

# **ACCOUNT OPENING FORM**

**MontLake Oriel UCITS Platform**

**ICAV (the “ICAV”)**

**PanAgora Defensive Global Equity**

**ESG Aware Fund (the “Fund”)**

**Administrator:**

**Northern Trust International Fund Administration Services (Ireland) Limited**

**Northern Trust Registration Department, 2nd Floor, Block A, City East Plaza, Towlerton, Ballysimon,**

**Limerick, Ireland V94 X2N9**

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**Residential/Registered Address**




**Postcode**

**Country**

**Email Address**

**Telephone Number**

**Individual Investor Date of Birth (Mandatory)**

**Correspondence Details – to be completed by ALL investors**

Confirmation of your account number (required to place transactions) will only be sent via the Welcome email to the email address/addresses provided in the below table.

For all other correspondence, please complete the relevant email address/addresses and/ or SWIFT Code in column one and tick the relevant box (Contract Note, Statement)

| <b>EMAIL OR SWIFT CODE</b><br>(Please ensure the appropriate document is selected to ensure receipt otherwise all options will be selected) | <b>Welcome Email</b> | <b>Contract Note</b> | <b>Statements</b> |
|---|----------------------|----------------------|-------------------|
|   |                      |                      |                   |
|   |                      |                      |                   |
|   |                      |                      |                   |
|   |                      |                      |                   |

**SWIFT Code<sup>2</sup>**

**Email**

<sup>2</sup> Relevant to entities intending to deal via STP only

<sup>2</sup> Please provide your SWIFT Code if correspondence is to be sent via this method

### **Investor Bank Account Details – to be completed by ALL investors**

**THIS SECTION MUST BE COMPLETED BY ALL INVESTORS.**

**BANK ACCOUNT DETAILS FROM WHICH SUBSCRIPTIONS WILL BE PAID**

**BANK ACCOUNT DETAILS FOR SETTLEMENT OF REDEMPTION (AND DIVIDEND/DISTRIBUTION PROCEEDS IF APPLICABLE)**

#### **BENEFICIARY BANK INFORMATION**

|                         |  |                        |
|-------------------------|--|------------------------|
| <b>Name of Bank</b>     |  |                        |
| <b>A/c Name</b>         |  |                        |
| <b>Address of Bank</b>  |  |                        |
| <b>A/c Number</b>       |  |                        |
| <b>Sort Code</b>        |  |                        |
| <b>IBAN:</b>            |  |                        |
| <b>Swift Code / ABA</b> |  | <b>Reference Code:</b> |

#### **CORRESPONDENT BANK INFORMATION**

**Note: Required if Payment CCY differs to bank account residency or if your bank account does not support Multi currency payments**

|  |  |
|--|--|
| <b>Correspondent Bank Name</b>                         |  |
| <b>Correspondent BIC/SWIFT Code/Sort Code/ABA Code</b> |  |
| <b>Correspondent A/c Name</b>                          |  |
| <b>Correspondent Account Number / IBAN</b>             |  |
| <b>Correspondent Bank Address</b>                      |  |

A request to change bank account details **MUST BE MADE IN WRITING TO THE ADMINSTRATOR AND MUST BE ACCOMPANIED BY** a bank statement or banker’s reference (no more than 6 months old) to evidence the new bank account details provided are for a bank account registered in the account name

No third party payments will be undertaken

All joint bank account holders must also complete identity and verification requirements, even if not a registered holder of the fund.

This is to meet anti-money laundering and counter terrorist financing obligations.

Failure to provide all bank account information or provide requested documentation will result in a delay in setting up the account

Please ensure that you have read the Prospectus and Supplement before completing this Account Opening Form. Defined terms used in this Account Opening Form and Subscription Instruction are those used in the Prospectus (unless the context otherwise requires)

## Due Diligence

This information, and any requested anti-money laundering (“AML”) documentation, is required to meet our AML obligations under current legislation in Ireland and will be used solely for that purpose. Appendix 4 of this Account Opening Form outlines the documents generally required to meet these obligations. Additional documents may also be required by the Administrator. **The account will not be opened until all required AML documentation is provided.**

**To be completed by ALL investors**

### Politically Exposed Person<sup>4</sup>

Please tick if you, or any beneficial owners, are a **Politically Exposed Person<sup>4</sup>**

### Related Persons<sup>5</sup>

Please provide below details of any related persons to the investor. If there are no related persons, please state this.

| Name | Address | Nationality | Date of Birth |
|------|---------|-------------|---------------|
|      |         |             |               |
|      |         |             |               |
|      |         |             |               |

### OR

I confirm there are no related persons

### Expected investment level

What is the expected annual level of subscription in the sub-fund?

How frequently do you expect to trade in the sub-fund?

Please indicate the expected term of your investment (please tick):

3-5 years     5-10 years     10+ years

<sup>4</sup> A Politically Exposed Person (“PEP”) means an individual (or family member or close associate of such individual) including a beneficial owner of an investment account, who is, or has, at any time in the preceding 12 months, been entrusted with a prominent public function (e.g. this can include but not limited to: head of state/ government, government / deputy minister, member of parliament, senior official of a political party or member of the supreme court).

<sup>5</sup> Definitions of Related Persons, per investor type, can be found in the relevant Appendix to this Account Opening Form

**To be completed by individual and joint investors only**

**Source of Funds (for this investment)**

Describe Source of Funds (e.g. Inheritance, Lump Sum Retirement, Sale of Property, Matured Investment, etc.)

|   |
|---|
| <input style="width: 100%; height: 100%;" type="text"/> |
| <input style="width: 100%; height: 100%;" type="text"/> |

**Overall Source of Wealth**

Describe Source of Wealth (e.g. Loan, Savings, Inheritance, Gift, Salary, Bonus etc.)

|   |
|---|
| <input style="width: 100%; height: 100%;" type="text"/> |
| <input style="width: 100%; height: 100%;" type="text"/> |

**Shareholder Occupation/Business Activity**

|   |
|---|
| <input style="width: 100%; height: 100%;" type="text"/> |
| <input style="width: 100%; height: 100%;" type="text"/> |

**To be completed by Corporate/Institutional Investors only**

**Investor Type (please tick the relevant type below)**

- |                                     |                          |   |                          |
|-------------------------------------|--------------------------|---|--------------------------|
| Charity                             | <input type="checkbox"/> | Partnership                               | <input type="checkbox"/> |
| Church                              | <input type="checkbox"/> | Pension Scheme                            | <input type="checkbox"/> |
| Collective Investment Scheme / Fund | <input type="checkbox"/> | Private/Unlisted Company                  | <input type="checkbox"/> |
| Government Body or Public Authority | <input type="checkbox"/> | Regulated Credit or Financial Institution | <input type="checkbox"/> |
| Listed Company                      | <input type="checkbox"/> | School / College / University             | <input type="checkbox"/> |
| Listed Company – Subsidiary         | <input type="checkbox"/> | Trust / Foundation                        | <input type="checkbox"/> |
| Nominee Company                     | <input type="checkbox"/> |   |                          |

Other – please specify

|   |
|---|
| <input style="width: 100%; height: 100%;" type="text"/> |
|---|

**Ultimate Beneficial Owner**

**This section must be completed. Non-completion could delay the account opening process.**

Ultimate Beneficial Owners (“UBOs”) are individuals who directly or indirectly hold ownership of 25% or more of the shares or voting rights in an entity, or otherwise exercise control of the entity.

**Where the Investor is an entity with over 25% ownership of or control over the Fund, please provide the details of natural person(s) who are Ultimate Beneficial Owners of the Investor. If there are no such natural persons, please provide details of the directors / senior management of the Investor.**

For Trusts or similar arrangements, UBOs include the beneficiaries, the settlor, the trustee(s) and the protector (if any). “Beneficiaries” are those individuals benefiting from the trust or similar legal arrangement. Where there are UBOs, please complete the below for all UBOs.

| Name  | Address   | % Ownership   | Nationality   | Date of birth   |
|---|---|---|---|---|
| <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
| <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |

For Trusts or similar arrangements where the beneficiaries are not yet determined, the class of persons in whose main interest the trust or similar legal arrangement has been set up should be stated below. (Please provide additional documents/information as required):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

If no individual has a beneficial interest of 25% or more, either directly or indirectly, of the shares or voting rights of the entity, or there is no-one that otherwise exercises control of the entity, please tick:

**Option for cross-fund use of AML documents**

**Ticking the box below confirms that the Administrator may use any due diligence documentation provided by you in association with this account opening form for any other fund for which it is the Administrator and in which you are investing**

I hereby authorize the Administrator to leverage the due diligence documentation provided for the purposes of compliance with applicable regulatory requirements across all investments which I currently hold/ may hold in the future across all funds which are administered by Northern Trust International Fund Administration Services (Ireland) Limited.

**Representations and Warranties**

**By signing this form, you, and any person on whose behalf this form is signed, agree the following:**

- I/We confirm that I am/we are 18 years of age or over.
- I/We, having received and considered a copy of the current Prospectus, any relevant supplements thereto and the most recent annual and/or semi-annual report of the Fund (if any), hereby confirm and declare that this application is based solely on the information contained in such documentation and is made pursuant to the terms of this Account Opening Form. In addition, I/We confirm that I/We have received and read the information contained in this form and confirm that a copy of the Key Investor Information Document has been supplied to me/us. I/We confirm that I/We have read the Key Investor Information Document and that any future investments to any other sub-fund or share class of the umbrella fund can also be transacted based on this confirmation. I/We hereby acknowledge and agree that the updated KIID for each Share Class is available at the Investment Manager’s website at [www.montlakeucits.com](http://www.montlakeucits.com) and that I/we will read and review the most up-to-date version of the relevant KIID prior to making any subsequent application for Shares in the Fund. Only applies to UCITS Funds.<sup>1</sup>
- Requests for redemption or distribution payments to be made by telegraphic transfer will be subject to bank charges. Such charges will normally be payable by the Shareholder/Unitholder although the Fund has the discretion to determine that these charges should be borne by the Fund or the relevant Sub-Fund.
- I/We agree that the issue and allotment to me/us of the [Shares/Units] is subject to the provisions of the Prospectus, that subscription for [Shares/Units] will be governed and construed in accordance with Irish law and I/we confirm that by subscribing for [Shares/Units], I/we are not relying on any information or representation other than such as may be contained in the Prospectus and the most recent annual or semi-annual report (if available) thereto.
- I/We certify that I am a/we are eligible to invest in the Fund and I am/we are not acquiring [Shares/Units] for or on behalf of, or for the benefit of, any person or entity who/which is not eligible to invest in the Fund nor do I/we intend transferring any [Shares/Units] which I/we may purchase to any person or entity who/which is not eligible to invest in the Fund. I/We confirm that I/we are aware of the risks involved in the proposed investment and of the fact that inherent in such investment is the potential to lose the entire sum invested.

<sup>1</sup> Only applies to UCITS Funds



- I/We agree to notify the Fund or the Administrator immediately if I/we become aware that any of the representations, declarations or warranties given by me/us in this Account Opening Form is/are no longer accurate and complete in all respects and agree immediately to take such action as the Fund may direct, including where appropriate, redemption of my/our entire holding.
- I/We agree to indemnify the Administrator, on its own behalf and as agent of the Fund and agree to keep the Administrator and the Fund indemnified against any loss of any nature whatsoever arising to any of them as a result of any breach of any of the representations, warranties or declarations given by me/us in this Account Opening Form.
- I/We have such knowledge and experience in business and financial matters or have obtained advice from a professional adviser such that I am/we are capable of evaluating the merits, and the risks, of an investment by me/us in the Fund.
- I/We understand that the tax disclosure set forth in the Prospectus is of a general nature and may not cover the jurisdiction in which I am /we are subject to taxation and that the tax consequences of my/our purchase of [Shares/Units] depend on my/our individual circumstances.
- I/We acknowledge the right of Fund at any time to require the mandatory redemption of [Shares/Units] in the circumstances provided for in the Prospectus.

Either:

- i) I am/we are not a U.S. Person(s) (as identified in the prospectus):
- a) I/We hereby certify that the [Shares/Units] are not being acquired for the benefit of, directly or indirectly, any U.S. Person nor in violation of any applicable law, and that I/we will not, subject to the conditions set forth in the Prospectus, sell or offer to sell or transfer [Shares/Units] in the United States or to or for the benefit of a U.S. Persons; or
- ii) I am/we are a U.S. Person(s) (as defined in the Prospectus) and have completed the Account Opening Form<sup>2</sup> for applicants who are U.S. Persons

In particular: (a) I/we understand that the Fund has not been and will not be registered under the United States Investment Company Act of 1940, as amended, that the [Shares/Units] have not been registered and will not be registered under the United States Securities Act of 1933, as amended, and that the [Shares/Units] have not been qualified under the securities laws of any state of the United States and may not be offered, sold or transferred in the United States or

to or for the benefit of, directly or indirectly, any U.S. Person; (b) I am not/none of us is a U.S. Person; and (c) I am not/none of us is acquiring the [Shares/Units] for the account or benefit, directly or indirectly, of any U.S. Person or with a view to their offer, sale or transfer within the United States or to or for the account or benefit, directly or indirectly, of any U.S. Person.

If I/We hold [Shares/Units] on behalf of a U.S. Taxpayer (as defined below) then I/we understand the U.S. tax consequences of such an investment. I/We agree to provide the Fund with such additional tax information as it may from time to time request.

\*“U.S. Taxpayer” is defined to include a U.S. citizen or resident alien of the United States (as defined for United States federal income tax purposes); any entity treated as a partnership or corporation for U.S. tax purposes that is created or organised in, or under the laws of, the United States or any state thereof (including the District of Columbia); any

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<sup>2</sup> Client’s US counsel to provide US Person specific Application Form.

other partnership that is treated as a U.S. Taxpayer under U.S. Treasury Department regulations; any estate, the income of which is subject to U.S. income taxation regardless of source; and any trust over whose administration a court within the United States has primary supervision and all substantial decisions of which are under the control of one or more U.S. fiduciaries. Persons who have lost their U.S. citizenship and who live outside the United States may nonetheless, in some circumstances, be treated as U.S. Taxpayers.

An investor may be a “U.S. Taxpayer” but not a “U.S. Person”. For example, an individual who is a U.S. citizen residing outside of the United States is not a “U.S. Person” but is a “U.S. Taxpayer”.

U.S. Taxpayers will be required to furnish the Administrator with a properly executed IRS Form W-9. Amounts paid to Unitholders who are U.S. Taxpayers as a distribution from the Fund, or as gross proceeds from a redemption of Shares, will generally be reported to Unitholders who are U.S. Taxpayers and the IRS on an IRS Form 1099 (except as otherwise noted below). Failure to provide an appropriate and properly executed IRS Form W-9 (for Unitholders who are U.S. Taxpayers) may subject such Unitholders to backup withholding tax. Backup withholding tax is not an additional tax. Any amounts withheld may be credited against such Unitholders’ U.S. federal income tax liability.

Tax exempt entities, corporations, non-U.S. Unitholders and certain other categories of Unitholders generally will not be subject to reporting on IRS Form 1099 or backup withholding, provided that, in the case of tax exempt entities and corporations such Unitholders furnish the Administrator with an appropriate and properly executed IRS Form W-9 certifying as to their tax exempt status.

- I/We declare that the entity hereby subscribing for [Shares/Units] is neither a Benefit Plan Investor nor investing on behalf of or with any assets of a Benefit Plan Investor as defined below. (Benefit Plan Investors should contact the Fund.) “Benefit Plan Investor” is used as defined in U.S. Department of Labor (“DOL”) Regulation § 2510.3-101(f)(2), and includes (i) any employee benefit plan (as defined in Section 3(3) of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”)), whether or not such plan is subject to Title I of ERISA (which includes both U.S. and non-U.S. plans, plans of governmental entities as well as private employers, church plans, and certain assets held in connection with nonqualified deferred compensation plans); (ii) any plan described in Section 4975(e)(1) of the Internal Revenue Code of 1986, as amended, (the “Code”) (which includes a trust described in Code Section 401(a) which forms a part of a plan, which trust or plan is exempt from tax under Code Section 501(a), a plan described in Code Section 403(a), an individual retirement account described in Code Section 408 or 408A or an individual retirement annuity described in Code Section 408(b), a medical savings account described in Code Section 220(d) and an education savings account described in Code Section 530); and (iii) any entity whose underlying assets include plan assets by reason of a plan’s investment in the entity (generally because 25 per cent. or more of a class of interests in the entity is owned by plans). Benefit Plan Investors also include that portion of any insurance company’s general account assets that are considered “plan assets” and (except if the entity is an investment company registered under the 1940 Act) the assets of any insurance company separate account or bank common or collective trust in which plans invest.
- If I am/we are a commodity pool, my/our investment is directed by an entity which (i) is not required to be registered in any capacity with the CFTC or to be a member of the National Futures Association (“NFA”), (ii) is exempt from registration or (iii) is duly registered with the CFTC in an appropriate capacity or capacities and is a member in good standing of the NFA.

#### Investment Company Representations:

I/We certify that I/We believe one of the following statements to be true:

- i) I am/We are neither an investment company required to be registered under the Investment Company Act of 1940, as amended (the “1940 Act”), nor an issuer that, but for an exception from the definition of “investment company” under the 1940 Act, would be an investment company; or
- ii) I am/We are an investment company subject to registration or would be an investment company but for an exception under the 1940 Act.

*Investment companies with U.S. Person beneficial owners must contact the Administrator.*

- I/We, if not a natural person, am/are duly organised, validly existing and in good standing under the laws of the jurisdiction in which I am/we are organised and I/we have the power and authority to enter into and perform my/our obligations under this Account Opening Form.
- I am/we are able to bear the economic risk of an investment in the [Shares/Units], including, without limitation, the risk of loss of all or a part of my/our investment. I/we do not have an overall commitment to investments which are not readily marketable that is disproportionate to my/our net worth, and my/our investment in the [Shares/Units] will not cause such overall commitment to be excessive.
- The Administrator and the Fund are each hereby authorised and instructed to accept and execute any instructions in respect of the [Shares/Units] to which this application relates given by me/us in written form or by facsimile. I/We hereby agree to indemnify the Administrator, on its own behalf and as agent of the Fund and agree to keep the Administrator indemnified against any loss of any nature whatsoever arising as a result of the Administrator acting upon facsimile instructions. The Administrator 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.
- I/We acknowledge that due to anti-money laundering requirements operating within Ireland, the Administrator or the Fund (as the case may be) may require further identification of the applicant(s) before the application can be processed and the Administrator, on its own behalf and as agent of the Fund and the Fund shall be held harmless and indemnified against any loss arising as a result of a failure to process the application, or a delay in processing any redemption requests, if such information requested by the Administrator or the Fund has not been provided by me/us or has been provided in incomplete form.
- I/We hereby accept such lesser number of [Shares/Units], if any, than may be specified above in respect of which this application may be accepted.
- In respect of joint applicants only, we direct that on the death of one of us the [Shares/Units] for which we hereby apply be held in the name of and to the order of the survivor or survivors of us or the executor or administrator of the last of such survivor or survivors.
- I/We confirm that I/we have read in detail the Data Protection Notice appended to this Account Opening Form as Appendix 5. I/We acknowledge that this document provides an outline of my/our data protection rights and the Fund's [and Manager's] data protection obligations as they relate to my/our investment in the Fund.
- I/We shall supply the [Fund] with executed copies of those documents attached, or referred to, in Annex 1<sup>3</sup> (for US and Non-US Taxpayers).
- I/We agree to provide to the Fund, the [Manager and the] Administrator at such times as each of them may request such declarations, certificates, self-certification forms, withholding statements or documents as each of them may reasonably require (the "Tax Information") in connection with this investment (including for the purposes of tax, FATCA and/or CRS<sup>4</sup> regulations and reporting requirements). Should any information furnished to any of them

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<sup>3</sup> [Annex 1 – Forms W-8BEN, W-8BEN-E, W-8IMY, W-8ECI, W-8EXP, or W-9 as applicable; [A fund should generally need to collect W-8s from non-US investors only if the fund is tax-transparent; it should generally collect W-9s from US investors Note also collect the Irish Funds approved self certs.

<sup>4</sup> If not defined in the Prospectus, we should include a definition of CRS: (a) the Standard for Automatic Exchange of Financial Account Information for Tax Matters published by the Organisation for Economic Co-operation and Development on 15 July 2014 (the "Standard") (including any commentary thereon; and (b) any treaty, law, regulation or other official guidance of any jurisdiction, or relating to a competent authority agreement (including any commentary thereon and any notification issued pursuant to a multilateral competent authority agreement) or intergovernmental agreement which (in either case) facilitates the implementation of the Standard.

become inaccurate or incomplete in any way, I/we hereby agree to notify the Fund, [the Manager or the] Administrator immediately of any such change and further agree to request the redemption of [Shares/Units] in respect of which such confirmations have become incomplete or inaccurate where requested to do so by the Fund.

- In addition to the Tax Information, I/We agree to promptly provide, and periodically update, at any times requested by the [Manager or the], Administrator with any information (or verification thereof) the [Manager of the] Administrator deems necessary for the Fund to comply with tax reporting requirements, FATCA and/or CRS (including any imposed by any inter-governmental agreement (IGA) or any legislation, law, regulation or other official guidance in relation to any IGA on the implementation of FATCA or CRS). This may include such information as is required to evidence the Fund's (or any accountholder in the Fund's) status for FATCA or CRS purposes, including (not limited to) whether the Fund is a financial institution, or whether its account holders are US persons for purposes of FATCA, or what the account holder's country of tax residence for purposes of CRS.
- We represent and warrant the completeness and accuracy of any information (as at the date of submission) and authorise the Fund, the [Manager and the] Administrator to act upon such information in good faith, including, but not limited to, disclosing or submitting such information to the Irish tax authorities. I/We agree to waive any provision of foreign law that would, absent such a waiver, prevent compliance with such requirements. The Fund shall have no obligation to carry out any investigation with respect to the truth, accuracy or completeness of any information provided by us and I/We will, on demand, hold the Fund harmless from any liability resulting from the my/our failure to provide complete and accurate Information.
- I/We hereby acknowledge that if I/we fail to provide any information on a timely basis, I/We may be subject to 30% U.S. withholding tax on the investor's share of "withholdable payments" (as defined for purposes of FATCA) received by the Fund.<sup>5</sup>
- I/We hereby acknowledge that if I/we fail to provide any information and such failure results in the Fund being unable to comply with FATCA, any IGA or CRS, the [Manager] may exercise its right to completely redeem an applicant (at any time upon any or no notice). I/We further acknowledge and agree to indemnify the Fund and its other investors for any losses resulting from our failure to meet its obligations under this Section, including any U.S. withholding tax imposed on the Fund.
- I/We hereby acknowledge that any notice or document may be served by the Fund or Administrator on me/us in the manner specified from time to time in the Prospectus and, for the purposes of the Electronic Commerce Act 2000, if I have provided an e-mail address or fax number to the Fund or its delegate, consent to any such notice or document being sent to me/us by fax or electronically to the fax number or e-mail address previously identified to the Fund or its delegate which I/we acknowledge constitutes effective receipt by me/us of the relevant notice or document. I/we acknowledge that I/we am/are not obliged to accept electronic communication and may at any time choose to revoke my/our agreement to receive communications by fax or electronically by notifying the Fund in writing at the above address, provided that my/our agreement to receive communications by fax or electronically shall remain in full force and effect pending receipt by the Fund of written notice of such revocation.
- Where I/we am/are investing as nominee, I/ we shall provide our client(s) with the KIID issued in respect of the Sub-Fund and/or Unit Class (as the case may be) and I/we shall ensure that we do so in compliance with Commission Regulation (EU) No. 583/2010, as amended from time to time or by any supplemental legislation and in compliance with the applicable legislation in any jurisdiction in carrying out this activity. I/We shall maintain records of my/our provision of the KIID to my/our clients and shall furnish such records to the Fund, or its delegates, upon request.]

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<sup>5</sup> Should not be applicable unless the fund is tax-transparent i.e. in the event withholding on pass thru payments comes into force

**Signature – to be completed by ALL investors**

I/We declare that the information contained in this form and any attached documentation is true and accurate to the best of my/our knowledge and belief.

Date: \_\_\_\_\_

Signed \_\_\_\_\_ Signatory Capacity if applicable (i.e. Director/manager)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

*Please note that the administrator no longer requires original documentation.  
Where a signature is required, instructions must be provided by an authorised signatory or signatories.*

**IMPORTANT –  
RETAIL INVESTORS - IN THE CASE OF ALL JOINT HOLDERS – ALL HOLDERS MUST COMPLETE THIS DECLARATION &  
PROVIDE A VALID PROOF OF IDENTIFICATION**

**INSTITUTIONAL INVESTORS - IN THE CASE OF CORPORATE INVESTORS – A VALID SIGNATURE LIST MUST BE  
PROVIDED AT ACCOUNT OPENING**

## Appendix 1 - Investor Tax Declarations

### Declaration of Residence inside or outside Ireland (OWN BEHALF ONLY)

Please tick (i) or (ii) or (iii) as appropriate.

**(i) Irish residents**

I am/we are an Irish resident who will cause the Fund to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. *Irish resident companies entitled to the lower rate of Investment Undertaking Tax are required to provide a statement on its letterhead confirming that the company is within the charge of corporation tax.*

**(ii) Exempt Irish residents**

I am/we are an Irish resident who will not cause the Fund to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. ***Please also complete the declaration of exempt Irish residents below.***

**(iii) Non-Irish residents**

I am/we are not currently resident or ordinarily resident who will not cause the Fund to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. ***Please also complete the declaration of residence outside Ireland below.***

### Declaration of Residence for the beneficial owner inside or outside Ireland (INTERMEDIARIES ONLY)

Please tick (i) or (ii) or (iii) as appropriate

**(i) Irish residents**

As an Intermediary, I/we declare that the person who will be beneficially entitled to the units is an Irish resident who will cause the Fund to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. *Irish resident companies entitled to the lower rate of Investment Undertaking Tax are required to provide a statement on its letterhead confirming that the company is within the charge of corporation tax.*

**(ii) Exempt Irish residents**

As an Intermediary, I/we declare that the person who will be beneficially entitled to the shares/units is an Irish resident who will not cause the Fund to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. ***Please also complete the declaration of exempt Irish residents below.***

**(iii) Non-Irish residents**

As an Intermediary, I/we declare that the person who will be beneficially entitled to the shares/units is not currently resident or ordinarily resident who will not cause the Fund to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. ***Please also complete the declaration of residence outside Ireland below.***

Authorised signatory: \_\_\_\_\_

Authorised signatory: \_\_\_\_\_

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

**Declaration of exempt Irish resident entities**

Declaration referred to in Section 739D(6), Taxes Consolidation

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

- I declare that the information contained in this declaration is true and correct.
- I also declare that I am applying for the shares/units on behalf of the applicant named below who is entitled to the units in respect of which this declaration is made and is a person referred to in Section 739D(6) of the Taxes Consolidation Act, 1997, being a person who is: *(please tick as appropriate)*

|  |  |
|--|--|
| A pension scheme   |  |
| A company carrying on life business within the meaning of section 706 TCA 1997   |  |
| An investment undertaking  |  |
| An investment limited partnership  |  |
| A special investment scheme  |  |
| A unit trust to which section 731(5)(a) TCA 1997 applies   |  |
| A charity being a person referred to in section 739D(6)(f)(i) TCA 1997   |  |
| A qualifying management company  |  |
| 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) |  |
| A PRSA Administrator   |  |
| A credit union within the meaning of section 2 of the Credit Union Act 1997  |  |

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

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

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

- I/we\* also declare that at the time this declaration is made, the units 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 units.
- I/we\* undertake that, if the units cease to be assets of \*the approved retirement fund/the approved minimum retirement fund or the PRSA, including a case where the units 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.

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

- I/we\* also declare that I am/we are\* applying for shares/units on behalf of persons who
  - to the best of my/our\* knowledge and belief, have beneficial entitlement to each of the shares/units in respect of which this declaration is made, and
  - is a person referred to in section 739D(6) TCA 1997.
- I/we\* further declare that
  - Unless I/we\* specifically notify you to the contrary at the time of application, all applications for shares/units made by me/us\* from the date of this application will be made on behalf of persons referred to in section 739D TCA 1997, and
  - I/we\* will inform you in writing if I/we\* become aware that any person ceases to be a person referred to in section 739D(6) TCA 1997.

\* Delete as appropriate

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

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

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

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

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

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

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

**IMPORTANT NOTES**

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



**Declaration of residence outside Ireland**

**It is important to note that this declaration, if it is then still correct, shall apply in respect of any subsequent acquisitions of shares/units. Terms used in this declaration are defined in the Prospectus.**

**Declaration on own behalf**

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

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

**Declaration as Intermediary**

I/we\* declare that I am/we are\* applying for shares/units on behalf of persons:

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

\*Delete as appropriate

**Name and address of applicant:** \_\_\_\_\_  
\_\_\_\_\_

**Signature of applicant or authorised signatory:** \_\_\_\_\_ (declarant)

**Capacity of authorised signatory (if applicable):** \_\_\_\_\_

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

**Joint Applicants:**

**Names:** \_\_\_\_\_ **Signatures:** \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTES**

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



Appendix 2 – Self-Certification for FATCA and CRS

Investors that are Individuals or Controlling Persons should only complete Part B of this appendix (i.e. the form entitled "Individual (including Controlling Persons) Self-Certification for FATCA and CRS").

Instructions for completion and Data Protection Notice

We are obligated under the applicable regulations of the local jurisdiction where the Fund is domiciled with respect to the Foreign Account Tax Compliant Act ("FATCA") and Common Reporting Standard ("CRS"), to collect certain information about each Account Holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this form you are providing personal information which may constitute personal data within the meaning of the General Data Protection Regulation (Regulation 697/2016/EU). In certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Fund, with the relevant tax authorities. They may in turn exchange this information, and other financial information with foreign tax authorities, including tax authorities outside the EU.

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/>

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

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

For further information and guidance on FATCA or CRS please refer to the following links: <https://www.treasury.gov/resource-center/tax-policy/treaties/Pages/FATCA.aspx> <https://www.irs.gov/Businesses/Corporations/FATCAFAQs> <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/> (CRS only)

Part A - To be completed by Corporate/Institutional investors only

Section 1: Account Holder Identification

\*Account Holder Name (the "Entity"):

Form with 28 empty boxes for Account Holder Name

\*Country of Incorporation or Organisation:

Form with 28 empty boxes for Country of Incorporation or Organisation

\*Current Registered Address:

Form with 28 empty boxes for Current Registered Address

Number

Street

Form with 5 empty boxes for Number

Form with 23 empty boxes for Street

\*City, Town, State, Province or County

Form with 28 empty boxes for City, Town, State, Province or County

Form with 28 empty boxes for City, Town, State, Province or County

Postal / ZIP code

Country

**Mailing Address (if different from registered address):**

**Number**

**Street**

**City, Town, State, Province or County**

**Postal / ZIP code**

**Country**

**\*Section 2: FATCA Declaration**

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

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

**US 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 4 and 5)

**Indicate exemption**

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

The information provided in this section is for FATCA. Please note your FATCA classification may differ from your CRS classification in Section 5.

**3.1 Financial Institutions under FATCA:**

If the Entity is a *Financial Institution with a valid GIIN*, please tick one of the below categories and provide the Entity's GIIN at 3.2, or If the Entity is a *Financial Institution* but is unable to provide a *GIIN*, please tick one of the categories outlined in section 3.3.

- I. Partner Jurisdiction Financial Institution
- II. Registered Deemed Compliant Foreign Financial Institution
- III. Participating Foreign Financial Institution

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

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

- I. **The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN**

Please provide the sponsor's name and sponsor's GIIN:

Sponsor's Name

**Sponsor's GIIN**

**Note:** This option is only available to Sponsored Investment Entities in Model 1 IGA jurisdictions. Sponsored Investment Entities that do not have U.S. reportable accounts are not required to register and obtain a GIIN with the IRS unless and until U.S. reportable accounts are identified.

**II. The Entity is an Exempt Beneficial Owner (please tick below to confirm the category)**

Government Entity  International Organisation   
Foreign Central Bank  Exempt Retirement Fund   
Collective Investment Vehicle Wholly Owned by Exempt Beneficial Owners

**III. The Entity is a Certified Deemed Compliant Foreign Financial Institutional (including a deemed compliant Financial Institution under Annex II of the IGA Agreement)**

**Indicate exemption**

**IV. The Entity is a Non-Participating Foreign Financial Institution**

**V. The Entity is an Exempted Foreign Financial Institution**

**Indicate exemption**

**VI. The Entity is a Trustee Documented Trust**

Please provide your Trustee's name and GIIN:

**Trustee's Name**

**Trustee's GIIN**

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

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

**I. Active (NFFE)**

**II. Passive (NFFE) – please tick the box that applies**

**a.** Passive (NFFE) with no Controlling Persons that are specified U.S. Persons   
**b.** Passive (NFFE) with Controlling Persons that are specified U.S. Persons   
(if this box is ticked, please also complete section 6.1 for *each* of the Controlling Persons of the Entity and complete Part B (Individual Self-Certification) for *each* Controlling Person(s) as outlined in section 6.2 below)

**III. Excepted (NFFE)**

**IV. Direct Reporting (NFFE)**

Please provide your GIIN

**\*Section 4: Common Reporting Standard ("CRS") Declaration of Tax Residency**

**Please indicate the Entity's country of tax residence for CRS purposes.** If resident in more than one country provide *all* countries of tax residence and their associated tax identification number ("TIN"). Please refer to the OECD CRS Web Portal for AEOI for more information on Tax Residence and TINs.

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 a TIN is unavailable, please confirm the reason by ticking one of the options below:

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

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

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

**Country of Tax Residency**

                    

**Tax ID Number**

                    

If a TIN is unavailable, please confirm the reason by ticking one of the options below:

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

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

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

**Country of Tax Residency**

                    

**Tax ID Number**

                    

If a TIN is unavailable, please confirm the reason by ticking one of the options below:

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

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

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

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

Please note an Entity's CRS classification may differ from its FATCA classification. In addition, the information that the Entity has to provide may differ depending on whether it is resident in a participating or non-participating CRS Jurisdiction. For more information please see the OECD CRS Standard and associated commentary. <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>.

**5.1 Financial Institutions under CRS:**

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

**I. A Reporting Financial Institution resident in a participating CRS jurisdiction**

**II. A Financial Institution Resident in a Non-Participating Jurisdiction (Please also tick the box that applies)**

An Investment Entity resident in a Non-Participating Jurisdiction and managed by another Financial

Institution (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity in section 6 below and complete a separate individual self-certification form for each of your Controlling Persons)

An Investment Entity resident in a Non-Participating Jurisdiction that is not managed by another Financial Institution Other

Financial Institution, including a Depository Financial Institution, Custodial Institution or Specified Insurance Company

**III. Non-Reporting Financial Institution under CRS. (Please also tick the box that applies)**

Governmental Entity

International Organization

Central Bank

Broad Participation Retirement Fund Narrow Participation Retirement Fund

Pension Fund of a Governmental Entity, International Organization, or Central Bank Exempt Collective Investment Vehicle

Trust whose trustee reports all required information with respect to all CRS Reportable Accounts Qualified Credit Card Issuer

**5.2 Non-Financial Institution (Non-Financial Foreign Entity/NFE) under CRS:**

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

**I. Active NFE – 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

**II. Active NFE – if you are a Related Entity of a regularly traded corporation.**   
 Please provide the name of the regularly traded corporation of which the Entity is a Related Entity  
  
 Please provide details of the securities market on which the Entity is regularly traded

**III. Active NFE – a Government Entity or Central Bank**

**IV. Active NFE – an International Organisation**

**V. Active NFE – other than those listed in I, II, III or IV above. (for example, a start-up NFE or a non-profit NFE)**

**VI. Passive NFE – If this box is ticked please also complete Section 6.1 for each of the Controlling Person(s) of the Entity and a separate “Individual (including Controlling Person’s Self-Certification for FATCA and CRS form” as indicated in section 6.2 for each Controlling Person(s)**

**Section 6: Controlling Persons**

**Each Controlling Person must also complete an 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/>

**6.1 Name(s) of all Controlling Person(s) of the Account Holder**

If you have ticked a Passive NFE with Controlling Persons in either the FATCA or CRS Classification sections above, then please also complete this section for **each** of the Controlling Person(s) of the account holder **and** provide a

separate “Individual (including Controlling Persons) FATCA and CRS Self-Certification” form for each Controlling person as per 6.2 below

**I. Controlling Person 1**

**II. Controlling Person 2**

**III. Controlling Person 3**

**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 (including Controlling Persons) Self-Certification for FATCA and CRS” form 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/We 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 occurs which causes any of the information contained in this form to be incorrect.

**Name**

**Signature**

**Signatory Capacity (if applicable)**

**Date of Signing (dd mm yyyy)**

**Name**

**Signature**

**Signatory Capacity (if applicable)**

**Date of Signing (dd mm yyyy)**

*Part B – To be completed by Individual Investors and relevant Controlling Persons*

Where there are joint account holders **each** account holder is required to complete a separate Self-Certification form.

Sections 1, 2, 3 and 5 must be completed by **all** Individual Shareholders or Controlling Persons.

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

**Section 1: Individual/Controlling Person Identification**



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

**\*Current Residential Address:**

**Number**

**Street**

**City, Town, State, Province or County**

**Postal / ZIP code**

**Country**

**Mailing Address (if different from above):**

**Number**

**Street**

**City, Town, State, Province or County**

**Postal / ZIP code**

**Country**

**\*City or Town of birth**

**\*Date of birth**

**\*Country of birth**

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

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

- (a) I confirm that I am a U.S. citizen and/or resident in the U.S. for tax purposes and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

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

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

If resident in more than one country please detail **all** countries of tax residence **and** associated tax identification numbers ("TINs). Under the Irish legislation implementing the CRS, a TIN must be provided unless you are tax resident in a Jurisdiction that does not issue a TIN or you are tax resident in Ireland or the US.

For further guidance please refer to the OECD CRS Information Portal (<http://www.oecd.org/tax/automatic-exchange/>).

**Country of Tax Residency 1**

**Tax ID Number**

If a TIN is unavailable, please confirm the reason by ticking one of the options below:

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

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

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

Country of Tax Residency 2

Tax ID Number

If a TIN is unavailable, please confirm the reason by ticking one of the options below:

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

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

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

Country of Tax Residency 3

Tax ID Number

If a TIN is unavailable, please confirm the reason by ticking one of the options below:

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

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

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

Section 4 – Type of Controlling Person

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

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

Entity Name

Please confirm the type of Controlling Person applicable under CRS that applies to you/the Account holder by ticking the appropriate box

- I. Controlling Person of a legal person – control by ownership
- II. Controlling Person of a legal person – control by other means
- III. Controlling Person of a legal person – senior managing official
- IV. Controlling Person of a trust – settlor
- V. Controlling Person of a trust – trustee
- VI. Controlling Person of a trust – protector
- VII. Controlling Person of a trust – beneficiary
- VIII. Controlling Person of a trust – other
- IX. Controlling Person of a legal arrangement (non-trust) – settlor-equivalent
- X. Controlling Person of a legal arrangement (non-trust) – trustee-equivalent

- XI. Controlling Person of a legal arrangement (non-trust) – protector-equivalent
- XII. Controlling Person of a legal arrangement (non-trust) – beneficiary equivalent
- XIII. Controlling Person of a legal arrangement (non-trust) – other-equivalent

  
  


**Section 5: Declaration and Undertakings:**

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

I acknowledge and consent to the fact that the information contained in this form and information regarding the Individual/Controlling Person may be reported to the tax authorities in Ireland and exchanged with the tax authorities of the country or countries in which the Individual/Controlling Person may be tax resident.

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

**Name**

**Signature**

**Signatory Capacity (if applicable)**

**Date of Signing (dd mm yyyy)**

**Name**

**Signature**

**Signatory Capacity (if applicable)**

**Date of Signing (dd mm yyyy)**

## APPENDIX 3 – Data Protection Notice

The purpose of this document is to provide you with information on our use of your personal data in accordance with the EU data protection regime introduced by the General Data Protection Regulation (Regulation 2016/679, the “**Data Protection Legislation**”)

In this document, “we”, “us” and “our” refer to the Fund, the Manager and their affiliates and delegates.

If you are an individual investor, this will affect you directly. If you are an institutional investor that provides us with personal data on individuals connected to you for any reason in relation to your investment with us, this will be relevant for those individuals and you should transmit this document to such individuals or otherwise advise them of its content.

By virtue of making an investment in the ICAV and the associated interactions with the ICAV and its affiliates and delegates (including completing the Account Opening Form, and including the recording of electronic communications or phone calls where applicable), or by virtue of providing the ICAV with personal information on individuals connected with the investor (for example directors, trustees, employees, representatives, shareholders, investors, clients, beneficial owners or agents), such individuals will be providing the ICAV and its affiliates and delegates with certain personal information which constitutes personal data within the meaning of the Data Protection Legislation.

This includes the following information relating to you and/or any individuals connected with you as an investor: name, residential address, email address, contact details, corporate contact information, signature, nationality, place of birth, date of birth, tax identification, credit history, correspondence records, passport number, bank account details, source of funds details and details relating to your investment activity. We may also obtain personal data on you from other public sources.

Where your personal data is provided to the ICAV as a consequence of an investment in the ICAV, the ICAV and the Manager will act as data controllers for the purposes of the Data Protection Legislation and the delegates of the Manager, such as the Administrator, the Distributor and the Investment Managers, will act as data processors. There may also be circumstances where a delegate of the Manager may act as a data controller in its own right.

### **Purposes of Processing and Legal Basis for processing**

- Personal data may be processed on behalf of the ICAV and the Manager and its delegates for the following purposes: to facilitate the opening of an account with the ICAV, the management and administration of a holding of Shares in a Fund and any related transactions and activities on an ongoing basis which are necessary for the administration of an investment in a Fund, including the processing of redemptions, conversions, transfers and additional subscription requests, the payment of distributions and the calculation of fees;
- as part of the monitoring and recording of calls and electronic communications for (i) the processing and verification of instructions from Shareholders and their agents, (ii) the verification of Shareholder identity and prevention of fraud against Shareholders, (iii) for the prevention, detection, investigation and prosecution of other crimes against the ICAV and its Shareholders, (iv) to enable the ICAV and its delegates to enforce or defend the legal rights of the ICAV and its Shareholders, (v) to comply with any other legal obligation imposed on the ICAV or its delegates with regard to the recording of voice or electronic communication, and (vi) to pursue the ICAV’s legitimate interests in relation to such matters;
- in order to carry out anti-money laundering checks and related actions which the ICAV or the Manager considers are required to meet any legal obligations imposed on the ICAV and the Manager and to pursue the legitimate interests of the ICAV and the interests of the public in relation to the prevention of fraud, money laundering, terrorist financing, bribery, corruption and tax evasion and to prevent the provision of financial and other services to persons who may be subject to economic or trade sanctions;
- to facilitate the reporting of tax-related information and returns to tax authorities in Ireland or the home domicile of an investor, where required to comply with a legal obligation applicable to the ICAV, and to the authorities in countries where a Fund seeks to invest where such reporting is required to open or maintain an investment account or otherwise ensure a Fund is not subject to withholding tax or other deductions in the absence of such disclosure;
- the compilation and reporting of statistical data which the ICAV or the Manager is under a legal obligation to provide in Ireland or any other country in which the ICAV or a Fund is registered for marketing purposes or in which a Fund has invested.
- for disclosure of information relating to the ICAV, a Fund or its Shareholders to other third parties, such as investment counterparties and market intermediaries, the providers of audit and tax services, systems, software and technology and regulatory authorities, in order to pursue the legitimate interests of the ICAV and its delegates in maintaining and improving the efficiency and effectiveness of the ICAV’s activities and ensuring that that ICAV, each Fund and the delegates of the ICAV remain in compliance with any regulatory requirements to which it is subject;

- to monitor and record calls for quality, business analysis, training and related purposes in order to pursue the legitimate interests of the Fund in having its delegates monitor and improve the delivery of their services to the Fund and its shareholders.
- where requested by a Shareholder, to make available copies of material relating to the Shareholder and which is used for verification of identity and other anti-money laundering purposes to the delegates of the Manager to facilitate anti-money laundering screening in connection with other investments the Shareholder wishes to make.

#### **Recipients of Data and International Transfer of Data**

The ICAV and the Manager may disclose personal data:

- to its service providers, including the Administrator, the Distributor, the Investment Managers, their respective affiliates and other third-party service providers engaged by the ICAV or the Manager 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.

The disclosure of personal data to the third parties set out above may involve the transfer of data to the USA and other jurisdictions outside the European Economic Area (“EEA”). Any transmission of personal data by the ICAV, Manager or its delegates outside the EEA shall be in accordance with the conditions of the Data Protection Legislation. Such countries may not have the same data protection laws that apply in the EEA. The ICAV and the Manager has authorised the Administrator (and may authorise other delegates) to transfer personal data to other countries for the purposes above only where standard contractual clauses or other safeguards permitted under Data Protection Legislation have been put in place with relevant parties to whom personal data will be transferred.

The ICAV, the Manager and their delegates shall apply appropriate information security measures designed to protect personal data in its or its delegates’ possession from unauthorised access by third parties or any form of computer corruption.

#### **Retention period**

The ICAV and the Manager will retain personal data for as long as required for the ICAV and the Manager for the purposes set out above, and to comply with any legal obligations to retain Shareholder information for a period of time after a Shareholder has ceased to hold Shares in any Fund. After this point the ICAV, the Manager and its delegates shall take appropriate steps to dispose of any records containing your personal data, to the extent this is operationally feasible and proportionate.

#### **Data Subject Rights**

Where the ICAV or the Manger holds personal data, you, as the owner of the data have the following rights, in certain circumstances, in relation to personal data:

- Right to access any personal data held by the ICAV or the Manager
- Right to have any inaccurate personal data rectified
- Right to restrict the use of personal data
- Right to request that personal data is erased
- Right to object to the processing of personal data
- Right to obtain a copy of any personal data held or request its transfer to another data controller (data portability).

You also have the right to object to the processing of your data where we have considered this to be necessary for the purposes of our legitimate interests.

You should note that where the ICAV or the Manager requires information, which include personal data, to process an investment in Shares or to comply with anti-money laundering or other legal requirements, failure to provide this information means the ICAV and the Manager will not be able to accept the investment or may have to restrict the liability of a Shareholder to redeem the Shares held, to receive any dividends declared in relation to the Shares or otherwise deal with the Shares as desired.

You also have the right to lodge a complaint with the Office of the Data Protection Commissioner (the Fund’s supervisory authority) if you consider that the processing of your personal data by us infringes the Data Protection Legislation.

#### **Personal Data Requests**

Should you have any questions about the use of your personal data you may contact the Manager at [waystonenotices@waystone.com](mailto:waystonenotices@waystone.com)

## APPENDIX 4 – Investor Due Diligence and Anti-Money Laundering (“AML”) Requirements

Outlined below is guidance on the documentation which the Administrator will require when undertaking due diligence to establish the identity of an investor and verify same to the extent warranted by risk. **AML documents must be provided in advance before an account can be opened.**

The Fund, Manager and the Administrator reserve the right to request such further information or documentation from investors as is necessary from time to time to satisfy Irish regulatory requirements.

### General

All documentation must reflect the current residential address and must be dated within the previous 3 months other than in the case of an official document known to be issued only or typically at fixed intervals of more than 3 months, in which case such document may be accepted during that period, to a maximum of 12 months (e.g. correspondence from local authorities).

Investors are required to notify the Fund and the Administrator of any changes to the AML information which was previously provided (e.g. changes in directors/controllers or beneficial owners).

#### Examples of Photographic Identity Documentation

- Current passport.
- Current driving licence.
- Current national identity card.
- Identity document with photographic identity issued by a government department.

#### Examples of Proof of Address

- Bank statements/credit card statements.
- Utility bill.
- Household/motor insurance certificate and renewal notices.
- Correspondence from local authorities.
- Correspondence from the revenue commissioners or equivalent.
- Correspondence from any government body.
- Driving licence which confirms the address provided it has not also been used to satisfy the photographic identity requirement above.
- Payslip or salary advice dated within the previous 3 months.
- Confirmation of address from a lawyer or financial institution.

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#### Certification of Documents – Required for High Risk countries

Certified copies of personal identification documents and corporate documentation are required for certain identified investors. Documents must be a ‘certified true copy of original’.

In terms of certifying a document as a true copy, certification means that there is an original signature on the document from a suitable person that can be independently verified. Suitable persons include:

- An authorised signatory of a Regulated Financial Institution or Credit Institution.
- An authorised signatory of a Financial Adviser.
- A Justice of the Peace.
- A Notary Public or Practicing Solicitor.
- A Practicing Chartered or Certified Public Accountant.
- A person authorised to sign on behalf of an Embassy or a Consul.
- A practicing Barrister

Certification of each document should include:

- A signed statement confirming that this document is a true and accurate copy of the original document as seen by the person certifying the document.
- The name (in block capitals), occupation and contact details (address, telephone number and email address) of the person certifying the document, as a true copy of the original document.
- The date of certification of the document, as a true copy of the original document.

Note 1: Where the document, being certified as a true copy of the original document, contains a photograph, the person certifying the document as a true copy should also confirm that this a true likeness of the person named in the document.

Note 2: For multiple page documents, the certifier should sign or initial each page of the copy and confirm on the first or last page of the document the actual number of pages in the document.

Note 3: Where available, the statement of certification as a true copy of the sighted original should be accompanied by the professional stamp or seal of the certifier.

Note 4: When certifying documents as true copies, the certifier should not be a close family member of, or have any apparent or potential conflicts of interest with, the investor.

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### **English Translations**

Where due diligence documents are provided in a language other than English, the prospective investor should, at the same time, provide a relevant extract translated by an independent source confirming also the adequacy of the foreign language documents.

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### **Letter of Assurance**

Please contact the Administrator for a template letter of assurance if required.

For Unregulated Nominees (of a regulated parent) or Regulated Credit or Financial Institution investors, please see templates below.

**Note: Investors are required to notify the Fund/ICAV Manager & Northern Trust of any changes to the AML information which was previously provided (e.g. changes in directors/controllers or beneficial owners).**

### **Equivalent Jurisdictions (i.e. jurisdictions where a presumption of comparability with Ireland may be made)**

Australia, Austria, Argentina, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Guernsey, , Ireland, Isle of Man, Israel, Italy, Japan, Jersey, Luxembourg, Malaysia, Netherlands (including Aruba, Curacao and Saint Marten), New Zealand, Norway, Portugal, Republic of Korea, Singapore, South Africa, Spain, Sweden, Switzerland, United Kingdom, United States.

### **Deemed High Risk Countries**

Afghanistan, Albania, Azerbaijan, Bahamas, Barbados, Belarus, Benin, Bolivia, Bosnia and Herzegovina, Botswana, Burundi, Burkina Faso, Cambodia, Cayman Islands, Central African Republic, China, Comoros, Congo (Republic of the), Cyprus (Greek Cypriot administered), Cyprus (Turkish Cypriot administered), Ecuador, Egypt, Ghana, Gibraltar, Guinea, Guinea Bissau, Haiti, Iraq, Jamaica, Jordan, Laos, Latvia, Lebanon, Liberia, Libya, Mali, Mauritius, Montenegro, Morocco, Myanmar (Burma) Nicaragua, Pakistan, Palestinian Territories, Panama, Philippines, Russia, Senegal, Serbia, , Somalia, South Sudan, Trinidad and Tobago, Tunisia, Turkey, Uganda, Vanuatu, Venezuela, Western Sahara, Yemen and Zimbabwe.

Note: The Administrator reviews the risks associated with all locations on a regular basis. The risk associated with a location may change over time. The Administrator reserves the right to apply a different risk rating than shown in this document.

## **Guidance - AML Documents (per investor type)**

### **Regulated Credit or Financial Institution**

Where the applicant is a Regulated Credit or Financial Institution in one of the above referenced Equivalent Jurisdictions, please provide the following:

1. Proof of regulation.
2. A letter of assurance from the Regulated Credit or Financial Institution.

3. Identify any beneficial owner entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 25% or more, then the natural person(s) who hold the position of director(s) of the entity must be identified (along with address, date of birth and nationality).
4. Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only).

Where the applicant is a Regulated Credit or Financial Institution but is not regulated in an Equivalent Jurisdiction, please provide the following:

1. Full name of the company
2. Registered number of the company
3. Registered office address & principal business address of the company,
4. Details of directors of the company and verify the identity of two directors, or where applicable, one director and one authorised signatory.
5. Identify and verify any beneficial owner beneficially entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/director(s) of the entity must be identified.
6. Evidence of UBO registration on the Beneficial Ownership Register (Irish investors only)

Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation that reflects the direct and indirect ownership and control structure).

7. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors; and (as applicable) identify and verify any beneficial owner entitled to 25% or more of the investment.

Note: Where the beneficial owner of the investment or the company is deemed high risk per the Administrator's risk rating requirements, the identity should be verified in line with its legal form.

8. Verification of identity of the company from:
  - Extract from the relevant company registry providing details of the company; and/or
  - Copy of the Certificate of Incorporation or equivalent of the company; and/or
  - Copy of the Memorandum and Articles of Association or equivalent of the company; and/or
  - Copy of the latest audited financial statements of the company.

Where the applicant is domiciled in a high risk jurisdiction, documentation must be certified as true copies of the original and the following is also required

9. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the company. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/ director(s) of the entity must be identified and verified.
10. Due diligence Questionnaire (incl. SOW/SOF for investor and UBO).
11. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify and verify the identity of any beneficial owner entitled to more than 10% of the investment.

### **Nominee Company**

Where the applicant is a Regulated Nominee Company from an Equivalent Jurisdiction, please provide the following:

1. Proof of regulation.
2. A letter of assurance from the regulated nominee company
3. Identify any beneficial owner entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the parent entity. Where there is no beneficial owner entitled to 25% or more, then the natural person(s) who hold the position of director(s) of the entity (investor) must be identified (along with address, date of birth and nationality).
4. Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only).



Where the applicant is 1) not directly regulated and 2) a wholly owned subsidiary of a regulated parent entity (in an Equivalent Jurisdiction), please provide the following:

1. Letter of Assurance from the Regulated Credit or Financial Institution (Parent Company).
2. Identify any beneficial owner entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 25% or more, then the natural person(s) who hold the position of director(s) of the entity (investor) must be identified (along with address, date of birth and nationality).
3. Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only).

Alternatively, where an acceptable AML letter of assurance can't be provided by the regulated parent company with respect to the nominee company, please provide the following:

1. Full name of the nominee company.
2. Registered number of the nominee company.
3. Registered office address & principal business address of the nominee company.
4. Details of directors of the company and verify the identity of two directors, or where applicable, one director and one authorised signatory.
5. Proof of regulation for the Regulated Parent Company.
6. Identify any beneficial owner beneficially entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/director(s) of the entity (investor) must be identified.
7. Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only).

Note: Where the nominee company is not a subsidiary of a regulated parent company, verify any beneficial owner entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity.

8. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable), identify and verify any beneficial owner entitled to 25% or more of the investment through the nominee company.

Note: Where the beneficial owner of the investment or the company is deemed high risk per Administrator risk rating requirements, the identity should be verified in line with its legal form.

9. Verification of identity of the company from:
  - a. Extract from the relevant company registry providing details of the nominee company; and/or
  - b. Copy of the Certificate of Incorporation or equivalent of the nominee company; and/or
  - c. Copy of the Memorandum and Articles of Association or equivalent of the nominee company; and/or
  - d. Copy of the latest audited financial statements of the nominee company.

Where the applicant is domiciled in a high risk jurisdiction, documentation must be certified as true copies of the original and the following is also required

10. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the company. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/ director(s) of the entity must be identified and verified.
11. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO).
12. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify and verify the identity of any beneficial owner entitled to more than 10% of the investment.

## Listed Company

Where the applicant is a Listed Company on a regulated market (E.g. a regulated market that subjects companies, whose securities are admitted to trading, to disclosure obligations which are consistent with the Legislation of the European Communities- see above Equivalent Jurisdictions), please provide the following:

1. Please provide proof of listing on a Regulated Market.

Where the applicant is not a Listed Company on an above referenced regulated market, please provide the following:

1. Proof of listing of the company.
2. Full name of the company.
3. Registered number of the company.
4. Registered office address & principal business address of the company.
5. Details of directors of the company and verify the identity of two directors, or where applicable, one director and one authorised signatory.
6. Identify and verify any beneficial owner beneficially entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/director(s) of the entity must be identified.
7. Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only)

Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc. reflecting the ownership and control structure).

8. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify any beneficial owner entitled to 25% or more of the investment.

Note: Where the beneficial owner of the investment or the company is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.

9. Verification of identity of the company from:
  - a. Extract from the relevant company registry providing details of the company; and/or
  - b. Copy of the Certificate of Incorporation or equivalent of the company; and/or
  - c. Copy of the Memorandum and Articles of Association or equivalent of the company; and/or
  - d. Copy of the latest audited financial statements of the company.

Where the applicant is domiciled in a high risk jurisdiction, documentation must be certified as true copies of the original and the following is also required

10. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/ director(s) of the entity must be identified and verified.
11. Due diligence Questionnaire (incl. SOW/SOF for investor and UBO)
12. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify and verify the identity of any beneficial owner entitled to more than 10% of the investment.

## Subsidiary of a Listed Company

Where the applicant is a Subsidiary of a Listed Company on a regulated market (E.g. a regulated market that subjects companies, whose securities are admitted to trading, to disclosure obligations which are consistent with the Legislation of the European Communities- see above Equivalent Jurisdictions), please provide the following:

1. Proof of listing for the listed parent company on a Regulated Market (E.g. a regulated market that subjects companies, whose securities are admitted to trading, to disclosure obligations which are consistent with the Legislation of the

- European Communities- see above Equivalent Jurisdictions).
2. Evidence of ownership by the listed company.
  3. Identify the natural person(s) who hold the position of senior managing official(s)/ director(s) of the entity (along with address, date of birth and nationality).
  4. Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only).

Where the parent company is not a Listed Company on an above referenced regulated market, please provide the following:

1. Full name of the subsidiary company.
2. Registered number of the subsidiary company.
3. Registered office address & principal business address of the subsidiary company.
4. Details of directors of the company and verify the identity of two directors, or where applicable, one director and one authorised signatory.
5. Identify and verify any beneficial owner beneficially entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of director(s) of the entity must be identified.
6. Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only).

Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc. reflecting the ownership and control structure).

7. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify any beneficial owner entitled to 25% or more of the investment.

Note: Where the beneficial owner of the investment or the subsidiary company is deemed high risk per the Administrator's risk rating requirements, the identity should be verified in line with its legal form.

8. Verification of identity of the company from:
  - Extract from the relevant company registry providing details of the company; and/or
  - Copy of the Certificate of Incorporation or equivalent of the company; and/or
  - Copy of the Memorandum and Articles of Association or equivalent of the company; and/or
  - Copy of the latest audited financial statements of the company.

Where the applicant is domiciled in a high risk jurisdiction, documentation must be certified as true copies of the original and the following is also required

9. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the company. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/ director(s) of the entity must be identified and verified.
10. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)
11. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify and verify the identity of any beneficial owner entitled to more than 10% of the investment.

### **Government / Public Body**

Where the applicant is a Government/ Public Body in Ireland, please provide the following:

1. Please provide background information sourced from a reliable source (e.g. copy of the legal instrument establishing the government body/public authority and listing the names of key officials).

Where the applicant is not a Government Body or Public Authority in Ireland, please provide the following:

1. Full name of the government body or public authority.
2. Nature and status of the government body or public authority.

3. Registered office address.
4. Name of the home state of the public authority and details of the nature of its relationship with the public authority.
5. Evidence of ownership of the public authority.
6. Names of the main officials of the government body or public authority and verify the identity of two officials or, where applicable, one official and one authorised signatory.
7. Appropriate background information on the government body or public authority.

Where the applicant is domiciled in a high risk jurisdiction, documentation must be certified as true copies of the original and the following is also required

8. Identify and verify the identity of at least two directors or, where applicable, one director and one authorised signatory and evidence of authorisation to act on the customer's behalf..
9. Certified copy of the audited financial statements of the government body or public authority.
10. Due Diligence Questionnaire (incl. SOW/SOF for investor).

### **Pension Scheme**

Where the applicant is an Employee/Superannuation or similar scheme in one of the above referenced Equivalent Jurisdictions, please provide the following confirmations from the trustees of the scheme:

1. Confirmation that the Employee/Superannuation (or similar scheme) provides for retirement benefits to employees.
2. Confirmation that contributions of the Employee/Superannuation scheme are made by deduction from wages.
3. Confirmation that the rules of the Employee/ Superannuation scheme do not permit a member's interest under the scheme to be re-assigned.

Note: The above can be confirmed through constitutional documentation of the scheme or through receipt of written confirmation from the trustees of the scheme.

Where the applicant is not an Employee/ Superannuation or similar scheme in one of the above referenced Equivalent Jurisdictions, please provide the following:

1. Full name of the pension scheme.
2. Registered office address of the pension scheme
3. One of the following:
  - Confirmation of registration of the pension scheme (as appropriate) from the relevant tax authorities or pensions board.
  - Identity of the controllers (trustees/ directors/ governors /board members or equivalent) of the scheme; and
  - Constitutional/Formation Document (e.g. Trust Deed); and
  - Appropriate background information.
  - Identify any beneficial owner beneficially entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/director(s) of the entity must be identified.
  - Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only).

Where the applicant is domiciled in a high risk jurisdiction, documentation must be certified as true copies of the original and the following is also required

4. Identify and verify the identity of the scheme administrator and entity carrying out AML/CTF controls on scheme investors (per legal form); or
5. Written confirmation from the entity carrying out AML/CTF controls similar to that requested from a regulated third party undertaking due diligence.
6. Identify any beneficial owner beneficially entitled to 10% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/director(s) of the entity must be identified and verified.
7. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)

## Collective Investment Scheme

Where the applicant is a Collective Investment Scheme ('CIS') regulated as a designated person or listed on a regulated financial market in one of the above referenced Equivalent Jurisdictions, please provide the following:

1. Please provide proof of regulation/ listing.
2. Names of any investors (beneficial owners) in the CIS who own 25% or more (directly or indirectly) of the share capital. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/director(s) of the entity must be identified.
3. Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only).

Where the CIS is not either listed on a regulated financial market (as above) or regulated as a designated person in one of the above referenced Equivalent Jurisdictions, please provide the following:

1. Full name of the CIS.
2. Registered address of the CIS.
3. Prospectus or equivalent.
4. Name and address of the scheme promoter.
5. Name and address of the scheme administrator.
6. Name and address of the entity carrying out due diligence on the investors in the CIS and evidence that this entity is regulated for AML purposes.
7. Names of any investors (beneficial owners) in the CIS who own 25% or more (directly or indirectly) of the share capital. Where CIS is a corporate body and there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/ director(s) of the entity (investor) must be identified
8. Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only).

Where the applicant is domiciled in a high risk jurisdiction, documentation must be certified as true copies of the original and the following is also required

9. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)
10. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity; or
11. Written confirmation from the entity carrying out AML/CTF controls similar to that requested from a regulated third party undertaking due diligence.
12. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/director(s) of the entity must be identified and verified.

## Individuals (including joint account holders)

Where the applicant(s) is/are Individuals, please provide the following documentation:

1. Photographic identity document.
2. Proof of address.

Where the applicant is domiciled in a high risk jurisdiction, documentation must be certified as true copies of the original and the following is also required

3. Due Diligence Questionnaire (incl. Source Wealth and Source of Funds).

**In the case of joints account holders, please provide documents in respect of all holders.**

**Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.**

## Private and Unlisted Company

Where the applicant is a Private Company/ Company not listed on a regulated financial market, please provide the following:

1. Full name of the company.
2. Registered number of the company.
3. Registered office address & principal business address of the company.
4. Details of the directors of the company and verify the identity of at least two directors or, where applicable, one director and one authorised signatory.
5. Identify and verify any beneficial owner beneficially entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/ director(s) of the entity (investor) must be identified.
6. Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only).

Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc. reflecting the ownership and control structure).

Note: Where the beneficial owner is deemed high risk per the Administrator's risk rating requirements, the identity should be verified in line with its legal form.

7. Verification of identity of the company from:
  - Extract from the relevant company registry providing details of the Company; and/or
  - Copy of the Certificate of Incorporation or equivalent of the Company; and/or
  - Copy of the Memorandum and Articles of Association or equivalent of the Company; and/or
  - Copy of the latest audited financial statements of the Company.

Where the applicant is domiciled in a high risk jurisdiction, documentation must be certified as true copies of the original and the following is also required

8. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/ director(s) of the entity must be identified and verified.
9. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)

## Limited Liability Company

Where the applicant is a Limited Liability Company (LLC), please provide the following:

1. Full name of the LLC.
2. Registered office address & principal business address of the LLC.
3. Identify all managing members
4. Verify the identity of at least two managing members or, where applicable, one managing member and one authorised signatory.
5. Identify and verify any beneficial owner beneficially entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/director(s) of the entity must be identified.
6. Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only).

Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc.).

Note: Where the beneficial owner is deemed high risk per the Administrator's risk rating requirements, the identity should

be verified in line with its legal form.

7. Constitutional document for the LLC (e.g. Certificate of Formation).
8. Operating agreement for the LLC

Where the applicant is domiciled in a high risk jurisdiction, documentation must be certified as true copies of the original and the following is also required

9. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/ managing members(s) of the entity must be identified and verified.
10. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)

## Partnership

Where the applicant is a Partnership, please provide the following:

1. Full name of the partnership.
2. Registered office address & principal business address of the partnership.
3. Identify all partners.
4. Verify the identity of all partners who own 25% or more (directly or indirectly) of the partnership capital, profit or voting rights or otherwise exercise control over the management of the Partnership Fund. Where there is no partner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s) of the entity must be identified.
5. Verify the identity of the general partner and a second partner (or in the absence of same an authorised signatory).
6. Evidence of UBO Registration on the Beneficial ownership Register (Irish investors only).

Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation that reflects the direct and indirect ownership and control structure).

7. Constitutional document for the Partnership (e.g. Partnership Agreement).

Where the applicant is not a Partnership Fund or is domiciled in a high risk jurisdiction, documentation must be certified as true copies of the original and the following is also required:

8. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO). Identify and verify the identity of any partner who own more than 10% (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the partnership. Where there is no partner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/partner(s) must be identified and verified.

## Trust

Where the applicants are Regulated Trustees investing on behalf of a Trust or similar entity, please provide the following (only applicable for Trustees not located in a high risk jurisdiction):

1. Full name of trust.
2. Country of establishment of trust.
3. Legal form of the trust.
4. Trust deed or equivalent or confirmation of the trust etc. by reference to an appropriate register.
5. Confirmation of the nature/purpose of the trust.
6. Identify all Trustees and verify the identity of at least two trustees where applicable.
7. Identify the settlor and verify the settlor.
8. Identify and verify the protector.
9. Identify all beneficiaries or the class of beneficiary beneficially entitled to trust's assets or the beneficial interest (Note: Verification of the beneficiaries may be required by the administrator to the extent warranted by the risk). Where there is

no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/trustee(s) of the entity must be identified.

10. Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only).

Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation that reflects the direct and indirect ownership and control structure).

Where the applicants are not Regulated Trustees investing on behalf of a Trust or where the applicant is domiciled in a high risk jurisdiction, documentation must be certified as true copies of the original and the following is also required

11. Verify the identity of the beneficiaries beneficially entitled to trust's assets or beneficial interest. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/ trustee(s) of the entity must be identified and verified.
12. Confirmation as to how the settlor was in a position to make the investment.
13. Due Diligence Questionnaire (incl. SOW/SOF for investor and settlor)
14. Verify the identity of all trustees (i.e. in accordance with their legal structure or for each individual)

## Foundation

Where the applicants are Regulated Trustees investing on behalf of a Foundation, please provide the following (only applicable for Trustees not located in a high risk jurisdiction):

1. Full name of the foundation.
2. Registered address of the foundation.
3. Confirmation of the legal form of the Foundation.
4. Constitutional documents equivalent OR confirmation of the foundation by reference to an appropriate register.
5. Identify and verify the founder, and the nature/purpose of the foundation.
6. Identify all trustees, and verify the identity of two trustees, where applicable.
7. Identify and verify any beneficiary beneficially entitled to 25% or more of the foundation's assets.
8. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/trustee(s) of the entity should be identified.
9. Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only).

Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation that reflects the direct and indirect ownership and control structure).

Where the applicants are not Regulated Trustees investing on behalf of a Foundation or similar entity, or where the applicant is domiciled in a high risk jurisdiction, documentation must be certified as true copies of the original and the following is also required

10. Confirmation of the funding of the foundation.
11. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)
12. Identify and verify the identity of the beneficiaries who hold more than 10% of the beneficial interest. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/trustee(s) of the entity should be identified and verified.

## Charity

Where the applicant is a registered Charity, please provide the following:

1. Full name of the charity.
2. Nature/purpose of the charity
3. Nature and source of funding of the charity



4. Registered office address & principal business address of the charity.
  5. Names of all trustees/directors (or equivalent) of the charity.
  6. Identify and verify the identity of the company secretary or equivalent or, where applicable, verify the identity of one of the trustees.
  7. (If a charitable trust), details of the settlor of the charitable trust.
  8. Names or classes of persons who stand to benefit from the objects of the charity, or identify and verify any beneficiary beneficially entitled to 25% or more of the assets. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/trustee(s) of the entity must be identified.
  9. Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only).
10. Copy of relevant charities register or confirmation of the registration of the charity with the relevant tax authorities (e.g. UK Charities Commission/ HMRC).

Where the applicant is not a registered Charity or where the applicant is domiciled in a high risk jurisdiction, documentation must be certified as true copies of the original and the following is also required:

11. Certified copies of the audited financial statements.
12. Certified constitutional/ formation document of the charity.
13. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO (if applicable), and jurisdictions funds are received from and paid to where not already evident).
14. Identify and verify the identity of the beneficiaries (where ascertainable) of the charity. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/trustee(s) of the entity must be identified and verified.
15. Identify and verify the settlor, where applicable.

### **Club or Society**

Where the applicant is a Club or Society, please provide the following:

1. Full name of the club/society.
2. Registered office address & principal business address of the club/society.
3. Confirmation of the legal status of the Club/Society.
4. Nature/Purpose including the nature of funding of the club/society.
5. Constitutional/Formation Document (e.g. Trust Deed) and/or copy of audited financial statements (if available) or confirmation of a relevant club/ society register.
6. List of officers of the club/society.
7. Verify the identity of two officers of the Club/Society authorised to operation on behalf of the club/society or, where applicable, one officer and one authorised signatory.
  8. Names or classes of persons who stand to benefit from the Club or Society, or identify and verify any beneficiary beneficially entitled to 25% or more of the assets. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s) of the entity must be identified.
  9. Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only).

Where the applicant is domiciled in a high risk jurisdiction, documentation must be certified as true copies of the original and the following is also required

10. Audited financial statements for the Club/Society.
11. Constitutional/ formation document of the club/society
12. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)
13. Identify and verify the identity of all persons who own or control over 10% of the entity's share capital, profit or voting rights. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s) of the entity must be identified and verified.
14. Confirmation of the funding of the club or society.

### **School, College or University**

Where the applicant is a School, College or University, please provide the following:

1. Full name of the School, College or University.
2. Registered office address & principal business address of the School, College or University.
3. Confirmation of a relevant School, College or University register or appropriate background information.
4. Names of main officials of the school.
5. Identify and verify the identity of at least two officials or, where applicable, one official and one authorised signatory.
6. Details of ownership of the entity. In particular, confirmation if in public ownership or independent. Where independently owned, identify and verify all persons who own or control 25% or more of the entity's share capital, profit or voting rights. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s) of the entity must be identified.
7. Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only).
8. Identify and verify the settlor, where applicable.

Where the applicant is domiciled in a high risk jurisdiction, documentation must be certified as true copies of the original and the following is also required

9. Identify and verify the identity of all persons who own or control over 10% of the entity's share capital, profit or voting rights. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s) of the entity must be identified and verified.
10. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO/Settlor)

## Church

Where the applicant is a Church, please provide the following:

1. Full name of the Church.
2. Registered office address & principal business address of the church.
3. Confirmation of the nature/purpose of the Church with details of how the Church is funded.
4. Confirmation of a relevant church register or a copy of the revenue approval for the church.
5. Names of all trustees/directors (or equivalent) of the church.
6. Identify and verify the identity of the church secretary or equivalent or, where applicable, verify the identity of one of the trustees.
7. Names or classes of persons who stand to benefit from the objects of the church (where ascertainable); or identify and verify any beneficiary beneficially entitled to 25% or more of the assets. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/trustee(s) of the entity must be identified.
8. Identify and verify the settlor where applicable.
9. Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only).

Where the applicant is domiciled in a high risk jurisdiction, documentation must be certified as true copies of the original and the following is also required

10. Audited financial statements for the church.
11. Constitutional/formation document of the church.
12. Due Diligence Questionnaire (incl. SOW/SOF for investor and settlor if applicable).
13. Identify and verify the beneficiaries (where ascertainable) of the church. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/trustee(s) of the entity must be identified and verified.

## Trade Union

Where the applicant is a Trade Union, please provide the following:

1. Full name of the Trade Union.
2. Registered address of the trade union.
3. Establish whether the trade union is registered or otherwise listed by a controlling body for regulatory or oversight

purposes (e.g. Congress of Trade Unions).

4. Names or classes of persons who stand to benefit from the Trade Union: or identify and verify any beneficiary beneficially entitled to 25% or more of the assets. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s) of the entity must be identified.
5. Evidence of UBO Registration on the Beneficial Ownership Register (Irish investors only).
6. Consider the legal form of the trade union, its stated purpose, aims and objectives using information from documents supplied for the trade union and through internet searches.
7. Deed or equivalent establishing the existence of the trade union (for example its constitution, bye-laws, rules).
8. Identify all persons and their functions who are empowered to make the investment on behalf of the trade union (president, secretary, treasurer and other senior committee members).

Where the applicant is domiciled in a high risk jurisdiction, documentation must be certified as true copies of the original and the following is also required

9. Identify and verify the identity of at least two senior committee members of the trade union
10. Due Diligence Questionnaire (incl. SOW/SOF for investor)
11. Identify and verify the identity of all persons who own or control over 10% of the entity's share capital, profit or voting rights. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s) of the entity must be identified and verified.

**Letters of Assurance Requirements- Unregulated Nominees and Regulated Credit or Financial Institution**

**Unregulated Nominee Letter of Assurance**

[On Letterhead of the Regulated Parent Company]

[Date]

Northern Trust International Fund Administration  
Services (Ireland) Limited  
Georges Court  
54-62 Townsend Street  
Dublin 2  
Ireland

**Re:** ***[Insert Name of Unregulated Nominee/ Intermediary Company]*** (***the Nominee Company***)- Verification of Investor(s) Identity in accordance with applicable Anti Money Laundering and Counter Terrorist Financing (“AML/CFT”) Laws and Regulations<sup>6</sup>

Dear Sir/ Madam,

We confirm that, ***[insert name of Regulated Parent Company]*** (***the “Parent Company”***) with a registered office located at \_\_\_\_\_ ***[insert address]*** is licensed as \_\_\_\_\_ ***(insert description)*** by the \_\_\_\_\_ ***[insert regulatory body]*** and that we are supervised and monitored for compliance with AML/CFT regulatory requirements in \_\_\_\_\_ ***[insert country]***. Our registration or licence number is \_\_\_\_\_ ***[insert registration or licence number]***.

We confirm that the ***Nominee Company*** is a wholly owned subsidiary of ***the Regulated Parent Company***.

We are satisfied for Northern Trust International Fund Administration Services (Ireland) Limited (as administrator to funds) to rely on this confirmation for all designations where the above referenced Nominee Company has holdings.

The Regulated Parent Company make the following representations, warranties and undertakings in respect to both the Nominee Company and the Parent Company:

- (i) we have established AML/CFT policies, procedures and internal controls to ensure ongoing compliance with applicable AML/CFT and economic sanctions laws and regulations \_\_\_\_\_ ***(insert relevant law/regulation here)***;
- (ii) our AML/CFT policies, procedures and internal controls incorporate systems and controls to identify and verify our customers and beneficial owners<sup>7</sup>, to identify source of funds, and performs (i) appropriate risk-grading procedures to differentiate between customer due diligence for high and low risk relationships (ii) ongoing customer due diligence, (iii) regular AML/CFT monitoring and sanction screening, (iv) staff AML/CFT training and (v) detect, investigate and, as required, report any suspicious activities to the relevant authorities;
- (iii) we have systems and controls in place to identify Politically Exposed Persons, their relatives and close associates (collectively PEPs) and we conduct enhanced due diligence, including establishing the source of wealth and the source of funds, and enhanced ongoing monitoring on PEPs and other high risk customers.

With regard to customers who have invested via the Nominee Company in the Funds, we confirm;

- (iv) the accounts will only be operated by the Nominee and / or the Parent Company whom maintain ultimate, effective control over the account;
- (v) we have performed customer due diligence and identified and verified the beneficial owner(s) (to the extent warranted by risk of money laundering and the financing of terrorism), and have obtained the information on the purpose and the intended nature of the business relationship;

<sup>6</sup> Please complete the Declaration of Beneficial Ownership below.

<sup>7</sup> Beneficial owner includes the natural person(s) who ultimately owns or controls a customer and/or the natural person(s) on whose behalf a transaction is being conducted. It also includes those persons who exercise ultimate effective control over a legal person or arrangement.

- (vi) to the best of our knowledge, we are unaware of any activities on the part of the customer(s), their beneficial owners which could lead us to suspect an involvement in criminal conduct: money laundering or terrorist activities;
- (vii) we will retain documents and information on the customer(s), including any beneficial owner, obtained as part of customer identification and verification process for at least 5 years after the termination of their relationship with us;
- (viii) we will provide the Fund and/or Northern Trust with related customer due diligence documents and information, which we may have on our files relating to the identity of the customer(s) and beneficial owner(s) upon request;
- (ix) none of the customer(s) including any beneficial owner are subject to sanctions lists administered by the European Union, the United States (including OFAC) and the United Nations, and we undertake to notify you immediately upon our identification of same should we become aware of such circumstances;
- (x) we will notify the Fund and/or Northern Trust, on request, of its identification of PEPs.

We further undertake to advise you, should at any time in the future, there be any change in information provided above.

I confirm that I have sufficient knowledge of and responsibility for AML procedures and have the appropriate authority to provide the assurances given in this letter.

Yours faithfully,

*[Capacity of signatory – Money Laundering Reporting Officer / Head of Compliance / Head of Risk / Director / Other]*

For and on behalf of

*[Regulated Entity]*

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## Regulated Credit or Financial Institution Letter of Assurance (as Investor)

[On Letterhead of the Regulated Financial Intermediary]

[Date]

Northern Trust International Fund Administration  
Services (Ireland) Limited  
Georges Court  
54-62 Townsend Street  
Dublin 2  
Ireland

**Re:** **[Insert Name of Regulated Financial Intermediary Company]**- Verification of Identity in accordance with applicable Anti Money Laundering and Counter Terrorist Financing (“AML/CFT”) Laws and Regulations<sup>8</sup>

Dear Sir/ Madam,

We confirm that, **[insert name of Regulated Financial Intermediary]** with a registered office located at \_\_\_\_\_ **[insert address]** is licensed as \_\_\_\_\_ **(insert description)** by the \_\_\_\_\_ **[insert regulatory body]** and that we are supervised and monitored for compliance with AML/CFT regulatory requirements in \_\_\_\_\_ **[insert country]**. Our registration or licence number is \_\_\_\_\_ **[insert registration or licence number]**.

We are satisfied for Northern Trust International Fund Administration Services (Ireland) Limited (as administrator to funds) to rely on this confirmation for all designations.

We hereby confirm the following in connection with all investors (“Investors”) and their beneficial owners in all designations:

- (i) we have established AML/CFT policies, procedures and internal controls to ensure ongoing compliance with applicable AML/CFT and economic sanctions laws and regulations \_\_\_\_\_ **(insert relevant law/regulation here)**;
- (ii) our AML/CFT policies, procedures and internal controls incorporate systems and controls to identify and verify our customers and beneficial owners<sup>9</sup>, to identify source of funds, and performs (i) appropriate risk-grading procedures to differentiate between customer due diligence for high and low risk relationships (ii) ongoing customer due diligence, (iii) regular AML/CFT monitoring and sanction screening, (iv) staff AML/CFT training and (v) detect, investigate and, as required, report any suspicious activities to the relevant authorities;
- (iii) we have systems and controls in place to identify Politically Exposed Persons, their relatives and close associates (collectively PEPs) and we conduct enhanced due diligence, including establishing the source of wealth and the source of funds, and enhanced ongoing monitoring on PEPs and other high risk customers.

With regard to each investor who has invested via the financial intermediary in the Funds, we hereby confirm;

- (iv) the accounts will only be operated by the financial intermediary whom maintain ultimate, effective control over the account;
- (v) we have performed customer due diligence and identified and verified the beneficial owner(s) (to the extent warranted by risk of money laundering and the financing of terrorism), and have obtained the information on the purpose and the intended nature of the business relationship;
- (vi) to the best of our knowledge, we are unaware of any activities on the part of the customer(s), their beneficial owners which could lead us to suspect an involvement in criminal conduct: money laundering or terrorist activities;
- (vii) we will retain documents and information on the customer(s), including any beneficial owner, obtained as part of customer identification and verification process for at least 5 years after the termination of their relationship with us;
- (viii) we will provide the Fund and/or Northern Trust with related customer due diligence documents and information, which we may have on our files relating to the identity of the customer(s) and beneficial owner(s) upon request;

<sup>8</sup> Please complete the Declaration of Beneficial Ownership below.

<sup>9</sup> Beneficial owner includes the natural person(s) who ultimately owns or controls a customer and/or the natural person(s) on whose behalf a transaction is being conducted. It also includes those persons who exercise ultimate effective control over a legal person or arrangement.

- (ix) none of the customer(s) including any beneficial owner are subject to sanctions lists administered by the European Union, the United States (including OFAC) and the United Nations, and we undertake to notify you immediately upon our identification of same should we become aware of such circumstances;
- (x) we will notify the Fund and/or Northern Trust, on request, of its identification of PEPs.

We further undertake to advise you, should at any time in the future there be any change in any information provided above.

I confirm that I have sufficient knowledge of and responsibility for AML procedures and have the appropriate authority to provide the assurances given in this letter.

Yours faithfully,

*[Capacity of signatory – Money Laundering Reporting Officer / Head of Compliance / Head of Risk / Director / Other]*

For and on behalf of

*[Regulated Entity]*

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### Beneficial Owner(s) Declaration

Please tick one of the below boxes and complete the relevant section:

We confirm there is a natural person(s) who is a beneficial owner<sup>1</sup> of the investor (Please complete section 1 below of this declaration); or.

We confirm there is **no** natural person(s) who is a beneficial owner of the investor (Please complete section 2 of this declaration).

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

##### Beneficial Owner 1 (please complete in block capitals):

|  |                        |              |
|--|------------------------|--------------|
| Full Name:   | Identification Number: | Occupation:  |
| Date of Birth (DD-MM-YYYY) :                                 | Place of Birth:        | Nationality: |
| Shareholding %:  |                        |              |
| Registered Address (PO Box or Care of will not be accepted): |                        |              |
| City, Town, State, Province or County                        | Postal/ZIP Code:       | Country:     |

##### Beneficial Owner 2 (please complete in block capitals):

|  |                        |              |
|--|------------------------|--------------|
| Full Name:   | Identification Number: | Occupation:  |
| Date of Birth (DD-MM-YYYY) :                                 | Place of Birth:        | Nationality: |
| Shareholding %:  |                        |              |
| Registered Address (PO Box or Care of will not be accepted): |                        |              |
| City, Town, State, Province or County                        | Postal/ZIP Code:       | Country:     |

##### Beneficial Owner 3 (please complete in block capitals):

|  |                        |              |
|--|------------------------|--------------|
| Full Name:   | Identification Number: | Occupation:  |
| Date of Birth (DD-MM-YYYY) :                                 | Place of Birth:        | Nationality: |
| Shareholding %:  |                        |              |
| Registered Address (PO Box or Care of will not be accepted): |                        |              |
| City, Town, State, Province or County                        | Postal/ZIP Code:       | Country:     |

##### Beneficial Owner 4 (please complete in block capitals):

|  |                        |              |
|--|------------------------|--------------|
| Full Name:   | Identification Number: | Occupation:  |
| Date of Birth (DD-MM-YYYY) :                                 | Place of Birth:        | Nationality: |
| Shareholding %:  |                        |              |
| Registered Address (PO Box or Care of will not be accepted): |                        |              |



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

In the event where no natural person falls under the above scenario, the senior managing official(s) of the subscribing Nominee entity will be recorded as the Beneficial Owner (not any underlying customer of the entity / designation).

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

Senior managing official details (please complete in block capitals):

Full Name

|  |                  |              |
|--|------------------|--------------|
| Date of Birth (DD-MM-YYYY):                                  | Place of Birth:  | Nationality: |
| Registered Address (PO Box or Care of will not be accepted): | Title:           |              |
| City, Town, State, Province or County:                       | Postal/ZIP Code: | Country:     |

*If needed, please add additional senior managing officials on a separate sheet*

Yours faithfully,

*[Capacity of signatory – Money Laundering Reporting Officer / Head of Compliance / Head of Risk / Director / Other]*

For and on behalf of

*[Regulated Entity]*

<sup>1</sup> **Beneficial Owner:** A Beneficial Owner is any individual who ultimately owns or controls an investor or on whose behalf a transaction is conducted.

- A. Beneficial Owner, in relation to a body corporate which is not a company whose securities are listed on a Regulated Market (markets in financial instruments and located within the European Economic Area, or that subjects companies, whose securities are admitted to trading, to disclosure requirements consistent with EU legislation), is any individual who ultimately owns or controls, whether through direct or indirect ownership or control (including through Bearer Shareholdings), 25% or more of the shares or voting rights of the body corporate or through control via other means.

Beneficial owner, in relation to a body corporate::

- (i) A shareholding of 25% or more or an ownership interest of 25% or more in the customer held by a natural person shall be an indication of direct ownership.
- (ii) A shareholding of 25% or more or an ownership interest of 25% or more in the customer held by a corporate entity, which is under the control of a natural person(s), or by multiple corporate entities, which are under the control of the same natural person(s), shall be an indication of indirect ownership.
- (iii) Where there is no person identified as beneficial owner, or if there is any doubt that the person(s) identified are the beneficial owner(s), the natural person(s) who hold the position of senior managing official(s)/ director(s) of the investor, will be deemed the beneficial owners.

- B. Beneficial Owner, in relation to a partnership (other than a limited liability partnership), means any individual who:
- (i) ultimately is entitled to or controls, whether the entitlement or control is direct or indirect, 25% or more of the share of the capital or profits of the partnership or 25% or more of the voting rights in the partnership; or
  - (ii) controls the partnership.
- C. Beneficial Owner, in relation to a trust, means all of the following:
- (i) the settlor;
  - (ii) the trustees;
  - (iii) any individual who is determined as being entitled to a vested interest in possession, remainder or reversion, whether or not the interest is defeasible, in the capital of the trust property (a beneficiary);
  - (iv) in the case of a trust other than one that is set up or operates entirely for the benefit of individuals referred to in the paragraph relating to body corporates above,
  - (v) the class of individuals in whose main interest the trust is set up or operates; or
  - any individual (including the settlor, protector or trustees) who has control over the trust.
- D. Beneficial Owner, in relation to a foundation or other legal arrangement similar to a trust, means those individuals who hold equivalent or similar positions to those set out above.

APPENDIX 5 – Fund Subscription Form

**IMPORTANT: This form may only be used by investors who have received confirmation from the Administrator that the shareholder account with the fund is open and all verification requirements complete.**

Any subscription requests associated with accounts which have not been provided this confirmation will be rejected and will have to be re-submitted once confirmation is received. The form may be sent to the Administrator by fax or email.

**All sections, other than “Intermediary Details” must be completed.**

**Fax:** +353 1 553 9434

**Email:** [OrielTAInstructions@ntrs.com](mailto:OrielTAInstructions@ntrs.com) (Note: this email to be used for dealing & account opening instructions only)

If sending by email, please note the following:

- Instructions must be in **.pdf format**, signed by an authorised signatory, and attached to a blank email (i.e. no text, logos or disclaimers to be included in the body of the email) and sent to the email address above. Email instructions sent to any other mailbox will be rejected and no notification of this sent.
- Any text or logos within the body of the email **must** be removed before sending.
- Only **one** attachment may be sent per email. Multiple account opening forms may, however, be included within a single attachment.
- Emails containing multiple attachments will be automatically rejected by the Administrator’s system.
- Auto-confirmation of receipt will be sent. If you do not receive this, please contact the Administrator by
  - **Phone: +353 1 434 5178**
  - **Email (queries only): [oriel ta@ntrs.com](mailto:oriel.ta@ntrs.com)**

**Investor Details**

**Registered Shareholder Account Name**

**Registered Shareholder Account Number**

**Contact Name**

**Email Address**

**Subscription Details**

**Sub-Fund Name**

**Share Class Name(s)**

**ISIN Code**

|  |  |
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**Reference**

**Representations and Warranties**

**By signing this form, you, and any person on whose behalf this form is signed, agree the following:**

1. Payment for this investment will originate from a bank account in the name of the investor.
2. The Fund, the Manager, and the Administrator are authorised to act in accordance with your instructions as set out in this subscription form.
3. The issue and allotment of the Shares is subject to the provisions of the Prospectus, that subscription for Shares will be governed and construed in accordance with Irish law and by subscribing for Shares, that you are not relying on any information or representation other than such as may be contained in the Prospectus and the relevant KIID. The most up-to-date version of the Prospectus, Supplement and KIID for the relevant class of Shares, is available at the MontLake website at [www.montlakeucits.com](http://www.montlakeucits.com).
4. The Fund, the Manager and the Administrator are each hereby authorised and instructed to accept and execute any instructions, in respect of the Shares to which this form relates, given by you in written form or by facsimile. You hereby further agree to indemnify the Fund against any loss of any nature whatsoever arising as a result of the Fund, the Manager or the Administrator acting upon such instructions. The Fund, the Manager and the Administrator 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.

**Signature – to be completed by ALL investors**

I / We declare that the information contained in this form and any attached documentation is true and accurate to the best of my/our knowledge and belief.

**Name**

**Signature**

**Signatory Capacity (if applicable)**

**Date of Signing (dd mm yyyy)**

**Name**

**Signature**

**Signatory Capacity (if applicable)**

**Date of Signing (dd mm yyyy)**

APPENDIX 6 – Sub-Fund Subscription Account Details

**The details in this section may be provided to your bank. Please quote the contract number provided on your contract note as reference when instructing payment**

|  | FOR USD SETTLEMENT   | FOR EURO SETTLEMENT   |
|--|--|---|
| Intermediary Bank:                             |  | Barclays Bank PLC,  |
| Intermediary Address:                          |  | Frankfurt   |
| Intermediary SWIFT Code:                       |  | BARCDEFF  |
| Intermediary Banks Sort Code:                  |  |   |
| Beneficiary Banks Account Number               |  | 0210472800  |
| Beneficiary Bank                               | The Northern Trust International Banking Corporation                           | The Northern Trust International Banking Corporation, New Jersey                |
|  | FedwireABA:<br>026001122<br><br>CHIPS: 0112                                    |   |
| Beneficiary Bank SWIFT code:                   | CNORUS33   | CNORUS33  |
| Beneficiary account name & number:             | Montlake ORIEL UCITS PLATFORM ICAV –PanAgora Def Global Equity<br>239137-20010 | Montlake ORIEL UCITS PLATFORM ICAV – PanAgora Def Global Equity<br>684779-20019 |
| Reference: Register number and/or order number |  |   |

**For EUR Subscriptions: Please note that as a non-EURO bank, TNTIBC cannot receive or make payments through SEPA (transactions containing an IBAN). Therefore, the EUR SSIs do not contain an IBAN.**

*The state of the origin of the fund is Ireland. The representative for the fund in Switzerland is Waystone Fund Services (Switzerland) SA, whose registered office is Av. Villamont 17, 1005 Lausanne, Switzerland. The paying agent is NPB Neue Privat Bank AG, Limmatquai 1/am Bellevue, P.O. Box, CH-8024 Zurich. The basic documents of the fund as well as the annual and, if applicable, semi-annual report may be obtained free of charge from the representative. In respect of the units distributed in or from Switzerland, the place of performance and jurisdiction is at the registered office of the representative. Past performance is no indication of current or future performance. The performance data do not take account of the commissions and costs incurred on the issue and redemption of units.*