
ADDITIONAL SUBSCRIPTION FORM

ABR Enhanced Short Volatility Fund

Please forward this Additional Subscription Form by fax or e-mail to the Administrator at the following contact details, before the by applicable dealing deadline.

SEI Investments – Global Fund Services Limited
 Styne House, Upper Hatch Street
 Dublin 2, D02 DY27, Ireland

Phone: + 353 1 6382440
 Fax: + 353 1 4774768
 Email: TADublin@seic.com

Investor trades can be accepted by Fax, EMAIL or electronically via Calastone Limited ("Calastone"), via whom, in agreement with the Administrator, SWIFT messages are communicated. Investor trades cannot be accepted by phone. Failure to complete this Additional subscription form correctly may result in a delay in the processing of your subscription.

Section 1 – Shareholder Details

Existing Holder ID / Account ID: _____

Registered Name: _____

Registered Name #2 (Joint shareholders only) _____

Registered Name #3 (Joint shareholders only) _____

Address of Shareholder(s): _____

Section 2 – Additional Subscription Details

I/We wish to make an additional subscription for Shares in the in the Share Class indicated below and for the amount indicated below.

CLASS	CURRENCY	AMOUNT
Institutional	USD	
N Class	USD	
E Class	USD	
G Class	USD	
I Class	USD	

Section 3 – Payment / Settlement

I/We will pay the amount indicated above to the Company by wire transfer to the appropriate account indicated below. Payments must come from an account in the name of the applicant and be received as per the terms of the Fund documentation. No third-party payments will be accepted.

US DOLLAR - USD

Pay to: The Northern Trust International Banking Corporation
SWIFT BIC: CNORUS33
FED ABA: 026-001-122
Account Name: DMS UCITS CORRIB PLATFORM ICAV
ABR ENHANCED SHORT VOLATILITY FUND
Account Number: 126078-20010
Reference: (Name of Investor)

Section 4 – Investor Bank Details

US Dollar bank account details from which the subscription settlement is being made. Payments must come from an account in the name of the applicant and be received as per the terms of the Fund documentation. No third-party payments will be accepted.

Bank Name:
Bank Address:
Swift/Sort Code:
IBAN:
Account Name:

Section 5 – AML

PEP SECTION - As appropriate, where there is PEP ¹ associated with this account, please provide the following confirmation in relation to this transaction:

(a) Source of Funds

Please insert below details of the origin of the particular funds which are the subject of this investment and how they were acquired

.....
.....
.....
.....

¹ Politically Exposed Person - an individual who is a senior government, political or military official, or an immediate family member or close associate of such a person.

Section 6 – Confirmations

This Additional subscription form should be read in conjunction with the Prospectus and Supplement of the Fund and your initial Subscription Agreement. All capitalised terms herein have the meanings assigned to them in the Prospectus or the Supplement (as appropriate).

Section 7 – Confirmations

I/We hereby agree and confirm, in signing below, that i) I/we am/are irrevocably subscribing for Shares in the Fund as detailed above, and that ii) all information provided, and all representations and warranties made, in my/our initial Subscription Agreement and the documents provided therewith are true and correct as of the date hereof and that my/our initial Subscription Agreement should be amended so as to refer to and include the subscription described above.

Signature (1): _____

Print Name: _____

Capacity of Authorised Signatory: _____

Date: _____

Signature (2): _____

Print Name: _____

Capacity of Authorised Signatory: _____

Date: _____

Signature (3): _____

Print Name: _____

Capacity of Authorised Signatory: _____

Date: _____

Signature (4): _____

Print Name: _____

Capacity of Authorised Signatory: _____

Date: _____