

P/E FX Strategy Fund (the **Sub-Fund**)  
a sub-fund of DMS UCITS Platform ICAV (the **Fund**)

APPLICATION FORM



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## Instructions

### **Mailing Address**

C/o SEI Investments – Global Fund Services Limited (the “Administrator”)

Styne House

Upper Hatch Street

Dublin 2, D02 DY27

Ireland

Tel: +353 1 6382440

Fax: +353 1 4774768

E-mail: [tadublin@seic.com](mailto:tadublin@seic.com)

For initial subscriptions for shares you must complete this Application Form (the **Application Form**) and submit by fax or e-mail to the Administrator together with the supporting documentation required for anti-money laundering (AML) purposes by 4pm Dublin time on the business day prior to dealing. Subsequent subscriptions and redemption requests may be submitted separately.

Failure to provide the Application Form along with the documentation required AML purposes may result in the deduction of tax due to the Irish Finance Act requirements outlined in the AML section and/or a delay in the acceptance and/or payment of a transfer/redemption request.

**Non-Retail Accounts** - An authorised signatory list must be provided at the time of account opening for the investing entity in whose name the account is being opened. The Application Form must be signed in accordance with that authorised signatory list.

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

Applicants who are resident or ordinarily resident in the Republic of Ireland as defined in the Prospectus, please contact the Administrator immediately.

Applicants who are persons referred to in section 739D(6) of the Taxes Consolidation Act 1997 (as amended) of Ireland (TCA) must complete the Irish Revenue Commissioners prescribed declaration form at the end of this Application Form (Exempt Irish Applicants Declaration).

Section 1

All Applicants

**Subscription Information**

Please pay subscription monies in the relevant class currency to the following account(s) referencing the name of the applicant

**British Pound - GBP**

Intermediary Bank: Barclays Bank PLC, London  
SWIFT: BARCGB22

Beneficiary Bank: The Northern Trust International Banking Corporation, New Jersey  
GBP Sort Code: 203253  
Account Number: 53529495  
SWIFT: CNORUS33

Beneficiary Account Name: P/E FX Strategy Fund SUB/RED GBP account  
Beneficiary Account Number: 605576-22213  
Reference: *(Please insert applicant name)*

**Euro – EUR**

Intermediary Bank: Barclays Bank PLC, Frankfurt  
SWIFT: BARCDEFF

Beneficiary Bank: The Northern Trust International Banking Corporation, New Jersey  
Account Number: 0210472800  
SWIFT: CNORUS33

Beneficiary Account Name: P/E FX Strategy Fund SUB/RED EUR account  
Beneficiary Account Number: 605568-22213  
Reference: *(Please insert applicant name)*

**USD DOLLAR**

Beneficiary Bank: The Northern Trust International Banking Corporation, New Jersey  
SWIFT: CNORUS33  
Fedwire ABA: 026001122  
CHIPS ABA: 0112

Beneficiary Account Name: P/E FX Strategy Fund SUB/RED USD account  
Beneficiary Account Number: 134833-20010  
Reference: *(Please insert applicant name)*

### **Swiss Franc - CHF**

Intermediary Bank: Credit Suisse AG, Zurich  
SWIFT: CRESCHZZ80A

Beneficiary Bank: The Northern Trust International Banking Corporation, New Jersey  
IBAN: CH100483509849903301 0  
SWIFT: CNORUS33

Beneficiary Account Name: P/E FX Strategy Fund SUB/RED CHF account

Beneficiary Account Number: 605709-22213

Reference: (Please insert applicant name)

### **Australian Dollar - AUD**

Intermediary Bank: National Australia Bank, Melbourne  
SWIFT: NATAAU33

Beneficiary Bank: The Northern Trust International Banking Corporation, New Jersey  
Account Number: 1803007471500  
SWIFT: CNORUS33

Beneficiary Account Name: P/E FX Strategy Fund SUB/RED AUD account

Beneficiary Account Number: 679803-20019

Reference: (Please insert applicant name)

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

Subscription monies should be received by wire transfer in cleared funds by the second business day following the relevant dealing day specified in the Prospectus and Supplement in the currency of the relevant units.

**Details of Investment – Share Class**

The applicant, having received and read a copy of the Prospectus and Supplement hereby applies to invest in the Sub-Fund, as indicated in the table below. Enter either Value of Subscription or Number of shares.

<b>Class</b>	<b>Currency</b>	<b>ISIN</b>	<b>Value of Subscription</b>	<b>Number of shares</b>

Re-invest dividend? Please tick as appropriate, if yes box is ticked or no selection is made, any dividends will be applied in the purchase of further shares in the relevant class.

**Yes**       **No**

Should you have any questions, please contact the Administrator at the details above.

Please note that if you are an existing investor in the Sub-Fund, you should complete an additional subscription document. This is an initial application for new applicants.

**Applicant Information**

**Account Registration Details**

Registered Name				
Account Designation (if any)				
Shareholder Type <sup>1</sup>				
Occupation (if individual or joint account) or Nature of purpose of entity (if entity)				
Registered Address PO or C/O will not be accepted				
Mailing Address (if different)				
Contact Name				
Contact Details	Telephone (inc. country code)		Facsimile	
Email				
Date of Birth / Formation Date if Entity				
Nationality / Domicile				
Country of Birth				



**Joint Applicant(s)**

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

<b>First additional applicant details</b>	
Registered Name	
Occupation (if individual or joint account) or Nature of purpose of entity (if entity)	
Source of wealth (e.g. inheritance, income from employment, income from business activities)	
Registered Address PO or C/O will not be accepted	
Contact Name	
Contact Details	
Telephone (inc. country code)	
Facsimile	
Email	

**Second additional applicant details**

Registered Name	
Occupation (if individual or joint account) or Nature of purpose of entity (if entity)	
Source of wealth (e.g. inheritance, income from employment, income from business activities)	
Registered Address PO or C/O will not be accepted	
Contact Name	
Contact Details	
Telephone (inc. country code)	
Facsimile	
Email	

<b>Third additional applicant details</b>	
Registered Name	
Occupation (if individual or joint account) or Nature of purpose of entity (if entity)	
Source of wealth (e.g. inheritance, income from employment, income from business activities)	
Registered Address PO or C/O will not be accepted	
Contact Name	
Contact Details	
Telephone (inc. country code)	
Facsimile	
Email	

Additional applicants will be required to provide all required documentation for AML verification purposes.

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

Please list the details of the account to which redemption proceeds, and/or dividend distributions should be paid. Payments will only be made to a bank account held in the name of the registered shareholder. No Third Party Payments will be made. Redemptions will not be processed on non-cleared/verified accounts.

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

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

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

<b>Correspondent Bank Name</b>	
<b>Correspondent Bank Address</b>	
<b>Correspondent Bank Sort Code / SWIFT (BIC) / ABA / Fedwire</b>	
<b>Beneficiary Bank Name</b>	
<b>Beneficiary Bank Address</b>	
<b>Beneficiary Bank Sort Code / SWIFT (BIC) / ABA / Fedwire</b>	
<b>Beneficiary Account Name</b>	
<b>Beneficiary Account Number</b>	
<b>IBAN (International Bank Account Number)</b>	
<b>Currency</b>	
<b>Reference</b>	

## Section 2

### Beneficiary Owners – AML Nominees and Intermediaries

**Beneficiary Owner Details**

**Beneficiary Owners** – To be completed where the applicant(s) is/are not a natural person

A beneficial owner is considered by the Fund to be an individual or corporate entity

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

We have noted below any beneficiary owner of the registered applicant.

**Beneficiary Owner 1 (where applicable)**

Registered Name	
Address	
Entity Type <sup>1</sup>	
Formation of entity	

**Beneficiary Owner 2 (where applicable)**

Registered Name	
Address	
Entity Type <sup>1</sup>	
Date of Birth (if individual)	

**Beneficiary Owner 3 (where applicable)**

Registered Name	
Address	
Entity Type <sup>1</sup>	
Date of Birth (if individual)	

**Beneficiary Owner 4 (where applicable)**

Registered Name	
Address	
Entity Type <sup>1</sup>	
Date of Birth (if individual)	

**Intermediary Details (if applicable)**

Broker ID		Branch ID	
Broker Name			
Broker Address			
Representative Name		Representative ID	
Contact Details			
Telephone (inc. country code)			
Facsimile			
Email			



**AML confirmation for nominees / intermediaries**

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

<p><b>Description of applicant</b></p>	<p>Designated body investing as an intermediary <input type="checkbox"/></p> <p>Nominee company <input type="checkbox"/></p>
<p><b>Relationship of confirmation provider (regulated entity) to applicant</b></p>	<p>Applicant <input type="checkbox"/></p> <p>Parent of applicant <input type="checkbox"/></p>
<p><b>Unless the following box is ticked the Administrator will apply the below confirmation to any subsequent designated accounts in the name of this applicant.</b></p> <p>Do <u>not</u> apply the below confirmation to subsequent designations <input type="checkbox"/></p>	

Name of Regulated Entity .....

Name of Regulator .....

Address of Regulated Entity .....

## Section 3

### FATCA and CRS self-certification - For Individuals

### **Individual Self-Certification**

Your application to invest in the Sub-Fund, and the information you disclose in this Application Form, is subject to the Standard for Automatic Exchange of Financial Account Information in Tax Matters (the Common Reporting Standard, or “CRS”). Ireland is a participating jurisdiction in the CRS. Accordingly, we are required to report certain information in relation to you, in particular your tax residency status and Tax Identification Number (TIN) (which you are required to provide in Bank Account Details for Redemption and Distribution Payments section of the form), to the Irish Revenue Commissioners. They may in turn exchange this information, and other financial information with foreign tax authorities, including tax authorities outside the EU. This is the case even where you are not resident in a jurisdiction that is participating in the CRS.

The purpose of data-sharing under the CRS is to facilitate the cross-border enforcement and collection of tax. You should note that the information reported by us to the Irish Revenue Commissioners in respect of you may be shared with other tax authorities who are participants in the CRS.

For more information on the CRS, please see the relevant webpage on the Irish Revenue Commissioner’s website: <http://www.revenue.ie/en/business/aeoi/index.html>

### **FATCA and CRS Self-Certification**

We are obliged under Section 891E, Section 891F and Section 891G of the TCA and regulations made pursuant to those sections to collect certain information about each applicant’s tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an applicant’s interests in the Sub-Fund with the Irish Revenue Commissioners, who may in turn share the information with tax authorities of other jurisdictions. This form is intended to request information only where such request is not prohibited by Irish law.

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

For further information on FATCA or CRS please refer to Irish Revenue Commissioners website at:

<http://www.revenue.ie/en/business/aeoi/index.html>

**OR** the following link to the OECD CRS Information Portal at:

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

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

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

**Sections 1, 2, 3 and 5** must be completed by all applicants.

**Section 4** should only be completed by any individual who is a Controlling Person of an equity applicant which is a Passive Non-Financial Entity.

For further guidance see: <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/~d.en.345314>

(Mandatory fields are marked with a \*)

**Section 1 - Applicant Identification**

Applicant Name\*: \_\_\_\_\_

**Current Residential Address\*:**

Number: \_\_\_\_\_

Street: \_\_\_\_\_

City, Town, State, Province or County: \_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

**Mailing address (if different from above)\*:**

Number: \_\_\_\_\_

Street: \_\_\_\_\_

City, Town, State, Province or County: \_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

**Place of Birth\***

Town or City of Birth\*: \_\_\_\_\_

Country of Birth\*: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_

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

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

(a) I confirm that [I am] / [the applicant is] a U.S. citizen and/or resident in the U.S. for tax purposes

**and** [my] / [its] U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

\_\_\_\_\_

**OR**

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

**Section 3 - CRS Declaration of Tax Residency** (Please note you may chose more than one country)

Please indicate your / the applicant's country of tax residence (if resident in more than one country please detail all countries of tax residence and associated taxpayer identification numbers (TIN)).

Please see the CRS Portal for more information on Tax Residency.

Country of Tax Residency	Tax ID Number	If TIN is unavailable, please select reason a, b or c, and check the box below

**NOTE:** Under the Irish legislation implementing CRS, the provision of a Tax ID number (TIN) is required unless you are tax resident in a jurisdiction that does not issue a TIN or you are tax resident in a non-reportable jurisdiction (i.e., Ireland or the US).

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

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

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

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

**Section 4 – Type of Controlling Person**

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

For joint or multiple Controlling Persons please complete a separate Self-Certification form for each Controlling Person.

Please confirm what type of Controlling Person applicable under CRS that applies to you/the applicant by ticking the appropriate box.	Please tick	Entity Name
Controlling Person of a legal person – control by ownership	<input type="checkbox"/>	
Controlling Person of a legal person – control by other means	<input type="checkbox"/>	
Controlling Person of a legal person – senior managing official	<input type="checkbox"/>	
Controlling Person of a trust – settlor	<input type="checkbox"/>	
Controlling Person of a trust – trustee	<input type="checkbox"/>	
Controlling Person of a trust – protector	<input type="checkbox"/>	
Controlling Person of a trust – beneficiary	<input type="checkbox"/>	
Controlling Person of a trust – other	<input type="checkbox"/>	
Controlling Person of a legal arrangement (non-trust) – settlor-equivalent	<input type="checkbox"/>	
Controlling Person of a legal arrangement (non-trust) – trustee-equivalent	<input type="checkbox"/>	
Controlling Person of a legal arrangement (non-trust) – protector-equivalent	<input type="checkbox"/>	
Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent	<input type="checkbox"/>	
Controlling Person of a legal arrangement (non-trust) – other-equivalent	<input type="checkbox"/>	

## **Section 5 - Declaration and Undertakings**

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

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

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

## **Customer Information Notice**

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

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

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

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

Further information is available on the OECD website: <http://oecd.org/tax/automatic-exchange/> And on the Irish Revenue Commissioners website - <http://www.revenue.ie/en/business/aeoi/>

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



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

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

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

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

## Section 4

### FATCA and CRS self-certification - For Entities

### **Entity Self-Certification**

Your application to invest in the Sub-Fund, and the information you disclose in this Application Form, is subject to the Standard for Automatic Exchange of Financial Account Information in Tax Matters (the Common Reporting Standard, or “CRS”). Ireland is a participating jurisdiction in the CRS. Accordingly, we are required to report certain information in relation to you, in particular your tax residency status and Tax Identification Number (TIN) (which you are required to provide in Bank Account Details for Redemption and Distribution Payments section of the form), to the Irish Revenue Commissioners. They may in turn exchange this information, and other financial information with foreign tax authorities, including tax authorities outside the EU. This is the case even where you are not resident in a jurisdiction that is participating in the CRS.

The purpose of data-sharing under the CRS is to facilitate the cross-border enforcement and collection of tax. You should note that the information reported by us to the Irish Revenue Commissioners in respect of you may be shared with other tax authorities who are participants in the CRS.

For more information on the CRS, please see the relevant webpage on the Irish Revenue Commissioner’s website: <http://www.revenue.ie/en/business/aeoi/index.html>

### **FATCA and CRS Self-Certification**

We are obliged under Section 891E, Section 891F and Section 891G of the TCA and regulations made pursuant to those sections to collect certain information about each applicant’s tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an applicant’s interests in the Sub-Fund with the Irish Revenue Commissioners who may in turn share the information with the tax authorities of other jurisdictions. This form is intended to request information only where such request is not prohibited by Irish law.

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

For further information on FATCA or CRS please refer to Irish Revenue Commissioners website:-

<http://www.revenue.ie/en/business/aeoi/index.html>

**OR**

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

If any of the information below about the applicant's tax residence or FATCA/CRS classification changes in the future, please ensure that we are advised of these changes promptly.

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

**Section 1: Applicant Identification**

(Mandatory fields are marked with a \*)

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

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

**Current Registered Address\*:**

Number: \_\_\_\_\_ Street: \_\_\_\_\_

City, town, State, Province or County: \_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Mailing address (if different from above)\*:**

Number: \_\_\_\_\_ Street: \_\_\_\_\_

City, town, State, Province or County: \_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Section 2: FATCA Declaration Specified U.S. Person**

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

(a) The Entity is a Specified U.S. Person

The Entity's U.S. Federal Taxpayer Identifying number (U.S. TIN) is as follows:

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

(b) The Entity is not a Specified U.S. Person

*(please also complete Sections 3, 4 and 5)*

(c) The Entity is a US person but not a Specified U.S. Person

*(please also complete Sections 3, 4 and 5)*

**Section 3: Entity's FATCA Classification**

(the information provided in this section is for FATCA, please note your classification may differ from your CRS classification in Section 5)

**3.1 Financial Institutions under FATCA**

If the Entity is a Financial Institution, please tick one of the below categories and provide the Entity's GIIN at 3.2

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

**3.2**

**Please provide the Entity's Global Intermediary Identification number (GIIN): \_\_\_\_**

**3.3**

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

<p>The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN</p> <p><b>Please provide the sponsor's name and sponsor's GIIN:</b></p> <p><i>Sponsor's Name:</i> _____ <i>Sponsor's GIIN:</i> _____</p> <p><b>NOTE:</b> this option is only available to Sponsored Investment Entities in Model 1 IGA jurisdictions. Sponsored Investment Entities that do not have U.S. reportable accounts are not required to register and obtain a GIIN with the IRS unless and until U.S. reportable accounts are identified.</p>	<input type="checkbox"/>
<p>Exempt Beneficial Owner</p> <p><i>Please tick and confirm the category of Exempt Beneficial Owner;</i></p> <p>I. Government Entity</p> <p>II. International Organisation</p> <p>III. Foreign Central Bank</p> <p>IV. Exempt Retirement Sub-Fund</p> <p>V. Collective Investment Vehicle Wholly Owned by Exempt Beneficial Owners</p>	<input type="checkbox"/>
<p>Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)</p> <p>Indicate exemption: _____</p>	<input type="checkbox"/>
<p>Non-Participating Foreign Financial Institution</p>	<input type="checkbox"/>
<p>Excepted Foreign Financial Institution</p>	<input type="checkbox"/>
<p>The Entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN:</p>	<input type="checkbox"/>

### 3.4 Non-Financial Institutions under FATCA

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

Active Non-Financial Foreign Entity	<input type="checkbox"/>
Passive Non-Financial Foreign Entity. Please indicate which applies: - Passive NFFE with no Controlling Persons that are specified US persons - Passive NFFE with Controlling Persons that are specified US persons (If this box is ticked, please indicate the name of all natural Controlling Person(s) of the Entity in section 6.1 below and separately complete and include self-certification forms for each of your Controlling Persons)	<input type="checkbox"/>
Excepted Non-Financial Foreign Entity	<input type="checkbox"/>
Direct Reporting Non-Financial Foreign Entity. Please provide your GIIN: _____	<input type="checkbox"/>

### **Section 4: CRS Declaration of Tax Residency**

(please note that you may choose more than one country)\*

Please indicate the Entity's country of tax residence for CRS purposes (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers (TIN)).

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

Country of Tax Residency	Tax ID Number	If TIN is unavailable, please select reason a, b or c, and check the box below

**NOTE:** Under the Irish legislation implementing CRS, the provision of a Tax ID number (TIN) is required unless you are tax resident in a jurisdiction that does not issue a TIN or you are tax resident in a non-reportable jurisdiction (i.e., Ireland or the US).

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

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

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

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

**Section 5: Entity's CRS Classification\***

(The information provided in this section is for CRS. Please note an Entity's CRS classification may differ from its FATCA classification in Section 3)

For more information please see the CRS Standard and associated commentary:

<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

**5.1 Financial Institutions under CRS**

If the Entity is a *Financial Institution*, please tick one of the below categories:

<b>A Reporting Financial Institution resident in a participating CRS jurisdiction</b>	<input type="checkbox"/>
<b>A Financial Institution Resident in a Non-Participating Jurisdiction</b> (Please also tick the box that applies)	<input type="checkbox"/>
<b>An Investment Entity resident in a Non-Participating Jurisdiction and managed by another Financial Institution</b> (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity in section 6 below and complete a separate individual self-certification forms for each of your Controlling Persons“)	
<b>An Investment Entity resident in a Non-Participating Jurisdiction that is not managed by another Financial Institution</b>	
<b>Other Financial Institution</b> , including a Depository Financial Institution, Custodial Institution or	



Specified Insurance Company	
<p><b>Non-Reporting Financial Institution under CRS.</b></p> <p><b>Specify the type of Non-Reporting Financial Institution below:</b></p> <p>Governmental Entity</p> <p>International Organization</p> <p>Central Bank</p> <p>Broad Participation Retirement Sub-Fund</p> <p>Narrow Participation Retirement Sub-Fund</p> <p>Pension Sub-Fund of a Governmental Entity, International Organization, or Central Bank</p> <p>Exempt Collective Investment Vehicle</p> <p>Trust whose trustee reports all required information with respect to all CRS</p> <p>Reportable Accounts</p> <p>Qualified Credit Card Issuer</p> <p>Other Entity defined under the domestic law as low risk of being used to evade tax.</p> <p>Specify the type provided in the domestic law:</p>	

## 5.2 Non-Financial Institutions under CRS

If the Entity is a Non-Financial Institution, please tick one of the below categories:

Active Non-Financial Entity – <i>a corporation the stock of which is regularly traded on an established securities market. Please provide the name of the established securities market on which the corporation is regularly traded</i>	<input type="checkbox"/>
Active Non-Financial Entity – if you are a related entity of an entity that is regularly traded. Please provide the name of the regularly traded corporation that the entity is a related entity of: _____ Please provide details of the securities market that the entity is listed on: _____	<input type="checkbox"/>
Active Non-Financial Entity – <i>a Government Entity or Central Bank</i>	<input type="checkbox"/>
Active Non-Financial Entity – <i>an International Organisation</i>	<input type="checkbox"/>
Active Non-Financial Entity – <i>other than above (for example a start-up NFE or a non-profit NFE)</i>	<input type="checkbox"/>

Passive Non-Financial Entity - (if this box is ticked, please also complete Section 6.1 below and indicate the name of all natural Controlling Person(s) of the Entity and complete a separate Individual Self-Certification Form for each of your Controlling Person(s))	<input type="checkbox"/>
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**Section 6 Controlling Persons**

Please note that each Controlling Person must complete a Separate Individual Self-Certification form. If there are no natural person(s) who exercise control of the Entity then the Controlling Person will be the natural person(s) who hold the position of senior managing official of the Entity.

For further information on Identification requirements under CRS for Controlling Persons, see the Commentary to Section VIII of the CRS Standard:

<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

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

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

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

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

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

**Section 7: Declarations and Undertakings**

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

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

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

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

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

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

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

Section 5

Tax Residency – All Applicants

### **Excepted and Non-Excepted Shareholders**

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

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

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

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

**US Person Confirmation**

Please confirm one of the statements below is correct by ticking the relevant box:

I/We confirm that I am/we are not a US Person (as defined in the Prospectus) and am/are not acquiring Shares in the Sub-Fund on behalf of, or for the benefit of, a US Person, nor do I/we intend to transfer any Shares which I/we may purchase to any US Person

**OR**

I/We confirm that I am/we are a US person (as defined in the Prospectus) who is/are both (i) an “accredited applicant” (as defined in Rule 501(a) of Regulation D under the 1933 Act) and a (ii) “qualified eligible person” (as defined in CFTC Regulation 4.7)

**Personal Portfolio Investment Undertaking (PPIU)**

I/We\* confirm that I am/we\* are an Irish Resident or Irish Ordinary Resident who is a director or has a relationship with a director of the fund: **YES**  **NO**

Please enter name(s) of PPIU \_\_\_\_\_

(\*Delete as appropriate)

Section 6

AML – All Applicants

## **AML Documentation Requirement**

### **AML – Know your customer requirements**

Under Irish legislation and supplemental guidance covering AML and the taxation of savings the Fund and the Administrator are required to obtain the documentation verify the identity of all new applicants. This documentation should be provided with the Application Form. The documentation listed may not cover all applications and the Fund and the Administrator reserve the right to request additional documentation if required.

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

In any event, redemption and dividend payments will not be processed until full AML documentation has been received on the account and the Fund and the Administrator reserve the right to take further action where full AML documentation has not been received.

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

The Administrator employs a risk based approach to AML. This entails looking at various risk factors such as geographic risk, customer risk and Politically Exposed Person (PEP) association among other factors. There are 3 different approaches that can be taken as a result of the risk assessment, these are Simplified Customer Due Diligence (SCDD), Standard Customer Due Diligence (SDD) or Enhanced Customer Due Diligence (ECDD).

#### **Simplified Customer Due Diligence (SCDD)**

SCDD can be applied in instances where the jurisdiction involved and customer type is deemed lower risk from a Money Laundering and Terrorist Financing perspective. Where SCDD is applied the emphasis is more on independent verification.

Examples of where SCDD can be applied are:

1. A credit or financial institution that carries out business in an EU Member State or in a jurisdiction, which operates comparable AML/counter terrorist financing (CTF), controls
2. A company listed on a regulated market in a prescribed country.

#### **Standard Customer Due Diligence (SDD)**

SDD will be applied where the customer/entity investing is located in a jurisdiction deemed to have equivalent levels of AML/CTF controls as Ireland. Additionally the entity type, as a result of our risk assessment, is not deemed to be higher risk, however information on the beneficial owners and controllers is not publicly available and therefore information is required from the Applicant.

\* Subject to change in line with Irish regulatory requirements and relevant guidelines.

\*\* Document must have signature, must be in date and have clear photo.

\*\*\* Document must be recent (under 6 months old), must match Application Form and must not be a c/o or PO Box Address.



### Enhanced Customer Due Diligence (ECDD)

ECDD is applied on a risk sensitive basis in any situation, which by its nature would present a higher risk of money laundering or terrorist financing. Typically ECDD will be applied to applicants located in higher risk jurisdiction, with a complex legal structure or where the registered shareholder or ultimate beneficial owner of the registered shareholder has been identified as a PEP.

**Please note the above is a guideline and the Administrator reserves the right to apply ECDD to any Applicant where it deems the situation warrants the approach or may request further information as it deems necessary as part of its AML verification process.**

Please see the below table detailing what is typically requested for the most common entity types under standard and enhanced due diligence.

<b>Entity Type</b>	<b>AML Documents Required* - Standard</b>	<b>AML Documents Required* - Enhanced</b>
<b>Individual</b>	Copy photo ID (copy of Passport, Drivers License or National ID Card) ** Copy of proof of residential address verification (Utility Bill, Bank or Mortgage Statement***)	Certified copy of photo ID Two certified proofs of residential address verification For PEP Applicants a source of wealth confirmation will also be required
<b>Joint Account</b>	As per the above for each account holder	As per the above for each account holder
<b>Designated Person (wholly owned subsidiary)</b>	Proof of Regulation Letter of representation Original Authorised Signatory List (ASL) including specimen signatures	
<b>Corporation</b>	Copy of Certificate of Incorporation or equivalent constituting document Identify Directors Identify ultimate beneficial owners holding 25% or more of the share, profit or voting rights	All documents required under standard Constituting document to be certified e.g. Certificate of Incorporation

	<p>Verify identity of two Directors or one Director and one authorised signatory</p> <p>Original ASL including specimen signatures</p>	<p>Certified Memorandum and Arts or Association or equivalent</p> <p>Verify identity of all ultimate beneficial owners holding 25% or more of the share, profit or voting rights</p> <p>For PEP Applicants a Source of Wealth confirmation will also be required</p>
<b>Trust</b>	<p>Copy of Trust Deed</p> <p>Identify all Trustees</p> <p>Verify identity of two Trustees or one Trustee and one authorised signatory</p> <p>Identify Settlor(s)/Donor</p> <p>Identify all ultimate beneficial owners holding 25% or more of the trust assets</p> <p>Original ASL including Specimen Signatures</p>	<p>All documents required under standard</p> <p>Certified copy of Trust Deed</p> <p>Verify identity of Settlor(s)/Donor</p> <p>Verify identity of all beneficiaries entitled to more than 25% of the trust assets</p> <p>For PEP Applicants a Source of Wealth confirmation will also be required</p>
<b>Partnership</b>	<p>Copy Partnership Agreement</p> <p>Identify all Partners including percentage holdings</p> <p>Verify identity of general partner</p> <p>Original ASL including specimen signatures</p>	<p>All documents required under standard</p> <p>Certified copy of Partnership Agreement</p> <p>Verify identity of all Partners holding 25% of the capital</p> <p>For PEP Applicants a Source of Wealth confirmation will also be required</p>
<b>Limited Liability Company (LLC)</b>	<p>Copy Certificate of Formation or equivalent</p> <p>Identify Managing Members</p> <p>Verify identity of two Managing Members or one Managing Member and one authorised signatory</p> <p>Identify all members holding 25% or more of the share capital</p> <p>Original ASL including Specimen Signatures</p>	<p>All documents required under standard</p> <p>Certified copy of Certificate of Formation or equivalent</p> <p>Certified copy of Operating Agreement or equivalent</p> <p>Verify the identity of all members beneficially entitled to more than 25% of the entity's share capital</p>

		For PEP Applicants a Source of Wealth confirmation will also be required
<b>USA Individual Retirement Account (IRA)</b>	Identify individual in line with individual requirements as noted above Proof of regulation for Custodian of the IRA Original ASL including specimen signatures where applicable	
<b>Fund</b>	Copy of the Offering Memorandum / Prospectus or equivalent Name and Address of Fund's Promoter and Administrator Proof of regulation for entity conducting AML checks on the fund applicants Identify all applicants who own more than 25% of the shares / units of the fund Original ASL including specimen signatures	Certified copy of the Offering Memorandum / Prospectus or equivalent Certified copy of Certificate of Incorporation or equivalent Verify the identity of all applicants who own more than 25% of the share capital For PEP Applicants a Source of Wealth confirmation will also be required
<b>Pension Plan</b>	Copy of the Formation document of pension plan Identify Trustees / Directors / Governors / Board Members or equivalent Verify identity of two of the above noted in point 2 as applicable Original ASL including Specimen Signatures	All documents required under standard Certified copy of the Formation Document of the pension plan Verify identity of plan administrator <b><u>And / or</u></b> Confirmation from plan administrator that AML checks are conducted at appropriate level <b><u>And / or</u></b> Certified copy of the most recent Audited Financial Statements For PEP Applicants a Source of Wealth confirmation will also be required
	Copy of constitutional document where feasible	All documents required under standard

<p><b>Schools, colleges or universities</b></p>	<p>Verify identity independently Identify main officials Verify the identity of two officials Determine ownership of entity Original ASL including Specimen Signatures</p>	<p>Certified copy of constitutional document where feasible Verify identity of individuals who own or control over 25% of the entity's share capital For PEP Applicants a Source of Wealth confirmation will also be required</p>
<p><b>Public Body</b></p>	<p>Name of the home state authority and nature of its relationship with the public body Details of the ownership of the entity Identify the main public body officials Identify all persons who own or control more than 25% of the capital Independent research of entity Original ASL including Specimen Signatures</p>	<p>All documents required under standard Verify identity of two officials <b><u>And / or</u></b> Verify identity of all persons who own or control over 25% of capital Certified copy of the most recent Audited Financial Statements For PEP Applicants a Source of Wealth confirmation will also be required</p>
<p><b>Charity</b></p>	<p>Independent verification of the charity as an approved body e.g. for US Charities confirmation of 501(c) status via Guidestar <b><u>Or all points below</u></b> Nature / purpose including nature of the funding Identify Trustees / Directors / Governors / Board Members or equivalent Verify identify two of the above noted in point 3 as applicable Identify beneficiaries where ascertainable Copy of Constitutional / Formation document Original ASL including Specimen Signatures</p>	<p>All documents required under standard except point 1 Certified copy of Constitutional / Formation document Certified copy of the most recent Audited Financial Statements For PEP Applicants a Source of Wealth confirmation will also be required</p>

\* Subject to change in line with Irish regulatory requirements and relevant guidelines.

\*\* Document must have signature, must be in date and have clear photo.

\*\*\* Document must be recent (under 6 months old), must match Application Form and must not be a c/o or PO Box Address.

**AML Information**

Controller Detail

As appropriate to this account, please insert below the details of all Directors / Trustees / Partners / Committee Members or Controlling person(s).

<b>Name</b>	<b>Residential Address</b>	<b>Date of Birth</b>	<b>Occupation</b>

Ultimate Beneficial Owner Detail <sup>1</sup>

As appropriate to this account, please insert below the details of the natural person(s) who ultimately benefit from this investment regardless of how the account is registered.

<b>Name</b>	<b>Residential Address</b>	<b>Date of Birth</b>	<b>Occupation</b>	<b>PEP Y/N <sup>2</sup></b>

<sup>1</sup> **Ultimate Beneficial Owner** - Where no beneficial ownership information is provided, it will be assumed no beneficiary holds 25% or more of the assets of the entity.

<sup>2</sup> **Politically Exposed Person** - Is the ultimate beneficial owner a senior government, political or military official, or an immediate family member or close associate of such a person?

**PEP Section**

Where there is PEP associated with this account, please provide the following two confirmations:

**Source of Wealth**

Please insert below the details of the individual PEP's Source of Wealth, being confirmation of the economic activity which has generated the net worth of the individual

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**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

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Section 7

Declarations and Signatures – All Applicants

## **Declarations and Signatures**

By signing this Application Form, I/we\* acknowledge that I/we\* have viewed, reviewed and understood the Key Applicant Information Document (KIID) or Packaged Retail and Insurance-based Investment Products (PRIIPs) (where relevant) applicable to the relevant Share class(es) to which this Application Form relates in good time and prior to making an application for Shares of such Class(es).

I/we also acknowledge that I/we\* will read further potential issuances of applicable KIID and PRIIP (where relevant) before any subsequent investment that I/we\* wish to make in the relevant shares of such Class(es).

I/ We, having received and considered a copy of the Prospectus and Supplement, hereby confirm that this application is based solely on the current Prospectus and Supplement and the material contracts therein referred to together (where applicable) with the most recent annual report or semi-annual report and accounts of the Fund.

I/ We undertake to observe and be bound by the provisions of the constitutional document of the Fund (as amended from time to time), the Prospectus and the relevant Supplement and apply for the Shares issued in relation to this application to be entered in the register of Shareholders in my/our name(s) (or in the name of a nominee or agent).

I/ We acknowledge that, owing to AML requirements operating within their respective jurisdictions, the Fund, its Directors and the delegates and service providers which may be appointed by them (as the case may be) may require further identification of the applicant(s) before the application can be processed and the Fund, its Directors and the delegates and service providers which may be appointed by them shall be held harmless and indemnified against any loss arising as a result of a failure to process the application if such information has been requested by the parties referred to and has not been provided by me/us.

I/ We hereby authorise the Administrator to accept and execute any instructions, (including but not limited to any instructions regarding subscriptions, switches, transfers or redemptions of Shares or any payment in relation to same or otherwise) in respect of Shares to which this application relates, given by me/us in written form, by facsimile or by electronic means. I/ We hereby agree to indemnify each of the Fund, its Directors and the delegates and service providers which may be appointed by them and any of their respective affiliates and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them as a result of my/our failure to remit the amount of my subscription by the due date or my/our failure to comply with the terms of this Application Form, for any mis-representation or breach or warranty, condition, covenant or agreement given or delivered by me/us or them acting upon instructions given in written form by me/us. The Administrator and the Fund may rely conclusively upon, and shall incur no liability in respect of, any action taken upon any notice, consent, request, instruction or other instrument believed in good faith to be genuine or to be signed by properly authorised persons.

In the event that Shares are allotted / issued notwithstanding that cleared funds have not been received within the usual time limits by the Fund, I/we acknowledge that the Fund may cancel the allotment / issue of my / our Shares and I/we will be liable to pay to the Fund interest at such rate as may be determined by the Directors from time to time and/or other losses, charges or expenses suffered or incurred by the Fund or their delegates as a result of late payment or non-payment by me/us of subscription monies.

I/We confirm that we confirm/our underlying clients have confirmed to us that we/they are not subscribing for Shares on behalf of one or more (i) employee benefit plans ("ERISA Plans") subject to Title I of United States Employee Retirement Income Security Act of 1974, as amended ("ERISA"), (ii) retirement plans covering only self-employed individuals and individual retirement accounts or otherwise defined as a "plan" in Section 4975(e)(1) of the United States Internal Revenue Code of 1986, as amended (collectively "Qualified Plans"), or (iii) entities deemed to hold the assets of an ERISA Plan or Qualified Plan.



I/ We consent to any notice or other document to be sent by the Fund or the Administrator to me/us as a Shareholder, by electronic means including but not limited to e-mail, swift or posting such notice or other document on [www.dmsgovernance.com](http://www.dmsgovernance.com) or another website notified to me/us by post or by e-mail and that a paper copy will be provided to us free of charge on request.

I/ We confirm that I/we have the capacity and am/are duly authorised to complete this Application Form and to make the representations and give the indemnities referred to herein, and that I am/we are in compliance in all material respects with all applicable laws or regulations of any competent jurisdiction.

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

(In respect of joint shareholdings only) We direct that on the death of one of us, the Shares for which we hereby apply be held in the name of and to the order of the survivor(s) of us or the executor or administrator of such survivor(s).

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

I/ We confirm that being a person they I am/ We are over 18 years of age.

I/ We hereby certify that I am/we are aware of the risks involved in the proposed investment as set out in the Prospectus.

I/ We confirm that I am/we are in agreement with the distribution policy as outlined in the Prospectus.

I/ We declare that the information contained in the declarations completed above is true and correct.

I/ We have consulted to the extent I/we have determined appropriate with my/our own independent advisors as to the financial, tax, legal and related matters concerning an investment in the Shares and on that basis believe that an investment in the Shares is suitable and appropriate for me/us.

Immediately prior to the execution of this Application Form:

(a) I/ We personally possess sufficient knowledge and experience in financial and business matters (including experience with investments of a similar nature to investments of the Fund and the Sub-Fund) to be capable of evaluating the merits and risks of an investment in the Shares; and

(b) I/ We and any account for which I/we may be acting have sufficient financial risk to be able to bear the economic risk of complete loss of my/our investments in the Shares.

I/ We undertake to supply to the Fund with;

(a) such forms, documentation and other information relating to its status under FATCA, CRS (and / or any other tax reporting regime) as the Fund may reasonably request for the purposes of the Fund's compliance with FATCA and / or CRS, including the applicable FATCA and CRS self-certifications at sections 3 and 4 of this Application Form; and

(b) such forms, documentation and other information relating to its status as the Fund may reasonably request for the purposes of the Fund's compliance with any other law, regulation, or exchange of information regime.

I/ We acknowledge that, depending on my/our status under FATCA and / or CRS, the Fund may report information in relation to the me/us and my/our Shares to the Irish Revenue Commissioners and that any information reported by the Fund to the Irish Revenue Commissioners may be communicated to the US Internal Revenue Service pursuant to Ireland's intergovernmental agreement with the United States of America in relation to FATCA or to tax authorities of other jurisdictions which have implemented the CRS regime. I/ We also acknowledge that it is possible that the Irish Revenue Commissioners may also exchange such information with other tax authorities pursuant to the terms of any applicable double tax treaty, intergovernmental agreement or exchange of information regime.

Any Applicant which is a person referred to in Section 739D(6) of the TCA, hereby acknowledges and agrees that it shall complete the Irish Revenue Commissioners prescribed declaration set out below. Any such Applicant also hereby acknowledges and agrees that they shall notify the Fund promptly if a declaration previously provided ceases to be correct.

#### **Applicants resident outside of the Republic of Ireland**

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

Terms used in this declaration are defined in the Prospectus. **Please select either A or B:-**

#### **A - Declaration on Own Behalf**

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

I am/we are/the company\* is not currently an Irish Resident or Irish Ordinary Resident,  
and

should I/we/the company\* become an Irish Resident, I/we will so inform you, in writing,  
accordingly.

*\*Delete as appropriate*

**B - Declaration as Intermediary**

- i.* I/ We\* declare that I am/we are\* applying for Units on behalf of persons who will be beneficially entitled to the Units, and who to the best of my/our\* knowledge and belief, are neither an Irish Resident or Irish Ordinary Resident, and
- ii.* I/ We\* also declare that unless I/we\* specifically notify you to the contrary at the time of application, all applications for Units made by me/us\* from the date of this application will be made on behalf of such persons; and
- iii.* I/we\* will inform you in writing if I/we\* become aware that any person, on whose behalf I/we\* hold Units, becomes an Irish Resident.

*\*Delete as appropriate*

**Exempt Irish Applicants Declaration**

**Declaration referred to in Section 739D(6) TCA**

**It is important to note that this declaration, if it is then still correct, shall apply in respect of any subsequent acquisitions of shares.**

- i.* I declare that the information contained in this declaration is true and correct.
- ii.* I also declare that I am applying for the shares on behalf of the applicant named below who is entitled to the shares in respect of which this declaration is made and is a person referred to in Section 739D(6) of the TCA, being a person who is: (please tick  as appropriate)

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

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

- I also declare that at the time of making this declaration, the shares in respect of which this declaration is made are held for charitable purposes only and
  - form part of the assets of a body of persons or trust treated by the Irish Revenue Commissioners as a body or trust established for charitable purposes only, or
  - are, according to the rules or regulations established by statute, charter, decree, deed of trust or will, held for charitable purposes only and are so treated by the Irish Revenue Commissioners.
  
- I undertake that, in the event that the person referred to in paragraph (7) of Schedule 2B TCA ceases to be a person referred to in Section 739D(6)(f)(i) TCA, 1997, I will, by written notice, bring this fact to the attention of the investment undertaking accordingly.

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

- I/we\* also declare that at the time this declaration is made, the shares in respect of which this declaration is made
  - are assets of \*an approved retirement fund/an approved minimum retirement fund or a PRSA, and
  - are managed by the Declarant for the individual named below who is beneficially entitled to the shares.
  
- I/we\* undertake that, if the shares cease to be assets of \*the approved retirement fund/the approved minimum retirement fund or the PRSA, including a case where the shares are transferred to another such fund or account, I/we\* will, by written notice, bring this fact to the attention of the investment undertaking accordingly.

**\*Delete as appropriate**

**Additional requirements where the declaration is completed by an Intermediary**

- I/we\* also declare that I am/we are\* applying for shares on behalf of persons who
  - to the best of my/our\* knowledge and belief, have beneficial entitlement to each of the shares in respect of which this declaration is made, and
  - is a person referred to in section 739D(6) TCA.
  
- I/we\* further declare that
  - Unless I/we\* specifically notify you to the contrary at the time of application, all applications for shares made by me/us\* from the date of this application will be made on behalf of persons referred to in section 739D TCA, and
  - I/we\* will inform you in writing if I/we\* become aware that any person ceases to be a person referred to in section 739D(6) TCA.

**\* Delete as appropriate**

**Name of applicant:** \_\_\_\_\_

**Irish tax reference number of applicant:** \_\_\_\_\_

**Authorised signatory:** \_\_\_\_\_ **(declarant)**

**Title: (Mr./Ms. etc.)** \_\_\_\_\_

**Capacity in which declaration is made:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## **IMPORTANT NOTES**

1. This is a form authorised by the Irish Revenue Commissioners which may be subject to inspection. It is an offence to make a false declaration.
2. Tax reference number in relation to a person has the meaning assigned to it by Section 885 TCA, 1997 in relation to a “specified person” within the meaning of that section. In the case of a charity, quote the Charity Exemption Number (CHY) as issued by the Irish Revenue Commissioners. In the case of a qualifying fund manager, quote the tax reference number of the beneficial owner of the shares.
3. The Applicant must sign the declaration and in the case of joint applicants, each must sign. In the case of an exempt pension scheme, the administrator must sign the declaration; a retirement annuity contract to which Section 784 or 785 applies, the person carrying on the business of granting annuities must sign the declaration; a trust scheme, the trustees must sign the declaration. In the case of a charity, the declaration must be signed by the trustees or other authorised officer of a body of persons or trust established for charitable purposes only within the meaning of Sections 207 and 208 TCA. In the case of an approved retirement fund/an approved minimum retirement fund or a PRSA, it must be signed by a qualifying fund manager or PRSA administrator. In the case of an intermediary, the declaration must be signed by the intermediary. In the case of a company, the declaration must be signed by the company secretary or other authorised officer. In the case of a unit trust it must be signed by the trustees. In any other case it must be signed by an authorised officer of the entity concerned or a person who holds a power of attorney from the entity. A copy of the power of attorney should be furnished in support of this declaration.

**Authorisation**

I/We agree to be bound by the Declarations, Representations, Consents and Indemnities set out in this Application Form

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

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

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

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

Is Signatory a resident or citizen of the US: **Yes**  / **No**  (select appropriate)

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

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

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

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

Is Signatory a resident or citizen of the US: **Yes**  / **No**  (select appropriate)

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

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

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

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

Is Signatory a resident or citizen of the US: **Yes**  / **No**  (select appropriate)

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

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

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

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

Is Signatory a resident or citizen of the US: **Yes**  / **No**  (select appropriate)

Section 8

Privacy Notice



## Privacy Notice

### Introduction

This notice sets out details of how and why we (“**the Fund**”, “**we**”, “**us**”, “**our**”) and third parties collect and process personal information in connection with investments in the Fund or associated interactions with us. We do this in compliance with our obligations under applicable data protection law. This notice explains what personal data is collected, the purposes for which it is used, the third parties to whom it may be disclosed and how individuals can exercise their rights in relation to their personal data.

This notice applies to the collection and processing of personal information relating to any individual applicant in the Fund and personal information relating to individuals associated with institutional applicants in the Fund, such as an institutional applicant’s directors, shareholders, trustees, beneficial owners, employees, representatives, agents, professional advisers and other personnel. References to “**you**” and “**your**” mean the relevant individuals who are the subjects of the personal data to which this notice relates or an institutional applicant with which an individual is associated. Institutional applicants should ensure that this notice is provided to any individual whose personal data has been provided to us as soon as practicable.

### About Us

The Fund is the controller of the personal data collected via the application form in respect of the Fund (the “Application Form”) and in connection with our dealings with you in relation to investments in the Fund or associated interactions with us. The Fund engages third party service providers to process such personal data on behalf of the Fund and those third parties act as processors. The Fund is not required to designate a Data Protection Officer. If you have any questions about the use of your personal data, your data protection rights or if you want to exercise those rights, please contact us at [dmsnotices@dmsgovernance.com](mailto:dmsnotices@dmsgovernance.com).

### Personal Data that we Process

The Fund collects personal data relating to you that is provided to it in your Application Form, in connection with our dealings with you in relation to investments in the Fund or associated interactions with us from both you and public sources, including your name, signature, postal address, email address, fax number, date and place of birth, nationality, bank account details, source of funds details, tax identification, signatures, other contact details, shareholder register account numbers (or functional equivalent) and transaction detail.

The Fund may also collect personal data in relation to you in connection with ensuring compliance with its legal obligations including your tax identification number; passport number; utility bills, photographic identification and verification such as copies of your passport, passport number, drivers licence and address verification. For the purposes of carrying out due diligence, we may also collect information relating to your status as an ultimate beneficial owner of an entity, or as a politically exposed person.

The Fund may collect and process personal data relating to you in connection with its on-going relationship with you, such as via correspondence and calls, and in connection with our administration of you or your investment in the Fund and relating to your investment activity. Telephone calls with you may be recorded for the purposes of record keeping, security and training.

In addition, we may collect personal data relating to you from third party sources in connection with complying with legislation relating to anti-money laundering, taxation, and other legislation applicable to investment funds.

To the extent that any information contained in the Application Form or any other information that is furnished in connection with your investment in the Fund constitutes personal data in respect of another individual, you should provide a copy of this notice to such individual and acknowledge, on that individual’s behalf, that such data shall be held and processed by and on behalf of the Fund in the manner outlined herein.

### Purposes of Processing and Legal Basis

Personal data that you provide in your Application Form, or that we otherwise obtain in relation to you, will be processed for the following purposes:

- processing the application to become an applicant in the Fund;
- to reflect ownership of shares in the Fund and to manage and administer your holdings in the Fund. This is necessary for the performance of the contract to purchase shares in the Fund and to process redemption, conversion, transfer and additional subscription requests or the payment of distributions or redemption amounts.
- establishing your identity, and providing, servicing and administering your investment;
- complying with our legislative and regulatory obligations in connection with our dealings with you, including under applicable law regarding anti-money laundering and counter terrorist financing, taxation, the regulation of collective investment schemes, or the provision of financial services, crime-detection, prevention, investigation and prosecution, the prevention of fraud, bribery, anti-corruption, tax evasion, to prevent the provision of financial and other services to those who may be subject to economic or trade sanctions, in response to legal or court requests or requests from regulatory authorities or where it is in the public interest;
- for direct marketing purposes (that is, providing information on products and services) or for quality control, business and statistical analysis, market research or for tracking fees and costs or for customer service, training and related purposes;
- if applicable, processing the fact that you are a politically exposed person, to comply with applicable legal obligations;
- to communicate with you by way of notice pursuant to applicable legislation or the Fund's constitutional documents or circulating reports relating to the Fund;
- maintaining appropriate business records, including maintaining appropriate registers of shareholders;
- where required for global tax reporting purposes, including FATCA or CRS;
- internal training and management of personnel;
- to respond to or evaluate any queries or complaints in relation to your investment;
- internal and external audits and, where necessary, investigations; and
- establishing, exercising or defending legal claims.

The legal grounds that we rely on to process your personal data are:

- that it is necessary to comply with our legal obligations;
- that it is necessary for the purposes of The Funds legitimate interests<sup>1</sup> or the legitimate interests of a third party to whom your personal data is provided. The Fund will not process your personal data for these purposes if our or the third party's legitimate interests should be overridden by your own interests or fundamental rights and freedoms. The legitimate interests pursued by us in this regard include:
  - Conducting our business in a responsible and commercially prudent manner and dealing with any disputes that may arise;

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<sup>1</sup> Legitimate Interest – as defined under GDPR.

- Preventing, investigating or detecting theft, fraud or other criminal activity;
- Pursuing our corporate and social responsibility objectives.
- where you are an individual applicant, that this is necessary to take steps at your request prior to entering into our contract with you and for the performance of our contract with you;
- in certain limited circumstances, your consent.

#### Recipients of Data

Your personal data may be disclosed to various recipients in connection with the above purposes, including:

- the Board of the Fund;
- Third party service providers that may be appointed in respect of the Fund;
- Money Laundering Reporting Officer;
- Company Secretary;
- Domestic and other foreign tax authorities as required by applicable law, including FATCA or CRS;
- Competent regulatory authorities and bodies as requested or required by law;
- Other third parties who we engage to provide services to us, such as professional advisers, legal advisers, auditors and IT service providers;
- To screening and other reference agencies in order to carry out money laundering and identity checks and to comply with legal obligations;
- Other members of our corporate group or the corporate groups of the entities referred to above, as well as affiliates, agents and delegates; and

#### Other Data Controllers

The Fund Administrator may use the information provided by you in order to obtain information it requires in relation to your prospective investment in another fund. The Administrator may consider itself a data controller with respect to this activity.

The Fund Administrator and MLRO may make a report to relevant authorities where it has a suspicion of money laundering or a terrorist financing offence. Where the Administrator makes such a report for itself, not with respect to you, it may consider itself a data controller with respect to this activity. The legal basis for making such disclosure is to comply with a legal requirement.

The Depositary may consider itself a data controller with respect to personal data it receives in the performance of its oversight services with respect to the Fund. The legal basis for obtaining such data is to comply with a legal requirement.

#### Transfers Abroad

In connection with the above purposes your personal data may be transferred outside the European Economic Area, including to a jurisdiction which is not recognised by the European Commission as providing for an equivalent level of protection for personal data as is provided for in the European Union. These jurisdictions may include the United States of America, the Cayman Islands and Asia. If and to

the extent that we do so, we will ensure that appropriate measures are in place to protect the privacy and integrity of such personal data and in particular will comply with our obligations under Regulation (EU) 2016/679, the General Data Protection Regulation (GDPR) governing such transfers, which may include:

- (a) entering into a contract governing the transfer which contains the “standard contractual clauses” approved for this purpose by the European Commission;
- (b) in respect of transfers to the United States of America, ensuring that the transfer is covered by the EU-US Privacy Shield framework (for so long as that it meets with the requirements of GDPR as regards reliance on adequacy decisions under Article 45 of the GDPR);
- (c) transferring your personal data pursuant to binding corporate rules; or
- (d) a transfer where the European Commission has decided that the recipient ensures an adequate level of protection.

Further details of the measures that we have taken in this regard and the territories to which your personal data may be transferred are available by contacting us as set out above.

### Retention

We will retain your personal data for the duration of your investment in the Fund and for such a period of time after the investment ends as is necessary to comply with our obligations under applicable law and, if relevant, to deal with any claim or dispute that might arise.

### Your Rights

You have the following rights, in certain circumstances and subject to applicable exemptions, in relation to your personal data, as set out in more detail in Chapter 3 of the GDPR:

- the right to access your personal data, together with information about our processing of that personal data;
- the right to rectify any inaccuracies in your personal data;
- the right to have any incomplete personal data completed;
- the right to erase your personal data (in certain specific circumstances).
- the right to request that your personal data is no longer processed for particular purposes (in certain specific circumstances);
- where the legal basis for processing is consent, the right to withdraw your consent at any time;
- the right to object to the use of your personal data or the way in which it is processed where we have determined it to be necessary for the purposes of our legitimate interests;
- the right to data portability (in certain specific circumstances);
- the right to lodge a complaint with a supervisory authority, in particular in the Member State of your habitual residence, place of work or place of the alleged infringement if you consider that the processing of personal data relating to you infringes applicable data protection law.

Consent to Direct Marketing

From time to time the Fund or any of the entities listed above may send you information about other products and services that they offer by letter, telephone, by email or by other reasonable means of communication. You have a right not to receive such information.

If you consent to receive such information, **please tick (  ) here.**

You have a right to withdraw this consent at any time. However, your withdrawal of consent will not affect the lawfulness of processing based on consent before its withdrawal.