

TMI DIVERSIFIED ASSETS FUND (THE "FUND")

A SUB FUND OF NEW VISION STRATEGIES ICAV (THE "ICAV")

ADDITIONAL SUBSCRIPTION FORM

(To be completed by existing investors only)

New Vision Strategies ICAV
TMI Diversified Assets Fund
c/o SMT Fund Services (Ireland) Ltd
Block 5, Harcourt Centre
Harcourt Road,
Dublin 2
Ireland
Email: SMTSHSdealing@sumitrustgas.com
Tel: +353 1 603 9921
Fax: +353 1 647 5830

| | |
|-------------------------------------------------------------|--|
| Registered Name of Shareholder including designation | |
| Account ID | |
| Additional Class Shares Subscription Amount | |
| Date of Additional Subscription | |

The Applicant, having received and read a copy of the prospectus for the ICAV and supplement for the Fund (the "Prospectus") and the key investor information documents(s) of the Fund (the "KIID") hereby applies to subscribe as indicated in the table below:

Please indicate which class you would like to invest in:

| | | |
|-------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------|
| Sterling Accumulating Class Shares <input type="checkbox"/> | Euro Accumulating Class Shares <input type="checkbox"/> | USD Accumulating Class Shares <input type="checkbox"/> |
| Sterling Income Class Shares <input type="checkbox"/> | Euro (Hedged) Income Class Shares <input type="checkbox"/> | USD (Hedged) Income Class Shares <input type="checkbox"/> |

Please wire **EUR** subscription proceeds to the following details:

| | |
|------------------------------|---------------------------------------------------------------|
| Correspondent BANK SWIFT: | MIDLGB22 |
| Correspondent BANK NAME: | HSBC Bank Plc |
| Beneficiary BANK ACC NUMBER: | 37860431 |
| Beneficiary BANK SWIFT: | BBHCUS33 |
| Beneficiary BANK NAME: | Brown Brothers Harriman & Co |
| Beneficiary Account #: | 6329817 |
| Beneficiary Account Name : | TMI Diversified Assets Fund |
| Reference: | |
| IMPORTANT: | The Unitholder's name should be placed in the Reference field |

Please wire **GBP** subscription proceeds to the following details:

| | |
|----------------------------------|------------------------------|
| Correspondent BANK SWIFT: | BARCGB22 |
| Correspondent Bank NAME: | Barclays Bank Plc London |
| Chaps Sort Code: | 20-32-53 |
| Beneficiary Bank Account: | 53623157 |
| Beneficiary BANK SWIFT: | BBHCUS33 |
| Beneficiary BANK NAME: | Brown Brothers Harriman & Co |
| Beneficiary ACC NUM: | 6329817 |
| Beneficiary ACC NAME: | TMI Diversified Assets Fund |

Please wire **USD** subscription proceeds to the following details:

| | |
|----------------------------------|-----------------------------|
| Correspondent BANK SWIFT: | CITIUS33 |
| Correspondent Bank NAME: | Citibank NA New York |
| Fed ABA: | 021000089 |
| Beneficiary BANK SWIFT: | BBHCUS33 / A/c 09250276 |
| Beneficiary BANK NAME: | Brown Brothers Harriman |
| Beneficiary ACC NUM: | 6329817 |
| Beneficiary ACC NAME: | TMI Diversified Assets Fund |

The undersigned hereby subscribes into the Fund as set forth above upon the terms and conditions described in the Fund's current Prospectus. The undersigned hereby confirms that all of the representations, warranties and agreements made in the undersigned's original Application Form apply to this subscription as if they were made on the date hereof, and certifies that all of the information set forth in the undersigned's original Application Form remains accurate and complete on the date hereof. The undersigned represents that the person signing this request is an authorized representative of the applicant.

This request for subscription must be received by the administrator by 16:00 (Dublin) on the Business Day immediately preceding the relevant Dealing Day. All subscriptions are payable in full by electronic wire transfer to the account of the ICAV on the third Business Day following the relevant Dealing Day.

The undersigned agrees to notify the Fund promptly in writing should there be any change in any of the foregoing information.

| |
|---------------------------------------|
| Signature of Authorised Signer |
| |

| |
|---------------------------------------|
| Signature of Authorised Signer |
| |

| |
|-------------------|
| Print Name |
| |

| |
|-------------------|
| Print Name |
| |

| | |
|-------------|--|
| Date | |
|-------------|--|

| | |
|-------------|--|
| Date | |
|-------------|--|