

**New Vision Strategies ICAV (the "ICAV")
TMI Diversified Assets Fund (the "Fund")
KIID Compliant Application Form**

Please ensure you read the prospectus for the ICAV and the most recent supplement for the Fund as may be amended from time to time (the "**Prospectus**") before completing this application form. Unless the context otherwise requires, all capitalised terms shall have the same meanings as in the ICAV's Prospectus.

All applicants should complete **ALL** sections in full and sign the necessary declarations and representations in Section 6. Please contact the Administrator if you are resident or ordinarily resident in Ireland.

On completion using BLOCK CAPITALS, please e-mail with PDF attachment or fax and then return the original completed application form to the Administrator, together with supporting documentation required in connection with anti-money laundering and terrorist financing procedures detailed in Section 5, to the following address:

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

No redemption or conversion or transfer requests will be processed prior to receipt of the original of this form, and supporting documentation.

1 Registration Details

Please complete section (a) for individual investors/ individual trustees; (b) for corporate investors or corporate trustees; or (c) for intermediary/agent/nominee.

PO Box or C/O addresses will not be accepted.

(a) Individual investors/ individual trustees

Title:	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Surname:					
Forename(s) in full:					
House number/name:					
Street:					
City/Town:					
Post Code:					
Country:					

Email Address:	
Telephone No:	
Fax No:	
Nationality:	
Date of Birth:	
For trusts/estates please indicate name here:	

Investments may be registered in the names of up to four joint holders. If there are more than two joint holders please provide the additional details on a separate sheet. Please note that all joint holders must sign the application form. Correspondence will be sent to the first named holder only.

Joint Applicant

Title:	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Surname:					
Forename(s) in full:					
House number/name:					
Street:					
City/Town:					
Post Code:					
Country:					
Email Address:					
Telephone No:					
Fax No:					
Nationality:					
Date of Birth:					
For trusts/estates please indicate name here:					

(b) Corporate shareholders or corporate trustee

Place of Incorporation:	
Full Title of body corporate/corporate trustee:	
Account designation(s) (if applicable):	
House number/name:	
Street:	
City/Town:	
Post Code:	
Country:	
Email Address:	
Telephone No:	
Fax No:	
For trusts/estates please indicate name here:	
Mailing contact name:	
Mailing address:	
Postcode:	
Email address:	
Telephone No:	
Fax No:	

(c) Intermediary/Agent/Nominee

Complete this section if the shareholding is registering in a nominee name. If this section is not complete then any negotiated terms may not be applied:

Intermediary/Agent/Nominee Name:	
Account designation(s) if applicable:	
Contact Name:	
Correspondence Address:	
Postcode:	
Country:	
Telephone No:	
Fax No:	
Email:	

2 Investment Details

I/We hereby apply to invest in the Fund, as indicated in the table below:

Share Class	Number of Shares	Non Cash Consideration	Amount (in words)	Currency*
STERLING ACCUMULATING CLASS SHARES				GBP
STERLING INCOME CLASS SHARES				GBP
EURO ACCUMULATING CLASS SHARES				EUR
EURO (HEDGED) INCOME CLASS SHARES				EUR
USD ACCUMULATING CLASS SHARES				USD
USD (HEDGED) INCOME CLASS SHARES				USD

*Subscription monies for the Shares of each Class of the Fund should be remitted in the designated currency of the relevant Class.

3 Subscription Details

As specified in the Prospectus, all payments must be made by telegraphic transfer to the relevant account(s) detailed below for settlement on the third Business Day following the relevant Dealing Day (T+3). The investor indemnifies the ICAV and the Administrator for any costs, expenses or losses suffered directly or indirectly by the Company, Administrator or the Fund as a result of the investor's failure to pay for Shares applied for by the relevant Settlement Date. Settlement must be made in the designated currency of the Class in which you are investing.

For Subscriptions in EURO	
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
For Subscriptions in GBP	
Correspondent BANK SWIFT:	BARCGB22
Correspondent BANK NAME:	Barclays Bank Plc London
CHAPS Sort Code	20-32-53
Beneficiary BANK ACC NUM:	53623157
Beneficiary BANK SWIFT:	BBHCUS33
Beneficiary BANK NAME:	Brown Brothers Harriman & Co
Beneficiary ACC NUM:	6329817
Beneficiary ACCOUNT NAME:	TMI DIVERSIFIED ASSETS FUND
For Subscriptions in USD	
Correspondent BANK SWIFT:	CITIUS33
Correspondent NAME:	Citibank NA New York
FED ABA	021000089
Beneficiary BANK SWIFT:	BBHCUS33 / A/c 09250276
Beneficiary BANK NAME:	Brown Brothers Harriman
Beneficiary ACCOUNT NUM:	6329817
Beneficiary ACCOUNT NAME:	TMI DIVERSIFIED ASSETS FUND

4 Investor Bank Account Details

Please state the details of the account to which redemption proceeds should be paid. Payments will only be made to a bank account held in the name of the registered investor. No third party payments will be made.

Amendments to investors' payment instructions will only be effected upon receipt of an original instruction from an authorized signatory. In the case of joint applicants, instructions will only be made upon receipt of instruction signed by all applicants.

BANK DETAILS ATTACHED SEPARATELY (*Tick box if this is the case*)

Correspondent Bank Name:	
Correspondent Bank Swift / Sort code:	
Beneficiary Bank Name:	
Beneficiary Bank Swift / Sort code:	
Beneficiary Account Name:	
Beneficiary IBAN / Account number:	
Payment Reference:	PLEASE REFERENCE INVESTOR NAME
Applicant's signature:	

5 Dividend Payment Procedure

The Directors intend to declare a dividend on a semi-annual basis in respect of the Income Class Shares. Please choose one of the following options in relation to the receipt of any potential dividends:

I am happy to receive any declared dividends as a cash amount

I wish to elect to receive additional shares in the relevant Class in lieu of a cash dividend payment.

6 Anti-Money Laundering and Countering Terrorist Financing Procedures

The Applicant acknowledges that measures aimed at the prevention of money laundering may require verification of its identity and undertakes to provide the Administrator with such documentation and information as it may request to verify its identity in compliance with applicable anti-money laundering legislation and regulations in force from time to time. The Applicant acknowledges that the ICAV and/or the Administrator shall be held harmless against any loss arising as a result of a failure to process its application for or request for redemption of Shares if such information and documentation as has been requested by the Administrator has not been provided by the Applicant.

The Applicant hereby acknowledge and agree that where it fails to provide the Administrator with the documentation and information referred to above, the Administrator, after notification to the Directors of the ICAV, may reject its application, and that the Administrator may make such reports to the relevant regulatory and law enforcement authorities as required under applicable anti-money laundering legislation and regulations. The Applicant further acknowledges that the Administrator will withhold the proceeds of redemption of its Shares until such time as the Administrator has received and is satisfied with all the information and documentation requested to verify its identity.

7 Declarations, Representations and Signatures

By signing below:

- 1 I/We confirm that I/we am/are 18 years of age or over and have the full right, power and authority to make the investment pursuant to this application form whether this investment is in my/our own name or is made on behalf of another person or institution.
- 2 I/We hereby acknowledge that I/we have been offered the Prospectus and Instrument of Incorporation of the ICAV as may be amended from time to time and where applicable the most recent annual report or half-yearly report of the ICAV. Furthermore I/we hereby acknowledge that this application is made on the terms thereof and subject to the provision of the Prospectus and Instrument of Incorporation of the ICAV and I/we am/are bound by the terms of the Prospectus and Instrument of Incorporation of the ICAV.
- 3 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 (“**KIID**”) has been supplied to me/us. I/We confirm that I/we have read the KIID and that any future investments can also be transacted based on this confirmation.
- 4 I/We hereby represent and declare that I/we am/are fully informed as to: (i) the legal requirements within my/our country for the purchase of Shares and are permitted to purchase the Shares under the laws and regulations of my/our home country in the manner in which the Shares have been offered and sold to me/us; (ii) any foreign exchange restrictions applicable to me/us; and (iii) any relevant tax considerations relating to me/us arising out of my/our purchase and ownership of Shares.
- 5 I/We have such knowledge and experience in business and financial matters that I/we am/are capable of evaluating the merits and risks of an investment by me/us in the Shares and have considered the risk factors as set out in the Prospectus.
- 6 I/We have made arrangements for payment to be made to the relevant bank account(s) specified above for subscriptions.
- 7 I/We hereby accept, in respect of any in specie subscription made by me/us into a Fund, that my/our relevant positions so transferring will in practice be transferred directly into

the account of the Fund. I/We further accept that a percentage of any cash balance so transferring may be used in order to meet any account funding requirements of the Fund.

- 8 I/We acknowledge that this application form constitutes the agreement under which the I/we agrees to subscribe for Shares in the Fund and shall be governed by the laws of Ireland. In the event of any dispute or claim arising under this agreement or the Prospectus, or relating to my/our Shares in the Fund I/we submit to the exclusive jurisdiction of the Irish Courts.
- 9 I/We acknowledge that the ICAV reserves the right to reject any application in whole or part without assigning any reason therefore.
- 10 I/We also warrant and declare that the monies being invested pursuant to this application do not represent directly or indirectly the proceeds of any criminal activity and the investment is not designed to conceal such proceeds so as to avoid prosecution for an offence or otherwise.
- 11 I/We acknowledge that the ICAV or the Administrator also reserves the right to delay or refuse to make any redemption payment or distribution to a Shareholder without notice if any of the Directors or the Administrator suspects or is advised that the payment of any redemption or distribution moneys to such Shareholder might result in a breach or violation of any applicable anti-money laundering or other laws or regulations by any person in any relevant jurisdiction, or such refusal is considered necessary or appropriate to ensure the compliance by the ICAV, its Directors or the Administrator with any such laws or regulations in any relevant jurisdiction. I/We hereby hold the ICAV and the Administrator harmless and indemnify them against any loss arising as a result of a failure to process the application if such information has been required and has not been provided by me/us.
- 12 I/We acknowledge that the ICAV reserves the right to cancel without notice any shares for which payment has not been received by the relevant settlement date and I/we agree to indemnify the ICAV, the Fund and the Investment Manager for any losses which may be incurred as a result of my/our failure to settle as at the relevant settlement date.
- 13 If any of the foregoing representations, warranties or covenants ceases to be true or if the ICAV no longer reasonably believes that it has satisfactory evidence as to their truth, notwithstanding any other agreement to the contrary, the ICAV may be obligated to freeze my/our investment, either by prohibiting additional investments, and/or by immediately redeeming the investment, and the ICAV may also be required to report such action and to disclose my/our identity to OFAC or other authority. In the event that the ICAV is required to take any of the foregoing actions, I/we understand and agree that I/we shall have no claim against the ICAV, the Investment Manager, the Administrator, and their respective affiliates, directors, members, partners, shareholders, officers, employees and agents for any form of damages as a result of any of the aforementioned actions.
- 14 I/We understand and agree that any redemption proceeds paid to me/us will only be paid to a bank account in my/our name and with a recognised financial institution.
- 15 I/We agree to indemnify and hold harmless the ICAV, the Investment Manager, the Administrator, and their respective affiliates, directors, members, partners, shareholders, officers, employees and agents from and against any and all losses, liabilities, damages, penalties, costs, fees and expenses (including without limitation legal fees and disbursements) which may result, directly or indirectly, from any inaccuracy in or breach of any representation, warranty, covenant or agreement set forth in this section or in any document delivered by me/us to the ICAV and Administrator or any of them and shall notify the ICAV and Administrator immediately if any of the representations herein made are no longer accurate and complete in all respects.
- 16 I/we acknowledge that the Fund intends to take such steps as may be required to satisfy any obligations imposed by either (i) the Foreign Account Tax Compliance Act (“**FATCA**”)

or (ii) the OECD Common Reporting Standard (“CRS”) regulations or (iii) any provisions imposed under Irish law arising from the inter-governmental agreement between the Government of the United States of America and the Government of Ireland (“IGA”) or section 891F or section 891G of the Taxes Consolidation Act 1997 (as amended) (“TCA”) so as to ensure compliance or deemed compliance (as the case may be) with the IGA, CRS, the competent authority Agreement in respect of CRS and any other applicable law in relation to FATCA and CRS.

I/we agree to provide to the Administrator the necessary FATCA and CRS declarations, confirmations and/or classifications at such times as each of them may request and furthermore provide any supporting certificates or documents as each of them may reasonably require in connection with this investment by reason of the automatic exchange of information obligations relating to FATCA/CRS, the IGA or the law arising out of sections 891F or 891G if the TCA, as described above, or otherwise. Should any information furnished to any of them become inaccurate or incomplete in any way, I/we hereby agree to notify the Administrator immediately of any such change and further agree to immediately take such action as the Administrator may direct, including where appropriate, redemption of my/our Shares in respect which such confirmations have become incomplete or inaccurate where requested to do so by the Administrator. If relevant, I/we agree to notify the Administrator of any change to my/our tax residency status.

I/We agree to permit the ICAV to:

- a) share such information with the US Internal Revenue Service, Irish Revenue or other relevant tax or other government authority as required by FATCA or CRS;
- b) compel or effect the sale of the Shares or repurchase and cancel the Shares if it fails to comply with the foregoing requirement; and
- c) make any other amendments to any other documents entered into in connection with the subscription as may be necessary to enable the ICAV to comply with FATCA or CRS.

I/we acknowledge that the Administrator will provide such information to the relevant tax or regulatory authorities as it is required to do under the regulations in force in Ireland from time to time pursuant to the IGA and/or CRS.

I/we agree to indemnify and keep indemnified the Administrator against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly as a result of a failure to meet my/our obligations pursuant to this section or failure to provide such information which has been requested by the Administrator and has not been provided by me/us, and from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document delivered by me/us to the Administrator.

I/we acknowledge that a failure to comply with the foregoing obligations or failure to provide the necessary information required may result in the compulsory redemption of my/our entire holding in the Fund, and that the Administrator is authorized to hold back from redemption proceeds or other distributions to me/us such amount as is sufficient after the deduction of any redemption charges to discharge any such liability and I/we shall indemnify and keep indemnified the Administrator against any loss suffered by them or other Shareholders in the Fund in connection with any obligation or liability to so deduct, withhold or account.

17 **Designated Bodies*** only**

I/We declare that I am/we are licensed as..... (description) by the (regulatory body) under the laws of..... (country) and am/are thereby subject to regulations and/or guidelines which to the best of my/our. knowledge and understanding are in accordance with the Financial Action Task Force Recommendations (“FATF”) on the prevention of money-laundering. We attach independent verification of our licensed status. This application is made in my/our name on behalf of my/our clients whose identity has been properly verified by me/us in accordance with the guidelines. Evidence of such verification will be retained for such period as is required by the country

of our domicile and will be promptly supplied to the Administrator or the ICAV upon request. We confirm that we have adopted measures to prevent and detect the commission of an offence of financing terrorism and that all employees, directors and other officers have received the appropriate level of training to ensure these measures are applied. Furthermore, should our licence or registration as noted above be revoked or altered at any future time or if the situation with regard to any of the clients introduced has changed, we undertake to advise you immediately. We further confirm we will provide the Administrator with a letter of assurance in connection with these matters in a form acceptable to the Administrator, if requested.

A "Designated Body" is an individual or other entity which is regulated in respect of the provision of banking or investment services in a country which is a member of the European Union or the Financial Action Task Force.

- 18 I/We shall provide the ICAV and Administrator with any additional information which it may reasonably request in connection with tax or other similar requirements in order to substantiate any representations made by me/us or otherwise and I/we authorise the ICAV and Administrator or its agents to disclose such information relating to this application to such persons as they consider appropriate.
- 19 I/We declare that I/we: (i) am/are not a US Person; (ii) have not been solicited to purchase and have not or will not acquire Shares while present in the United States; (iii) am/are not purchasing Shares as a nominee of a US Person and am/are not acting on behalf of nor do I/we intend to transfer any shares to any US Person(s); (iv) am/are not acquiring Shares for the benefit of a US Person and will not at any time hold Shares, directly or indirectly, for the account or benefit of any US Person; (v) am/are not to transfer any Shares or any interest therein to a US Person and will not transfer any Shares within the United States; (vi) am/are not using funds that have been obtained from a US Person to effect the purchase of Shares; and (vi) will immediately notify the ICAV and Administrator if I/we should at any time become a US Person. I/We agree to substantiate the foregoing representation upon request.
- 20 Instructions may be sent by fax or e-mail (where the e-mail relates to an application form it should contain a scanned copy of the completed and signed the application form). The Applicant acknowledges that the Administrator is authorised to act on any facsimile or e-mail instructions without verification which it, in its sole discretion believes, emanates from a Shareholder and it shall not be liable for and will not be liable for any failure in acting on any of the Instructions by reason of breakdown, delay or failure of transmission or communication facilities or breakdown of or error in transmission or communication for any other reason.
- 21 Each applicant for shares acknowledges that neither fax nor e-mail is a secure means of communicating with or giving instructions to the Administrator and confirms that he/she is aware of the risks involved in communicating in this way and that a request to act on any instruction given by fax or e-mail is for his/her convenience only and he/she hereby indemnifies the Administrator against any claims and hold it harmless from all actions, proceedings, claims, loss, damage, costs (including without limitation, interest and legal fees), charges and expenses which may be brought against it or suffered or incurred by it and which shall have arisen either directly or indirectly out of or in connection with it accepting Instructions by fax or e-mail and acting thereon.
- 22 Each applicant hereby undertakes to immediately send the Administrator the original of the applicant's initial Instruction to the Fund, and acknowledges that the non-receipt by the Administrator of such written confirmation shall in no way invalidate the authority or indemnity provided by the Shareholder.
- 23 The Applicant confirms that it consents to and accepts that, the Fund, Investment Manager and/or the Administrator, acting on their behalf, may provide it (or its designated agents) with statements, reports and other communications relating to the Fund and/or its investment in the Fund, in electronic form, such as e-mail. **The Applicant notes that e-mail messages may not be secure and may contain computer viruses or other**

defects, may not be accurately replicated on other systems, or may be intercepted, deleted or interfered with without the knowledge of the sender or the intended recipient. The Applicant notes that the Administrator makes no warranties in relation to these matters. The Applicant also notes that the Administrator reserves the right to intercept, monitor and retain e-mail messages to and from its systems as permitted by applicable law. The Applicant confirms that if it has any doubts about the authenticity of an e-mail purportedly sent by the Fund, Investment Manager or the Administrator, it will contact the purported sender immediately.

- 24 I/We agree to provide to the ICAV and the Administrator at such times as each of them may request such declarations, certificates or documents as each of them may reasonably require in connection with this investment. Should any information furnished to any of them become inaccurate or incomplete in any way, I/We hereby agree to notify the ICAV or the Administrator immediately of any such change and further agree to request the redemption of Shares in respect which such confirmations have become incomplete or inaccurate where requested to do so by the ICAV.
- 25 I/We understand that the confirmations, representations, declarations, indemnities and warranties made or given herein are continuous and apply to all subsequent purchases of Shares by me/us in the Fund.
- 26 (In respect of joint applicants only) We direct that on the death of one of us the Shares for which we hereby apply to 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 survivor. I/We acknowledge and agree that in the event of the death of one or more of us the Administrator will require further documentation in relation to any proposed change of name or authority to act in respect of the Shares for which we hereby apply including without limitation a copy of the relevant Grant of Probate or copy of a will.
- 27 We confirm that the persons listed on the attached authorised signatories list and whose specimen signatures appear on that list are duly authorised to give Instructions with respect to Shares held by us in the Fund. (For corporate applicants only.)
- 28 **Data Protection/Information about other investment services**

Your personal information will be handled by the Administrator (as Data Processor on behalf of the ICAV). The applicant hereby acknowledges that its personal information will be handled by the Administrator (as data processor on behalf of the ICAV) in accordance with the Data Protection Acts 1988 and 2003, as amended from time to time (the "Irish Data Protection Acts").

The applicant also acknowledges that this information will be processed by the ICAV and/or its delegates and/or its or their duly authorised agents and any of their respective related, associated or affiliated companies (which includes, without limitation, the Administrator, the Investment Manager and the Custodian) (collectively, the "Fund Parties") in accordance with their respective legal obligations including legal obligations under the Irish Collective Asset-management Vehicles Act 2015, anti-money laundering legislation and the Irish Data Protection Acts.

The applicant acknowledges that its personal data will be processed by any of the above Fund Parties for the purposes of: (a) managing and administering its participation in the ICAV (including, without limitation, administering an application for Shares in the ICAV, administering a request for conversion or redemption of Shares in the ICAV, transfer agency; administering the payment of distributions (if any) declared by the ICAV; maintaining the shareholder register; circulating periodic reports, notices of meetings and other circulars relating to the ICAV); (b) carrying out statistical analysis, research and disclosure to the ICAV, its delegates and agents; (c) complying with legal and regulatory obligations; (d) any legitimate business interest of the ICAV; and (e) any other specific purpose to which the applicant gives specific consent.

The applicant acknowledges that the processing of its personal data may include the disclosure of its information to third parties where necessary or for legitimate business interests. This may include disclosure to third parties such as the auditors, third parties identified in the Prospectus, the Irish Revenue Commissioners pursuant to the EU Savings Directive or the Return Regulations and the Central Bank or agents of the Fund Parties who process the data for anti-money laundering purposes or for compliance with foreign regulatory requirements.

The applicant hereby consents to the processing of its information, which may include (1) the recording of telephone calls with the Fund Parties for the purpose of confirming data, (2) the disclosure of its information as outlined above to third parties, (3) the disclosure of its information where necessary for the ICAV's legitimate interests, to the parties identified above, or (4) the disclosure of its information to agents of the Administrator, including companies situated in countries outside of the European Economic Area ("EEA") which may not have the same data protection laws as in Ireland. In the event of any such data transfers to locations outside of the EEA, the Fund Parties will take reasonable steps so that the applicant's data is treated securely and in accordance with the Irish Data Protection Acts.

The applicant acknowledges its right of access to and the right to amend and rectify its personal data, as provided herein.

For the avoidance of doubt the ICAV shall be considered a data controller in accordance with the Irish Data Protection Acts and each of the Fund Parties shall be considered a data processor acting on behalf of and to the instruction of the ICAV.

The Applicant hereby acknowledges for the purposes of complying with its automatic exchange of information obligation under CRS that the ICAV, or the Administrator on its behalf, is required to collect certain information on an account holder and on certain controlling persons in the case of the account holder being an Entity (e.g. name, address, jurisdiction of residence, TIN, date and place of birth (as appropriate), the account number and the account balance value at the each of end calendar year) to identify accounts which are reportable to the Irish tax authorities under CRS and further acknowledge that such information may in turn be exchanged by the Irish tax authorities with other tax authorities. Further Information in relation to CRS can be found on the Automatic Exchange of Information (AEOI) webpage on www.revenue.ie.

The Applicant acknowledges that the Administrator will provide such information relating to me/us, to the relevant tax or regulatory authorities as it is required to do under the regulations in force in Ireland from time to time pursuant to the FATCA and/or CRS.

8. Signatures and Date of Application

NUMBER OF SIGNATORIES REQUIRED (*Please choose one option*):

<input type="checkbox"/>	ONE	<input type="checkbox"/>	TWO	<input type="checkbox"/>	ALL
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1

Applicant (or Authorised Signatory, if applicable):

Capacity of Authorised Signatory, if applicable

2

First Additional Applicant (or authorised signatory, if applicable)

Capacity of Authorised Signatory, if applicable

3

Second Additional Applicant (or authorised signatory, if applicable)

Capacity of Authorised Signatory, if applicable

4

Third Additional Applicant (or authorised signatory, if applicable)

Capacity of Authorised Signatory, if applicable

Date: _____

9 Notes to Assist in Completion

- 1 The application form including the revenue declaration may be disclosed to the Irish Revenue Commissioners.
- 2 To be valid, the application form (incorporating the revenue declarations 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 revenue declarations required by the Irish Revenue Commissioners) is signed under power of attorney, a certified copy of the power of attorney must be furnished in support of the signature.
- 4 The ICAV is regulated in Ireland by the Central Bank of Ireland.
- 5 Copies of the Prospectus and the most recently published annual and semi-annual reports of the ICAV are freely available from the Administrator.
- 6 A corporation should affix its common seal and have it countersigned by persons authorised to countersign the seal or otherwise should execute under the hand of a duly authorised official or officials who should state his/their representative capacity. A certified copy (certified by a director or secretary of the ICAV) of the resolution or other authority authorising one or more signatories should be provided with the application form.
- 7 If any of the details provided by the applicant(s) in this application form change during the lifetime of this investment, please advise the Administrator immediately in writing and in original form, in order to avoid any possible settlement delays at some future date.

Appendix 1

Declaration of Residence in Ireland

(Irish Residents, who are not Exempt Irish Residents (as defined in the Prospectus) only) I/We acknowledge that information relating to my investment in Shares in the ICAV and to the value of such investment and my name, address and tax reference number may be subject to disclosure to the Revenue Commissioners in accordance with the terms of the Return of Values (Investment Undertakings) Regulations 2013 (the "Return Regulations").

<u>Irish Residents, who are not Exempt Irish Residents (as defined in the Prospectus)</u>	
	<u>Irish tax reference number or PPS number</u>
<u>1st applicant</u>	
<u>2nd applicant</u>	
<u>3rd applicant</u>	
<u>4th applicant</u>	

Any one of the following additional documents is required to verify the tax reference number or PPS number (either a copy or the original is sufficient): P60, P45, P21 balancing statement, payslip (where employer is identified by name or tax number), drug payment scheme card, European health insurance card, tax assessment, tax return form, PAYE notice of tax credits, child benefit award letter/book, pension book, social services card or public services card. In addition, any printed documentation issued by the Revenue Commissioners or by the Department of Social Protection which contains the applicant's name, address and tax reference number will also be acceptable. In the case of joint account holders, the additional documentation is required for each applicant.

Date: _____

Signed:

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

1. _____
2. _____
3. _____

Appendix 2

Declaration of Residence Outside Ireland

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

DECLARATION ON OWN BEHALF
I/we* declare that I am/we are* applying for the Shares on my own/our own behalf/on behalf of a company* and that I am/we are/the company is* entitled to the Shares 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 on behalf of persons: who will be beneficially entitled to the Shares; and, who, to the best of my/our* knowledge and belief, are neither Resident nor Ordinarily Resident in Ireland. I/we* also declare that: unless I/we* specifically notify you to the contrary at the time of application, all applications for Shares made by me/us* from the date of this application will be made on behalf of such persons; and, I/we* will inform you in writing if I/we* become aware that any person, on whose behalf I/we* holds Shares, becomes Resident in Ireland. <i>*Delete as appropriate</i>

IMPORTANT NOTES

Non-resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration.

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.

If the application form (incorporating the declaration required by the Irish Revenue Commissioners) is signed under power of attorney, a copy of the power of attorney must be furnished in support of the signature.

If the Applicant is an Exempt Irish Investor it should contact the Shareholder Services Agent who will provide it with the appropriate declaration which must be made to confirm its status.

Declaration of Residence outside Ireland – Definitions

Intermediary

An “Intermediary” means a person who

- carries on a business which consists of, or includes, the receipt of payments from an investment undertaking resident in the State on behalf of other persons; or
- holds units in an investment undertaking on behalf of other persons.

Residence in Ireland

(1) Individual

An individual will be regarded as being resident in Ireland for a tax year if s/he:

- a. spends 183 days or more in the State in that tax year; or
- b. has a combined presence of 280 days in the State, taking into account the number of days spent in the State in that tax year together with the number of days spent in the State in the preceding year

Presence in a tax year by an individual of not more than 30 days in the State will not be reckoned for the purpose of applying the two-year test. Presence in the State for a day means the personal presence of an individual at the end of the day (midnight).

(2) Company

A company which has its central management and control in the Republic of Ireland (the State) is resident in the State irrespective of where it is incorporated. A company which does not have its central management and control in Ireland but which is incorporated in the State is resident in the State except where: -

- the company or a related company carries on a trade in the State, and either the company is ultimately controlled by persons resident in EU Member States or in countries with which the State has a double taxation treaty, or the company or a related company are quoted companies on a recognised Stock Exchange in the EU or in a taxation treaty country; or
- the company is regarded as not resident in the State under a double taxation treaty between the State and another country.

It should be noted that the determination of a company’s residence for tax purposes can be complex in certain cases and declarants are referred to the specific legislative provisions which are contained in section 23A Taxes Consolidation Act, 1997.

Ordinary Residence - Individual

The term “ordinary residence” as distinct from “residence” relates to a person’s normal pattern of life and denotes residence in a place with some degree of continuity.

An individual who has been resident in the State for three consecutive tax years becomes ordinarily resident with effect from the commencement of the fourth tax year.

An individual who has been ordinarily resident in the State ceases to be ordinarily resident at the end of the third consecutive tax year in which s/he is not resident. Thus, an individual who was resident and ordinarily resident in the State in 2009 and departed from the State in that tax year will remain ordinarily resident up to the end of the tax year in 2012.

Date: _____

Signed:

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

1.

2.

Appendix 3

Declaration referred to in Section 739D(6) Taxes Consolidation Act, 1997

**** ONLY TO BE COMPLETED IF THE INVESTOR IS AN IRISH TAX EXEMPT ENTITY****

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 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)

***Delete as appropriate. (Please see overleaf for important information)**

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 for the purposes of Finance Act 2010 entitled to exemption from income tax and capital gains tax by virtue of section 784A(2) Tca 1997* or by virtue of section 848E TCA, 1997* (see further requirements 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 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)(d) 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 / qualifying savings manager / PRSA Administrator

- I / we* also declare that at the time of making this declaration, the units in respect of which this declaration is made:
 - are assets of an *approved retirement fund / an approved minimum retirement fund, a special savings incentive account or a PRSAA, 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 the assets of the *approved retirement fund / the approved minimum retirement fund, a PRSA, or held in a special savings incentive account, 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* 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 units in respect of which this declaration is made; and,
- is a person referred to in Section 739D(6) TCA 1997.

I/we* also 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(6) 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)

Title: (Mr./Ms/ etc) _____

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 case of a qualifying fund manager / qualifying savings manager, quote the tax reference number of the beneficial owner of the 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. It must also be signed by a qualifying fund manager of an approved retirement fund/an approved minimum retirement fund, by a qualifying savings manager of a special savings incentive account or by a 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. If the latter, a copy of the power of attorney should be furnished in support of this declaration.

Appendix 4

SMT Fund Services (Ireland) Limited Anti Money Laundering and Combating Terrorist Financing Appendix.

SMT Fund Services (Ireland) Limited (“SMTFSIL”) is a fund administrator regulated in Ireland by the Central Bank of Ireland (“CBI”) and it takes all reasonable measures to comply with the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 (“CJA 2010”) and the Criminal Justice Act, 2013 (“CJA 2013”) being the relevant legislation in relation to Anti Money Laundering and Combating Terrorist Financing in Ireland. As a result of the above legislation, SMTFSIL is obliged to identify and verify the identity of investors in Funds under its administration. SMTFSIL uses a risk based approach to the identification and verification of investors as permitted by the legislation. SMTFSIL is also obliged to retain such documentation for a period of at least five years following the end of its relationship with the Investor and co-operate with the CBI with respect to any requests for the provision of such documentation. SMTFSIL must perform on-going monitoring of investors in Funds under its administration and enhanced due diligence measures on any investors who are Politically Exposed Persons (“PEPs”). This may include but is not limited to a request for confirmation of the individuals source of wealth and source of funds.

SMTFSIL’s risk based approach to Anti Money Laundering and Combating Terrorist Financing involves grouping investors into the following Customer Due Diligence (“CDD”) categories depending on their customer risk (i.e. legal entity type such as Corporate, Individual investor etc) and country risk (i.e. depending on where the investor is incorporated in the case of an entity or where the investor is resident in the case of an individual e.g. European Union (“EU”) Member State or a prescribed country as per section 31 CJA 2010 and listed below) and requesting the applicable identification documentation per that category;

- Simplified
- Standard – Higher and Lower
- Enhanced.

Following risk assessment categorisation of an investor as outlined above, the applicable identification documentation is requested.

Please note that the applicable documentation for those investors categorised as Standard CDD Higher and Enhanced CDD must be certified by one of the following suitable persons:

- Police Officer
- Practising Chartered & Certified Public Accountant
- Notaries Public/Practising solicitors
- Embassy/Consular Staff
- Justice of the peace
- Commissioner for oaths
- Medical Professional
- Designated persons, i.e. individual working within a regulated entity, such as a regulated financial or credit institution, in a EU Member State or prescribed country as per s.31 CJA 2010

An example of documentation that may be requested of an Individual investor in a Fund under SMTFSIL’s administration is as follows;

- A copy of a photographic identity document and
- A copy of a non-photographic identity document (verifying the investors residential address)

An example of documentation that may be requested of a Corporate investor in a Fund under SMTFSIL’s administration is as follows;

- Proof of listing
- Full name
- Registered number
- Registered office address
- Principal business address
- Details of directors
- Documentation to verify the identity of two directors or one director and one authorised signatory

- Details of beneficial owners who own more than 25% of the share capital or voting rights
- Verification of identity from:
 - Search of the relevant company registry; and/or
 - Copy of Certificate of Incorporation or equivalent; and/or
 - Copy of Memorandum and Articles of Association or equivalent; and/or
 - Copy of latest audited financial statements
- Authorised signatory list.

An example of documentation that may be requested of a Trust investor in a Fund under SMTFSIL's administration is as follows;

- Full name of trust
- Registered address of trust
- Documentation in order to consider the legal form of the trust, foundation or similar entity
- Trust deed or equivalent or confirmation of the entity to an appropriate register
- Documentation on the Nature and purpose of the trust
- Details of all trustees
- Details of settlor
- Documentation to verify identity of two trustees or one trustee and one authorised signatory
- Details of all beneficial owners who own at least 25% of capital
- Authorised signatory list

Clearance by reliance on a "relevant third party":

The CJA 2010 permits a designated person (i.e. SMTFSIL) to rely on another relevant third party (as defined in the legislation and detailed below) for CDD purposes provided certain confirmations are received. Reliance on a relevant third party means that SMTFSIL does not have to repeat the CDD process performed on the Investor by another relevant third party. If a relevant third party is not available or not in a position to provide the required confirmations, the investor identification documentation will be requested based on the investors legal entity type and registered or residential address.

Section 40 CJA of the 2010 defines a 'Relevant Third Party' as:

- (a) a person, carrying on business as a designated person in the State-
 - (i) that is a credit institution,
 - (ii) that is a financial institution (other than an undertaking that is a financial institution solely because the undertaking provides either foreign exchange services or payment services, or both),
 - (iii) who is an external accountant or auditor and who is also a member of a designated accountancy body,
 - (iv) who is a tax adviser, and who is also a solicitor or a member of a designated accountancy body or of the Irish Taxation Institute,
 - (v) who is a relevant independent legal professional, or
 - (vi) who is a trust or company service provider, and who is also a member of a designated accountancy body, a solicitor or authorised to carry on business by the Central Bank and Financial Services Authority of Ireland,

- (b) a person carrying on business in another Member State who is supervised or monitored for compliance with the requirements specified in the Third Money Laundering Directive, in accordance with Section 2 of Chapter V of that Directive, and is –
 - (i) a credit institution authorised to operate as a credit institution under the laws of the Member State,
 - (ii) a financial institution (other than an undertaking that is a financial institution solely because the undertaking provides either foreign exchange services or payment services, or both) and authorised to operate as a financial institution under the laws of the Member State, or
 - (iii) an external accountant, auditor, tax adviser, legal professional or trust or company service provider subject to mandatory professional registration or mandatory professional supervision under the laws of the other Member State,

or

- (c) a person who carries on business in a place designated under section 31, is supervised or monitored in the place for compliance with requirements equivalent to those specified in the Third Money Laundering Directive, and is –
- (i) a credit institution authorised to operate as a credit institution under the laws of the place,
 - (ii) a financial institution (other than an undertaking that is a financial institution solely because the undertaking provides either foreign exchange services or payment services, or both) authorised to operate as a financial institution under the laws of the place, or
 - (iii) an external accountant, auditor, tax adviser, legal professional or trust or company service provider subject to mandatory professional registration or mandatory professional supervision under the laws of the place.

List of EU Member States:

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Hungary
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Netherlands
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- United Kingdom

Prescribed countries per section 31 CJA 2010:

- Australia
- Brazil
- Canada
- Hong Kong
- Iceland
- India
- Japan
- Liechtenstein
- Mexico
- Norway
- South Korea
- Singapore
- Switzerland

- South Africa
- The United States of America
- The Channel Islands and the Isle of Man
- The Dutch overseas territories of Netherlands Aruba, Curacao, Sint Maarten, Bonaire, Sint Eustatius and Saba
- The French overseas territories of Mayotte, New Caledonia, French Polynesia, Saint Pierre and Miquelon and Wallis and Futuna

The above are examples for information purposes only, as to the types of documentation that SMTFSIL may request of investors in Funds under its Administration. SMTFSIL reserves the right at all times to request from an investor any and all documentation it deems necessary, in its sole discretion, to meet the requirements of the CJA 2010 and the CJA 2013. Given the requirement to keep CDD documentation up to date contained in the CJA 2013, it is acknowledged that this is an ongoing obligation and a risk based approach will be applied in meeting these requirements.

In the event an investor wishes to redeem their existing Investment in the Fund, this application will be executed however redemption proceeds will be withheld until all CDD documentation has been received to the satisfaction of SMTFSIL.

Self-Certification for FATCA and CRS

Instructions for completion

We are obliged pursuant to the Intergovernmental Agreement Between the Government of Ireland and the Government of the United States of America to Improve International Tax Compliance and to Implement FATCA, Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each investor. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's interests in the Fund with relevant tax authorities. This form is intended to request information only where such request is not prohibited by Irish law. If you have any questions about this form or defining the investor's tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser.

For further information on FATCA or CRS please refer to Irish Revenue website at <http://www.revenue.ie/en/business/aeoi/index.html> or the following link: <http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.

If any of the information below changes in the future, please ensure that we are advised of these changes promptly.

(Mandatory fields are marked with an *)

Entity Self-Certification

Investors that are individuals should not complete this form and should complete the form entitled "Individual Self-Certification".

Section 1: Investor Identification

Investor Name*: _____ (the "Entity")

Country of Incorporation or Organisation: _____

Current Registered Address*:

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

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

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

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

U.S. TIN: _____

Or

b) The Entity is **not** a *Specified U.S. Person* (please also complete Sections 3, 4 and 5)

Or

c) The Entity is a US person but **not** a *Specified U.S. Person* (please also complete Sections 3, 4 and 5)

Section 3: Entity's FATCA Classification* (the information provided in this section is for FATCA, please note your classification may differ from your CRS classification in Section 5):

3.1 Financial Institutions under FATCA:

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

I.	<i>Irish Financial Institution or a Partner Jurisdiction Financial Institution</i>	
II.	<i>Registered Deemed Compliant Foreign Financial Institution</i>	
III.	<i>Participating Foreign Financial Institution</i>	

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.	<i>The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN</i> Please provide the sponsor's name and sponsor's GIIN : Sponsor's Name: _____ Sponsor's GIIN: _____	
II.	<i>Exempt Beneficial Owner</i>	
III.	<i>Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)</i>	
IV.	<i>Non-Participating Foreign Financial Institution</i>	
V.	<i>Excepted Foreign Financial Institution</i>	

3.4 Non-Financial Institutions under FATCA:

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

I.	<i>Active Non-Financial Foreign Entity</i>	
II.	<i>Passive Non-Financial Foreign Entity</i> <i>(If this box is ticked, please include self-certification forms for each of your Controlling Persons)</i>	
III.	<i>Excepted Non-Financial Foreign Entity</i>	

Section 4: CRS Declaration of Tax Residency (please note that you may choose more than one country)*

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

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

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

Country of Tax Residency	Tax ID Number

Section 5: Entity's CRS Classification*(The information provided in this section is for CRS. Please note an Entity's

CRS classification may differ from its FATCA classification in Section 3):

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

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

5.1 Financial Institutions under CRS:

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

I.	<i>Financial Institution under CRS(other than (II) below)</i>	
II.	An <i>Investment Entity</i> located in a <i>Non-Participating Jurisdiction</i> and managed by another <i>Financial Institution</i> (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity and complete a separate individual self-certification forms for each of your Controlling Persons **)	

5.2 Non Financial Institutions under CRS:

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

I.	<i>Active Non-Financial Entity</i> – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation	
II.	<i>Active Non-Financial Entity</i> – a Government Entity or Central Bank	
III.	<i>Active Non-Financial Entity</i> – an International Organisation	
IV.	<i>Active Non-Financial Entity</i> – other than (I)-(III) (for example a start-up NFE or a non-profit NFE)	
V.	<i>Passive Non-Financial Entity</i> (If this box is ticked, please complete a separate Individual Self-Certification Form for each of your Controlling Person(s))	

****Controlling Person's:**

NB: Please note that each Controlling Person must complete a Separate Individual Self-Certification form.

If there are no natural person(s) who exercise control of the Entity then the Controlling Person will be the natural person(s) who hold the position of senior managing official of the Entity.

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

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

Section 6: Declarations and Undertakings

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

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

Authorised Signature(s)*:

Print Name(s)*:

Capacity in which declaration is made*:

Date: (dd/mm/yyyy)* _____

Individual (Controlling Person's) Self-Certification

Instructions for completion

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

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

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

For further guidance see.

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

*(Mandatory fields are marked with an *)*

Section 1: Investor Identification

Investor Name* _____

Current Residential Address*:

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Place Of Birth*

Town or City of Birth*: _____ Country of Birth*: _____

Date of Birth*:

THOMAS MILLER INVESTMENT

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

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

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

OR

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

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

Please indicate your/ the investor's country of tax residence (if resident in more than one country please detail all countries of tax residence and associated taxpayer identification numbers ("TIN"). Please see the CRS Portal for more information on Tax Residency.

Country of Tax Residency	Tax ID Number

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

Section 4 – Type of Controlling Person

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

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

<i>Please Confirm what type of Controlling Person applicable under CRS that applies to you/the investor by ticking the appropriate box.</i>	Please Tick	Entity Name
Controlling Person of a legal person – control by ownership		
Controlling Person of a legal person – control by other means		
Controlling Person of a legal person – senior managing official		
Controlling Person of a trust - settlor		
Controlling Person of a trust – trustee		
Controlling Person of a trust – protector		
Controlling Person of a trust – beneficiary		
Controlling Person of a trust – other		
Controlling Person of a legal arrangement (non-trust) – settlor-equivalent		
Controlling Person of a legal arrangement (non-trust) – trustee-equivalent		
Controlling Person of a legal arrangement (non-trust) – protector-		
Controlling Person of a legal arrangement (non-trust) – beneficiary-		
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 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 undertake to advise the recipient promptly and provide an updated Self-Certification form where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

Authorised Signature*: _____

Print Name*: _____

Date: (dd/mm/yyyy)*: _____ Capacity*: _____
