

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

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

APPENDIX 2 - GLOSSARY CRS

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

“Account Holder”

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

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

“Financial Institution”

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

“Resident for tax purposes”

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

“TIN” (including “functional equivalent”)

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