

Sanlam Qualifying Investors Fund Plc

Important Account Opening Information

This duly signed Account Opening Form together with full Anti-Money Laundering and Counter Terrorist Financing (AML/CTF) Due Diligence Documentation (as per Appendix 6) and a valid signed FATCA/CRS forms are required before an account can be opened. The supporting copy bank statement must be returned to the Administrator’s address to complete the account registration process.

Once signed Account Opening Form and full **AML/CTF Due Diligence Documentation** is received, Northern Trust International Fund Administration Services (Ireland) Limited (the “Administrator”) will send the account number confirmation to the authorised contact(s) upon which you can **then** place dealing instructions (see Appendix 1 for dealing information, Appendix 2 for payment details and Appendix 3 for subscription instruction). The account number must be specified on all forms to place transactions. **Subscription instructions and proceeds must not be forwarded until the account number confirmation is issued to you by the Administrator. Please note this may take up to 2 Business Days. Any subscription deal received as part of the account opening form will be rejected.**

You should email or fax this Account Opening Form to the details provided in the account opening form.

Incomplete Account Opening Forms (where compulsory information^{*1} and AML/CTF verification documents have not been provided in advance) will be rejected and any subscription monies received will be returned. If an application is rejected, the Administrator at the cost and risk of the Applicant will, subject to any applicable laws, return application monies or the balance thereof, without interest, expenses or compensation by electronic transfer to the account from which it was paid (less any applicable bank charges where applicable).

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.

Account Opening Form Guide

Section 1: Registration Details (this section must be completed)	Error! Bookmark not defined.
Section 2: Contact Details (if applicable)	5
Section 3: Bank Details (this section must be completed).....	6
Section 4: Investor AML/CTF Due Diligence Information (section must be completed by all applicants).....	8
Section 5: Distribution / Dividend Option (this section must be completed)	12
Section 6: Agent Information (if applicable).....	13
Section 7: Investor Tax Residency (this section must be completed)	14
Section 8: FATCA & CRS (this section must be completed by all applicants).....	20
Section 9: Representations and Warranties (this section must be completed by all applicants)	32
Section 10: Appendices	38
Appendix 1 - Dealing Procedure.....	38
Appendix 2 - Payment details.....	39
Appendix 3 - Subscription Form (complete only upon receipt of account number confirmation)	41
Appendix 4 - Redemption Form	44
Appendix 5 - Data Protection	46
Appendix 6 – Investor AML/CTF Due Diligence Documentation Requirements (all investors- provision in advance)	49
Appendix 7- Terms and Conditions of Service for instructions issued to the Administrator via email	73

¹ Please note compulsory data that is required is name, address, date of birth (retail investors), email address, banking account details and Tax details*

Account Opening Form

Defined terms used in this Account Opening Form are those used in the Prospectus (unless the context otherwise requires).

Please complete the form in blue or black ink and use BLOCK CAPITALS where possible.

Administrator Details

Postal Address

Northern Trust International Fund Administration Services (Ireland) Limited
2nd Floor, Block A, City East Plaza, Towlerton, Ballysimon, Limerick, V94 X2N9, Ireland

Registered Address

Northern Trust International Fund Administration Services (Ireland) Limited
George's Court, 54-62 Townsend Street, Dublin 2, D02 R156, Ireland

Telephone: +353 1 434 5142/ **Toll Free from South Africa:** 0800004579

Facsimile: +353 1 553 9447

Email PDF instructions: SanlamTAinstruction@ntrs.com

Email Queries: sanlam.ta@ntrs.com

Key Investor Information Document (KIID)

Please ensure that you have read the Prospectus [and the Key Investor Information Document (the "KIID")] before completing this Account Opening Form. [The KIID is available at the Manager's website <https://www.sanlam.co.za/ireland/Pages/default.aspx>]

Data Protection

The Administrator as a Data Processor:

Your personal information will be handled by the Administrator or its duly appointed delegates as Data Processor for the Fund in accordance with the Irish Data Protection Acts 1988 to 2018 and the General Data Protection Regulation (Regulation 2016/679) (together the "Data Protection Legislation"). Your information provided herein will be processed for the purposes of complying with the Data Protection Legislation and this may include disclosure to the Irish Revenue Commissioners. Please see the Prospectus for further details.

The Administrator as a Data Controller:

Northern Trust group's EMEA Data Privacy Notice sets out how Northern Trust group, including without limitation, Northern Trust Fund Administration Services(Ireland) Limited, Northern Trust Global Services SE, Northern Trust Global Services SE, UK Branch and Northern Trust International Fund Administration Services (Guernsey) Limited collectively and individually, will process your personal information where it is acting as a data controller or, with its affiliates as joint data controllers. The EMEA Data Privacy Notice may be updated from time to time and is available at: www.northerntrust.com/united-kingdom/privacy/emea-privacy-notice/detail

² Only applicable to UCITS funds

Account Opening Form

A) Individual/Joint Shareholders

Shareholder 1		Shareholder 2	
First Name*	<input type="text"/>	First Name	<input type="text"/>
Family Name*	<input type="text"/>	Family Name	<input type="text"/>
Date of Birth* (mandatory)	<input type="text"/>	Date of Birth (mandatory)	<input type="text"/>
Registered Address -Street 1*	<input type="text"/>	Registered Address - Street 1	<input type="text"/>
Street 2*	<input type="text"/>	Street 2	<input type="text"/>
Town/Country/Postcode*	<input type="text"/>	Town/Country/Postcode	<input type="text"/>
Contact Telephone Number *	<input type="text"/>	Contact Telephone Number	<input type="text"/>
Contact Email Address*	<input type="text"/>	Contact Email Address	<input type="text"/>
Occupation/Business Activity*	<input type="text"/>	Occupation/Business Activity	<input type="text"/>

Shareholder 3		Shareholder 4	
First Name	<input type="text"/>	First Name	<input type="text"/>
Family Name	<input type="text"/>	Family Name	<input type="text"/>
Date of Birth (mandatory)	<input type="text"/>	Date of Birth (mandatory)	<input type="text"/>
Registered Address - Street 1	<input type="text"/>	Registered Address -Street 1	<input type="text"/>
Street 2	<input type="text"/>	Street 2	<input type="text"/>
Town/Country/Postcode	<input type="text"/>	Town/Country/Postcode	<input type="text"/>

Account Opening Form

Contact Telephone Number

Contact Telephone Number

Occupation/Business Activity

Occupation/Business Activity

Mailing address (if different from the address of the first named holder)

B) Institutional / Corporate Investors

Registered Account Name* (including Designation where applicable):

Registered Address - Street 1*

Street 2*

Town/Country/Postcode*

Contact Telephone Number*

Country of Incorporation*

Occupation/Business Activity*

Contact Email Address*

Mailing address (if different from the registered address)

Existing/ Related Account Number (If applicable):

**** Please note that an account cannot be registered in the name of a Trust. In the case of a Trust the registered account holder(s) must be the Trustee(s) as trustee for the Trust with the name of the Trust added under the Designation.**

Section 2: Contact Details (if applicable)

Email correspondence, where provided, will be the preferred method of communication. If no email is provided, correspondence will then be issued via post. SWIFT communication will be issued where possible.

Please note that an email address is compulsory for the welcome email which will contain the account number confirmation required to place transactions.

Please also note that only the email addresses confirmed on this form will be eligible to receive information or documentation, including contract notes and statements, in relation to the Registered Account.

If the Administrator receives a request from an unauthorised email address, the requester will be asked to submit an instruction to update the account with the additional email address(es). This instruction should be signed in accordance with the Registered Accounts' authorised Signatory list.

EMAIL OR SWIFT CODE (Please ensure the appropriate document is selected to ensure receipt otherwise all options will be selected)	Welcome Email	Contract Note	Statements	SWIFT

Section 3: Bank Details (this section must be completed)

Important information regarding bank accounts for subscriptions and redemptions

Third party payments are not permitted for redemptions. Please confirm the details of the bank accounts from which and to which payments will be made below.

A copy of a recent bank statement (no more than 6 months old) or a banker’s reference, must accompany the application to evidence the bank account details provided for subscriptions and redemption payments are for a bank account in the registered account name. Accounts in the name of financially regulated entities are exempt from this requirement.

To meet our anti-money laundering and counter terrorist financing obligations under the current legislation, all joint bank account holders will be required to complete identity and verification requirements, even where those joint bank account holders will not be registered holders of shares or units in the fund.

Failure to provide all the bank account information and documentation requested as part of this application may result in a delay in setting up the account and subscribing to the fund.

THIS SECTION MUST BE COMPLETED BY ALL INVESTORS OTHER THAN EQUIVALENTLY REGULATED ENTITIES OPENING AN ACCOUNT IN THEIR OWN NAME OR THE NAME OF THEIR NOMINEE COMPANY, EITHER FOR THEIR OWN BENEFIT OR THE BENEFIT OF ONE OR MORE THIRD PARTIES

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

Name of Bank		
A/c Name		
Address of Bank		
A/c Number		
Sort Code		
IBAN:		
Swift Code / ABA		Reference Code:

Account Opening Form

CORRESPONDENT BANK INFORMATION

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

Correspondent Bank Name	
Correspondent BIC/SWIFT Code/Sort Code/ABA Code	
Correspondent A/c Name	
Correspondent Account Number / IBAN	
Correspondent Bank Address	

A request to change bank account details **MUST BE MADE IN WRITING TO THE ADMINISTRATOR 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 account name.

The Administrator accepts no responsibility for the accuracy of the bank account details provided to it by any investor. It is the responsibility of the investor to provide accurate and complete bank account details and any delay to receipt of payments as a result of incorrect, incomplete or unclear bank account details is solely at the risk of the investor. The Administrator is not liable to any investor, the Fund, or any other person for any loss suffered or incurred as a result of any delay in the receipt of such payment arising from any inaccuracy in the bank account details provided above.

NOTES: Please ensure that you have read the Prospectus 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).

Account Opening Form

Section 4: Investor AML/CTF Due Diligence Information (section must be completed by all applicants)

Anti-Money Laundering and Counter Terrorist Financing (AML/CTF) due diligence requirements in accordance with The Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010 – 2021.

➤ Guide to completing due diligence.

Part I – To be completed by all applicants.

Part II – To be completed by all applicants.

Appendix 6 – All applicants to provide AML/CTF due diligence documentation outlined in Appendix 6 (as per investor type) in order to establish the identity of an investor and verify same to the extent warranted by risk. **AML/CTF documents must be provided in advance before an account can be opened.**

Due Diligence Information - Purpose of the Investment

Part I

Part I (A) to be completed only by natural persons and legal persons investing in their own name for their own benefit. Institutional investors and legal entities investing as part of their normal economic activity of investing in their own name for the benefit of one or more third parties must tick Part I (B). This information is required to meet our AML/CTF obligations under the current AML/CTF legislation in Ireland and will be used solely for those purposes.

A. What is the expected annual subscription to the Fund

How frequent do you expect to trade in the Fund (please tick): Once-Off Subscription

Once a: Month Quarter Year

If more frequently than the options provided, please provide an estimate of frequency:

Please indicate the term of your investment (please tick): 3-5 years 5-10 years 10+ years

Natural Persons only:

Source of Wealth (activities that generated total net worth): _____

**Confirmation of Source of Wealth requires the Subscriber to confirm the bank account from which funds were generated as well as the specific activity that generated the funds subscribed (e.g. salary payments, sale of shares etc.)*

Source of Funds (activity that generated transaction funding): _____

**Confirmation of Source of Funds requires the Subscriber to confirm the activities that have generated the total net worth of the Subscriber with reasonable collaboration of same (e.g. information and documents such as evidence of title; copies of trust deeds; audited accounts and tax returns).*

B. Institutional investor/ legal entity investing as part of their normal economic activity of investing in their own name for the benefit of one or more third parties. If no, see Part 1 (A). Yes No

Account Opening Form

Due Diligence Documentation- Investor Type

Part II

Please tick investor type below (please note, investor type indicates the documents/ confirmations required to open account as per Appendix 6):

- | | | | |
|---|--------------------------|-----------------------------------|--------------------------|
| Private/ Unlisted Company | <input type="checkbox"/> | Charities | <input type="checkbox"/> |
| Partnership | <input type="checkbox"/> | Trusts/ Foundations | <input type="checkbox"/> |
| Listed Company | <input type="checkbox"/> | Collective Investment Scheme/Fund | <input type="checkbox"/> |
| Subsidiary of a Listed Company | <input type="checkbox"/> | School, college or university | <input type="checkbox"/> |
| Regulated Credit or Financial Institution | <input type="checkbox"/> | Pension Schemes | <input type="checkbox"/> |
| Nominee Company | <input type="checkbox"/> | Trade Unions | <input type="checkbox"/> |
| Government Body or Public Authority | <input type="checkbox"/> | Church | <input type="checkbox"/> |
| Individual | <input type="checkbox"/> | Other- Please specify: _____ | <input type="checkbox"/> |

Occupation/Business Activity: _____

If you, or any beneficial owners, are a Politically Exposed Person. Yes No

A Politically Exposed Person ('PEP') means an individual (or family member or close associate of such individual) 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).

If the application form is signed under power of attorney, a copy of the power of attorney must be furnished in support of the signature along with due diligence in line with legal type.

Due Diligence Documentation- Leverage Across Investments

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 the Administrator.

Yes No

Due Diligence Documentation- Ultimate Beneficial Owner

Please complete the relevant section to your entity type. The Ultimate Beneficial Owner section must be completed. Non-completion could delay acceptance of subscription.

All Entities

Ultimate Beneficial Owners are individuals who directly or indirectly hold ownership of 25% or more of the shares or voting rights in an entity, or control of the entity. Where there is no person identified as beneficial owner, the natural person(s) who hold the position of senior managing official(s)/director(s) will be deemed the beneficial owners.

* In cases where shareholder(s) are entities with 25% or more ownership or control, please provide the details of Individual(s) who hold beneficial ownership 25% or more. For Trusts or similar arrangements,

Account Opening Form

Ultimate Beneficial Owners include the beneficiaries, the settlor, the trustee(s) and the protector (if any). The beneficiaries are the individuals benefiting from the trust or similar legal arrangement.

Please complete the below regarding Ultimate Beneficial Owner(s):

Name	Address	Nationality	Date of Birth

Note: If there is/ are no Individual(s) with a beneficial interest of 25% or more (either directly or indirectly) of the shares or voting rights of the entity, or anyone that otherwise exercises control of the entity (where applicable), please check the box and insert applicable senior managing official(s) below whom will be deemed the UBO:

Name	Address	Nationality	Date of Birth

Related Person Detail

Full names of all Related Persons:

- In the case of natural persons, Related Persons means any person authorised to act on behalf of the investor
- In the case of a company, Related Persons means the directors.
- In the case of a Partnership, Related Persons means the partners.
- In the case of a limited liability company (LLC), Related Persons means the managing members.
- In the case of a trust, foundation or similar legal arrangement, Related Persons means the trustees.
- In the case of a charity/government body/ university/ school/ college/ club/ society, Related Persons means the authorising officers/ board members/ officials.

Please complete the below:

Name	Address	Nationality	Date of Birth

Account Opening Form

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

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.

Signature 1 _____ Print Name _____ Date _____

Signature 2 _____ Print Name _____ Date _____

Account Opening Form

Section 5: Distribution / Dividend Option (this section must be completed)

I/We would like our distribution

Re-invested

Paid by Cash

Distributions paid by Cash will be paid to the account specified above. Should you require your distribution to be paid to another account, please enter the banking details below. **Please note if no option is indicated such dividend payments will be reinvested.**

If separate bank details are provided a copy of a recent bank statement (no more than 6 months old) or a banker's reference, must accompany the application to evidence the bank account details provided for redemption payments are for a bank account in the registered account name

BENEFICIARY BANK INFORMATION

Name of Bank		
A/c Name		
Address of Bank		
A/c Number		
Sort Code		
IBAN NO		
Swift Code		Reference Code:

CORRESPONDENT BANK INFORMATION

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

Correspondent Bank Name	
Correspondent BIC/SWIFT Code/Sort Code/ABA Code	
Correspondent A/c Name	
Correspondent Account Number / IBAN	
Correspondent Bank Address	

NOTE: NO THIRD PARTY PAYMENTS ARE PERMITTED FOR REDEMPTIONS

Account Opening Form

Section 6: Agent Information (if applicable)

Agent Name

Agent Address

Contact Name

Contact Telephone Number

Contact Email address

VAT Registration Number

Regulator

Regulator Approval Number

Agents Stamp

Agency Number

Commission Terms agreed with the Fund Promoter

Account Opening Form

Section 7: Investor Tax Residency (this section must be completed)

PLEASE TICK (✓) THE RELEVANT BOX

A) NON-U.S. TAXPAYER

B) U.S. TAXPAYER*

C) ONE OR MORE JOINT APPLICANTS IS A U.S. TAXPAYER

D) NON-U.S. TAXPAYER HOLDING SHARES ON BEHALF OF A U.S. TAXPAYER

If B, C or D has been ticked then each U.S. taxpayer must complete and sign IRS Form W-9 to certify their tax identification number. The form can be downloaded from www.irs.com. Failure to submit a completed IRS Form W-9 (where applicable) will result in a delay in the settling of redemption/dividend proceeds (no interest will accrue).

*“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 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.

Account Opening Form

Investment Undertaking Tax - Declaration of Residence

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

Please tick (i), (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.*

OR

(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. ***If this box is ticked, please also complete the declaration of exempt Irish residents below.***

OR

(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. ***If this box is ticked, 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), (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.*

OR

(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. ***If this box is ticked, please also complete the declaration of exempt Irish residents below.***

OR

(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. ***If this box is ticked, please also complete the declaration of residence outside Ireland below.***

Authorised signatory: _____

Authorised signatory: _____

Date: ____ / ____ / ____

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.

Account Opening Form

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.

Account Opening Form

- 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.

*Delete as appropriate

Additional requirements where the declaration is completed by an Intermediary

- I/we* also declare that I am/we are* applying for shares/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: ____ / ____ / ____

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 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

Account Opening Form

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.

*Delete as appropriate

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:** _____

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 NOTES

Account Opening Form

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.

Return of Values (Investment Undertakings) Regulations 2013³

The [Company] must collect additional information in order to satisfy Return of Values (Investment Undertakings) Regulations 2013(S.I. 245 of 2013). Therefore any individual, company or any unincorporated body of persons which are an Irish resident or ordinarily Irish resident must provide the following additional information:

Tax Identification Number (TIN) / PPS Number	
--	--

Any one of the following additional documents is required to verify the TIN or PPS Number (a copy 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
Public Services Card

In addition, any printed documentation issued by the Revenue Commissioners or by the Department of Social Protection which contain your 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.

Your personal information will be handled by the Administrator or it's duly appointed delegates as Data Processor for the [Company] in accordance with the Data Protection Legislation. Your information provided herein will be processed for the purposes of complying with the Return of Values (Investment Undertakings) Regulations 2013 and this may include disclosure to the Irish Revenue Commissioners.

³ Only for Irish IUTs

Account Opening Form

Section 8: FATCA & CRS (this section must be completed by all applicants)

Entity Self-Certification for FATCA and CRS

Instructions for completion and Data Protection notice.

We are obliged under 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 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 Account Opening Form you are providing personal information, which may constitute personal data within the meaning of the General Data Protection Regulation (697/2016/EU) (the "GDPR") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2003). Please note that 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 Irish tax authorities, the Revenue Commissioners. They in turn may exchange this information, and other financial information with foreign tax authorities, including tax authorities located outside the EU.

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

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

Account holders that are Individuals or Controlling Persons should not complete this form and should complete the form entitled "Individual (including Controlling Persons) Self-Certification for FATCA and CRS".

(Mandatory fields are marked with an *)

*Section 1: Account Holder Identification

*Account holder Name: _____ (the "Entity")

Country of Incorporation or Organisation: _____

*Current (Resident or Registered) Address:

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

Account Opening Form

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 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 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*, please tick one of the below categories and provide the Entity’s GIIN at 3.2 or indicate at 3.3 the reason why you are unable to provide a GIIN.

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

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

□□□□□□.□□□□□□.□□.□□□□

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

Account Opening Form

I.	<p>The Entity has not yet obtained a <i>GIIN</i> but is sponsored by another entity which does have a <i>GIIN</i>. Please provide the sponsor's name and sponsor's <i>GIIN</i>:</p> <p>Sponsor's Name: _____</p> <p>Sponsor's <i>GIIN</i>: □□□□□□.□□□□□□.□□.□□□□</p> <p>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 <i>GIIN</i> with the IRS unless and until U.S. reportable accounts are identified.</p>	<input type="checkbox"/>
II.	<p>The Entity is an Exempt Beneficial Owner,</p> <p>Please tick and confirm the category of Exempt Beneficial Owner;</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Government Entity ➤ <input type="checkbox"/> International Organisation ➤ <input type="checkbox"/> Foreign Central Bank ➤ <input type="checkbox"/> Exempt Retirement Fund ➤ <input type="checkbox"/> Collective Investment Vehicle Wholly Owned by Exempt Beneficial Owners. 	<input type="checkbox"/>
III.	<p>The Entity is a Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the IGA Agreement)</p> <p>Indicate exemption: _____</p>	<input type="checkbox"/>
IV.	<p>The Entity is a Non-Participating Foreign Financial Institution</p>	<input type="checkbox"/>
V.	<p>The Entity is an Excepted Foreign Financial Institution</p> <p>Indicate exemption: _____</p>	<input type="checkbox"/>
VI.	<p>The Entity is a Trustee Documented Trust.</p> <p>Please provide your Trustee's name and <i>GIIN</i></p> <p>Trustee's Name: _____</p> <p>Trustee's <i>GIIN</i>: □□□□□□.□□□□□□.□□.□□□□</p>	<input type="checkbox"/>

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)	<input type="checkbox"/>
----	----------------------	--------------------------

Account Opening Form

II.	<p>Passive (NFFE) (Please tick the box that applies)</p> <p>I. Passive (NFFE) with no Controlling Persons that are specified U.S Persons.</p> <p>II. 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 Person(s) of the Entity and complete an "Individual (Including Controlling Person(s) Self-certification for FATCA and CRS" form for each Controlling Person(s) as outlined in section 6.2.</p>	<input type="checkbox"/> <input type="checkbox"/>
III.	<p>Excepted (NFFE)</p>	<input type="checkbox"/>
IV.	<p>Direct Reporting (NFFE) Please provide your GIIN □□□□□□.□□□□□□.□□.□□□□</p>	<input type="checkbox"/>

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

(Note that Entities may have more than one country of Tax Residence)

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")). Please refer to the OECD CRS Web Portal for AEOI for more information on Tax Residence and TIN's.

<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759>

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.

NOTE: Under the Irish legislation implementing the CRS, provision of a Tax ID number (TIN) is required to be provided unless:

- a) You are tax resident in a Jurisdiction that does not issue a (TIN)
- Or
- b) You are tax resident in a non-reportable Jurisdiction (i.e. Ireland or the USA)

Country of Tax Residency	Tax ID Number	If TIN unavailable Select (A, B or C) and check box below

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

Account Opening Form

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 if you selected Reason B*)

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

*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 above).

In addition please note that the information that the Entity has to provide may differ depending on whether they are 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/>

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.

Note: Please check the Irish Revenue AEOI portal at the time of completion of this form to confirm whether your country of Tax Jurisdiction is considered Participating or Non-Participating for the purposes of CRS Due-Diligence in Ireland.

<http://www.revenue.ie/en/business/aeoi/participating-jurisdictions.pdf>

I.	A Reporting Financial Institution resident in a participating CRS jurisdiction	<input type="checkbox"/>
II.	<p>A Financial Institution Resident in a Non-Participating Jurisdiction (Please also tick the box that applies)</p> <p><input type="checkbox"/> 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 forms for each of your Controlling Persons“)</p> <p><input type="checkbox"/> An Investment Entity resident in a Non-Participating Jurisdiction that is not managed by another Financial Institution</p> <p><input type="checkbox"/> Other Financial Institution, including a Depository Financial Institution, Custodial Institution or Specified Insurance Company</p>	<input type="checkbox"/>

Account Opening Form

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

5.2 Non Financial Institution (“NFE”) under CRS:

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

I.	<p>Active NFE – a corporation the stock of which is regularly traded on an established securities market. Please provide the name if the established securities market on which the corporation is regularly traded: _____</p>	<input type="checkbox"/>
II.	<p>Active NFE – if you are a Related Entity of a regularly traded corporation. Please provide the name of the regularly traded corporation that the Entity is a Related Entity of: _____</p> <p>Please provide details of the securities market that the entity is listed on : _____</p>	<input type="checkbox"/>
III.	Active NFE – a Government Entity or Central Bank	<input type="checkbox"/>
IV.	Active NFE – an International Organisation	<input type="checkbox"/>
V.	Active NFE – <i>other</i> than those listed in I, II, III or IV above. (for example a start-up NFE or a non-profit NFE)	<input type="checkbox"/>
VI.	Passive NFE - (if this box is ticked, please also complete Section 6.1 below and indicate the name of all natural Controlling Person(s) of the Entity and complete a separate Individual Self-Certification Form for each of your Controlling Person(s))	<input type="checkbox"/>

Account Opening Form

Section 6: Controlling Persons

NB: Please note that each Controlling Person must complete a separate “Individual (including Controlling Persons) FATCA and CRS 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 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:

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

I.	
II.	
III.	

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

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

*Section 7: Declarations and Undertakings

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

I/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 (for guidance refer to Irish Revenue or OECD website) occurs which causes any of the information contained in this form to be incorrect.

Account Opening Form

***Authorised Signature(s):**

***Print Name(s):**

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

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

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.

Account Opening Form

Individual (including Controlling Persons) Self-Certification for FATCA and CRS

Instructions for completion and Data Protection Notice

We are obliged under 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 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 (697/2016/EU) (the "GDPR") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2003). Please note that 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 Irish tax authorities, the Revenue Commissioners. They may in turn exchange this information, and other financial information with foreign tax authorities, including tax authorities outside the EU.

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 on FATCA or CRS please refer to the Irish Revenue or OECD websites at:

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

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

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.

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

Section 1, 2, 3 and 5 must be completed by all Account holders or Controlling Persons.

Section 4 should only be completed by any individual who is a Controlling Person of an entity account holder 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.

(Mandatory fields are marked with an *)

*Section 1: Account Holder/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: _____

Account Opening Form

Postal/ZIP Code: _____ Country: _____

***Place and Date Of Birth**

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

*Date of Birth: _____

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

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

(a) I confirm that **I am** 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:

OR

(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)**

Please indicate your country of tax residence (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers (“TINs”)).

For further guidance on Tax Residence and TINs, please refer to the OECD CRS Information Portal <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759>

NOTE: Under the Irish legislation implementing the CRS, provision of a Tax ID number (TIN) is required to be provided unless:

- a) You are tax resident in a Jurisdiction that does not issue a (TIN), **Or,**
- b) You are tax resident in a non-reportable Jurisdiction (i.e. Ireland or the USA)

Country of Tax Residency	Tax ID Number	If TIN unavailable Select (A, B or C) and check box below

If a TIN is unavailable, please tick the appropriate box as follows;

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

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

Account Opening Form

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

Section 4 – Type of Controlling Person

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

For Joint or multiple Controlling Person(s) please complete a separate “*Individual (Including Controlling Persons) Self-Certification for FATCA and CRS form* for each Controlling Person.

Please Confirm the type of Controlling Person applicable under CRS that applies to you/the Account holder by ticking the appropriate box	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-equivalent		
Controlling Person of a legal arrangement (non-trust) – beneficiary equivalent		
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 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 within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

Account Opening Form

Data Protection - Customer Information Notice:

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

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

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

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

Further information is available on the OECD website: <http://oecd.org/tax/automatic-exchange/>
And on the Irish Revenue website -<https://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx>

***Authorised Signature:** _____

***Print Name:** _____

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

***Capacity (if Controlling Person):** _____

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.

Account Opening Form

Section 9: Representations and Warranties (this section must be completed by all applicants)

- 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 Manager's website at <https://www.sanlam.co.za/ireland/fundrangeanddocumentation/Pages/default.aspx> 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. I/We request and authorise XXXXXXXXXXXXXXXXXXXX to act in accordance with my/our instructions. Only applies to UCITS Funds.⁴
- 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.
- 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.

⁴ Only applies to UCITS Funds

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 Form⁵ 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 Colombia); any 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.

⁵ Client’s US counsel to provide US Person specific Application Form.

Account Opening Form

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”.

- 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.

Account Opening Form

- 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 and counter terrorist financing 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 1⁶ (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 CRS⁷ regulations and reporting requirements). Should any information furnished to any of them 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 were requested to do so by the Fund.

⁶ [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.

⁷ 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.

Account Opening Form

- 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.⁸
- 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.]

⁸ Should not be applicable unless the fund is tax-transparent i.e. in the event withholding on pass thru payments comes into force

Account Opening Form

Signature

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**

Account Opening Form

Section 10: Appendices

Appendix 1 - Dealing Procedure

All dealing instructions in relation to the [Shares/Units] in the Fund must be received before the time(s) specified in the Fund's [Prospectus and/or relevant Sub-Fund Supplement as the case may be, together, the "Prospectus"]. Dealing Instructions received after such times will generally be deemed to have been received for the next relevant dealing day.

No redemption payment may be made until the Account Opening Form has been received and the Administrator is satisfied that all necessary anti-money laundering and counter terrorist financing checks have been completed in full.

By ticking the box opposite, I hereby consent to the provision of contract notes, statements and other reports, by secured or encrypted electronic transmission, which may be issued from time to time by the Administrator in respect of my holdings in the Fund.	<input type="checkbox"/>
--	--------------------------

NOTES:

- 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.
- If subscribing for [Shares/Units] in more than one Sub-Fund investors must clearly mark the payment reference accounts for each particular Sub-Fund and the sub-account.
- The Base Currency of the Sub-Fund and the designated currency of any [Shares/Units] will be set out in the Prospectus and is also noted above. Applications for [Shares/Units] shall be accepted in the Base Currency of the relevant Sub-Fund or the designated currency of the relevant [Share/Unit] Class. At the discretion of the Fund, applications may be accepted in currencies other than the Base Currency.
- Any subscription proceeds paid in currencies other than the Base Currency of the relevant Sub-Fund or the designated currency of the relevant [Share/Unit] Class will be converted into that currency at prevailing exchange rates. This foreign exchange transaction will be arranged by the Administrator at the cost and risk of the relevant investor.

Account Opening Form

Appendix 2 - Payment details

	FOR GBP SETTLEMENT	FOR EURO SETTLEMENT	FOR USD SETTLEMENT	FOR CHF SETTLEMENT
<u>When making an international payment use the intermediary bank details below:</u>				
Intermediary Bank:	Barclays Bank	Barclays Bank PLC,		Credit Suisse AG
Intermediary Address:	1 Churchill Place, London E14 5HP	Frankfurt		Giesshuelstrasse 30 CH-8070 Zurich Switzerland
Intermediary SWIFT Code:	BARCGB22	BARCDEFF		CRESCHZZ80A
Intermediary Banks Sort Code:	203253			
Beneficiary Banks Account Number	53529495	0210472800		IBAN: CH1004835098499033010
Beneficiary Bank	The Northern Trust International Banking Corporation, New Jersey	The Northern Trust International Banking Corporation, New Jersey	The Northern Trust International Banking Corporation	The Northern Trust International Banking Corporation, New Jersey
			FedwireABA: 026001122 CHIPS: 0112	N/A
Beneficiary Bank SWIFT code:	CNORUS33	CNORUS33	CNORUS33	CNORUS33
Beneficiary account name & number:	Sanlam Qualifying Investors Funds Plc 619379 20019	Sanlam Qualifying Investors Funds Plc 618769 20019	Sanlam Qualifying Investors Funds Plc 249011 20010	Sanlam Qualifying Investors Funds Plc 619387 20019
Reference: Register number and/or order number				

Account Opening Form

	FOR AUD SETTLEMENT	FOR ZAR SETTLEMENT		
Intermediary Bank:	National Australia Bank	Standard Bank,		
Intermediary Address:	Melbourne	Johannesburg		
Intermediary SWIFT Code:	NATAAU33	SBZAZAJ		
Intermediary ABA Code:				
Beneficiary Banks Account Number:	1803007471500	7228490		
Beneficiary Bank	The Northern Trust International Banking Corporation, New Jersey	The Northern Trust International Banking Corporation, New Jersey		
Beneficiary Bank Sort Code:				
Beneficiary Bank SWIFT code:	CNORUS33	CNORUS33		
Beneficiary account name & number:	Sanlam Qualifying Investors Funds Plc 619098 20019	Sanlam Qualifying Investors Funds Plc 619189 20019		
Reference:				

(please do not include a dash in the beneficiary account number)

**GBP payments, if you are not able to pay by international payment please contact the administrator (+353 1 434 5142) for more details.*

Note: Currency subscription settlement times

GBP 16:00 GMT
 EURO 14:30 GMT
 USD 16:00 GMT
 CHF 10:30 GMT
 AUD 14:30 GMT VD-1
 ZAR 08:30 GMT

Note: Monies must come from the account of the investor.

Please specify your Ordering Institution details for subscriptions*

Currency _____

Correspondent Bank _____

Swift/ABA _____

Account Opening Form

Account Number _____

Appendix 3 - Subscription Form (complete only upon receipt of account number confirmation)

Sanlam Qualifying Investors Fund Plc

This Subscription Form constitutes your agreement to subscribe for [Shares⁹] in the Fund. Please note the administrator does not require the original of this document to be posted to them.

Please complete this form in blue or black ink using BLOCK CAPITALS:

Sanlam Qualifying Investors Fund Plc
C/o Northern Trust International Fund Administration Services (Ireland) Limited
2nd Floor, Block A, City East Plaza, Towlerton, Ballysimon,
Limerick,
V94 X2N9,
Ireland

REGISTERED INFORMATION

Registered Account Name

Account Number¹⁰

Your Company Contact
Name: Phone No:
E-Mail Address:

DEAL INSTRUCTIONS

Amount to be invested Amount Shares/Units

Amount in words

Name of Sub-Fund

Share/Unit Class

ORIGINATING ACCOUNT DETAILS

Bank Name

Bank Address

⁹ Defined terms should mirror those on offer document

¹⁰ Please note you would have received this by email from the Administrator

Account Opening Form

Sort Code	<input type="text"/>	ABA	<input type="text"/>
Account Name	<input type="text"/>		
Account Number	<input type="text"/>		
Payment Reference	<input type="text"/>		

Note: Any subscription proceeds paid in currencies other than the Base Currency of the relevant Sub-Fund or the designated currency of the relevant [Share/Unit] Class will be converted into that currency at prevailing exchange rates. This foreign exchange transaction will be arranged by the Administrator at the cost and risk of the relevant investor.

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.

PLEASE NOTE:

- Monies must originate from the account of the investor.
- Failure to complete these details accurately and in accordance with the signed Account Opening Form and forward monies within the relevant settlement time scale may result in the loss of good value and an interest claim from the Fund.
- I/We confirm that I/we have the authority to make this investment.
- 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 in relation to this new Sub-Fund or Share/Unit Class. I/We confirm that I/We have read the Key Investor Information Document. I/We also acknowledge and agree that the updated KIID for each Share Class is available at the Manager's website at <https://www.sanlam.co.za/ireland/fundrangeanddocumentation/Pages/default.aspx> 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. I/We confirm that any future investments to any other Sub-Fund or Class of the Fund can also be transacted based on this confirmation.
- I/We hereby agree to indemnify and hold harmless the Administrator, on its own behalf and as agent for the Fund, and its directors, officers and employees against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly, 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 Fund or the Administrator. The Administrator will not be responsible or liable for the authenticity of instructions received from me/us or any authorised person and may rely upon any instruction from any such person representing himself to be a duly authorised person reasonably believed by the Administrator to be genuine.

Authorised Signatories	Print Name
Signatory 1 <input type="text"/>	<input type="text"/>
Signatory 2 <input type="text"/>	<input type="text"/>
Signatory 3 <input type="text"/>	<input type="text"/>
Signatory 4 <input type="text"/>	<input type="text"/>

Account Opening Form

Date

Account Opening Form

Appendix 4 - Redemption Form

Sanlam Qualifying Investors Fund Plc

Please note the administrator does not require the original of this document to be posted to them.

Please complete this form in blue or black ink using BLOCK CAPITALS

Sanlam Qualifying Investors Fund Plc
C/o Northern Trust International Fund Administration Services (Ireland) Limited
2nd Floor, Block A, City East Plaza, Towlerton, Ballysimon,
Limerick,
V94 X2N9,
Ireland

REGISTERED INFORMATION

Registered Account Name

Account Number

Your Company contact

Name:	Phone No:
E-mail Address:	

DEAL INSTRUCTIONS

Amount to be redeemed Amount Shares/Units]

Amount in words

Name of Sub-Fund

Share/Unit Class

*BANK ACCOUNT DETAILS (Where the below bank account instructions differ from those held on file by the Administrator, a signed copy of the new instructions together with a copy of a bank statement (less than 6 months old) or banker's reference must be received by the Administrator in advance of the remittance of redemption proceeds).
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.*

Bank Name

Bank Address

Sort Code ABA

Account Name

Account Number

Account Opening Form

IBAN Number	<input type="text"/>
Correspondent Bank & Swift Code F.F.C to:	Name: <input type="text"/> Swift Code: <input type="text"/>
Account Name	<input type="text"/>
Account Number	<input type="text"/>

Any redemption proceeds paid in currencies other than the Base Currency of the relevant Sub-Fund or the designated currency of the relevant [Share/Unit] Class will be converted into that currency at prevailing exchange rates. This foreign exchange transaction will be arranged by the Administrator at the cost and risk of the relevant investor.

PLEASE NOTE

- I/We confirm that I/we have the authority to make this redemption request.
- I/We hereby agree to indemnify and hold harmless the Administrator on its own behalf and as agent for the Fund and its respective directors, officers and employees against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly, 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 Fund or the Administrator. The Administrator will not be responsible or liable for the authenticity of instructions received from me/us or any authorised person and may rely upon any instruction from any such person representing himself to be a duly authorised person reasonably believed by the Administrator to be genuine.

Authorised Signatories

Print Name

Signatory 1

Signatory 2

Signatory 3

Signatory 4

Date

Account Opening Form

Appendix 5 - Data Protection

This notice sets out how [the Fund/Manager] and the Administrator will process personal information (as data controllers).

Where your details are provided to [[Fund name] (the “**Fund**”)] / [[Manager name] (the “**Manager**”) as manager of [Fund name] (the “**Fund**”)] as a consequence of your investment in the Fund, then the [Fund/Manager], acting as a data controller, may itself or through a third party (such as Northern Trust Fund Administration Services (Ireland) Limited, Northern Trust Global Services SE or Northern Trust Global Services, UK Branch) (the “**Administrator**”) acting as a data processor in its capacity as the Fund’s administrator process your personal information or that of your directors, officers, employees and / or beneficial owners.

When processing your personal information, there may also be times where the Administrator will act as an independent data controller in respect of your personal information. For the avoidance of doubt, the Administrator will not at any time be acting as a joint controller with the Fund.

Purposes of Processing and Legal Basis for processing

Your personal data may be processed by the [Fund/Manager] or the Administrator (or any of their affiliates, agents, employees, delegates or sub-contractors) for the following purposes:

- to facilitate the opening of your account with the Fund, the management and administration of your holdings in the Fund and any related account on an on-going basis which are necessary for the performance of your contract with the Fund, including without limitation the processing of subscription, redemption,[conversion,] transfer [and additional subscription requests], and the payment of distributions;
- in order to carry out anti-money laundering and counter terrorist financing checks and related actions which the [Fund/Manager] considers appropriate to meet any legal obligations imposed on the [Fund/Manager] relating to, or the processing in the public interest, or to pursue the legitimate interests of the [Fund/Manager] in relation to, the prevention of fraud, money laundering, terrorist financing, bribery, corruption, tax evasion and to prevent the provision of financial and other services to persons who may be subject to economic or trade sanctions, on an on-going basis (collectively “**AML/CTF checks**”), in accordance with the [Fund’s/Manager]’s anti-money laundering and counter terrorist financing procedures;
- to report tax related information to tax authorities in order to comply with a legal obligation;
- to monitor and record calls and electronic communications for (i) processing verification of instructions; (ii) investigation and fraud prevention purposes; (iii) for crime detection, prevention, investigation and prosecution; (iv) to enforce or defend the [Fund’s / Manager’s,] [or its affiliates]’ rights, itself or through third parties to whom it delegates such responsibilities or rights in order to comply with any legal obligation imposed on the [Fund/Manager]; (v) to pursue the legitimate interests of the Fund[, the Manager] in relation to such matters; or (vi) where the processing is in the public interest;
- to disclose information to other third parties, such as service providers of the Fund, auditors, regulatory authorities and technology providers, in order to comply with any legal obligation imposed on the [Fund/Manager] or the **Administrator** or in order to pursue the legitimate interests of the [Fund/Manager] or the Administrator;
- to monitor and record calls for quality, business analysis, training and related purposes in order to pursue the legitimate interests of the Fund [the Manager] or the Administrator to improve their service delivery;
- to update and maintain records and carry out fee calculations in order to pursue the legitimate interests of the Fund[the Manager] or the Administrator or in order to comply with any legal obligation imposed on the [Fund/Manager] or the Administrator, and which are necessary to comply with the [Fund’s/Manager’s] or the Administrator’s legal obligations and / or which are necessary for the [Fund’s/Manager’s], the Administrator's or

Account Opening Form

the Administrator's affiliates' legitimate interests indicated above and / or where the processing is in the public interest.

Recipients of Data and International Transfer of Data

The [Fund/Manager] may disclose your personal information as follows:

- to the Fund's service providers, including the Administrator and other third party service providers engaged by the [Fund / Manager] and their affiliates, in order to store or 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; and
- to the Administrator and / or its affiliates as joint controllers:
 - ◆ to create a single source record, relating to you, which is held, maintained and used by the Administrator and its affiliates as joint controllers in pursuance of the Administrator's, its affiliates' and the Fund's legitimate interests;
 - ◆ where you subscribe to use the Administrator's investor portal functionality, for the purposes of the performance of the Administrator's agreement with you in relation to your use of that portal functionality, including for security in connection with the portal;
 - ◆ to retain AML/CTF and other records of individuals to assist with subsequent screening of them by the Administrator or its affiliates, including in relation to other funds or clients of the Administrator or any of its affiliates in pursuance of the Administrator's, its affiliates' or its clients' legitimate interests and to meet any legal obligations imposed on the Administrator or its affiliates.

In any case where the [Fund/Manager] shares your personal information with a third party data controller (including, as appropriate, the Administrator and its affiliates), the use by that third party of your personal information will be subject to the third party's own privacy policies. The Administrator's privacy policy may be accessed at www.northerntrust.com/privacy.

The disclosure of personal information 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") in accordance with the requirements of the General Data Protection Regulation or outside the United Kingdom in accordance with the requirements of the UK Data Protection Act 2018 (as amended by the [draft] Data Protection, Privacy and Electronic Communications (Amendments etc.) (EU Exit) Regulations 2019) (as applicable), as amended or replaced from time to time (the "**Data Protection Law**"). Such countries may not have the same data protection laws as your jurisdiction.

Where such countries are not recognised as having an adequate level of data protection by the European Commission or the relevant adequacy regulations made under the UK Data Protection Act 2018 (as amended by the [draft] Data Protection, Privacy and Electronic Communications (Amendments etc.) (EU Exit) Regulations 2019) (as applicable), the [Fund/Manager] (i) has, or has authorised the Administrator as its agent, to put in place Standard Contractual Clauses with relevant parties to whom personal data will be transferred; (ii) acknowledges that the personal data will be transferred in accordance with Standard Contractual Clauses or, once adopted, the Binding Corporate Rules. Please contact [Fund/Manager representative] or the Administrator for copies of (i) the Standard Contractual Clauses and / or (ii) the Northern Trust Binding Corporate Rules, once adopted.

Retention period

The [Fund/Manager] and the Administrator will retain your personal information for as long as required for the [Fund/Manager] or the Administrator to perform its services and / or carry out the purposes for which the data was collected, or perform investigations in relation to same and / or for additional periods where legal/regulatory obligations mandate that the [Fund/Manager] or the Administrator retains your personal information.

Account Opening Form

Updates to Personal Data

The [Fund/Manager] will use reasonable efforts to keep your personal information up to date. However, you will need to notify the Fund and the Administrator without delay in the event of any change in your personal circumstances, so that the [Fund/Manager] can keep the personal information up to date.

Data Subject Rights

You have the following rights, in certain circumstances, in relation to your personal information:

- Right to access your personal information.
- Right to rectify your personal information.
- Right to restrict the use of your personal information (in certain specific circumstances).
- Right to request that your personal information is erased (in certain specific circumstances).
- Right to object to processing of your personal information (in certain specific circumstances).
- Right to data portability (in certain specific circumstances).

Where the [Fund/Manager] or the Administrator requires your personal information to comply with AML/CTF or other legal requirements, failure to provide this information means the [Fund/Manager] may not be able to accept you as an investor in the Fund.

You have the right to lodge a complaint, if you consider that the processing of personal data relating to you carried out by the [Fund/Manager] or its service providers infringes the Data Protection Law:

- with the supervisory authority in the EU Member State of your habitual residence or place of work or in the place of the alleged infringement; or
- where you are, or represent, an Investor in a Fund authorised in the UK, with the UK Information Commissioner's Office, contactable at Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF (or at the relevant regional office for Scotland, Wales or Northern Ireland, details of which are available at <https://ico.org.uk/global/contact-us/postal-addresses/>), casework@ico.org.uk or +44 (0)303 123 1113.

How to contact us

If you have any questions about our use of your personal information, please contact us at sanlam.ta@ntrs.com and Telephone No +353 1 434 5142

Account Opening Form

Appendix 6 – Investor AML/CTF Due Diligence Documentation Requirements (all investors- provision in advance)

Outlined below is guidance on the documentation which the Fund/ICAV/ Manager & Northern Trust (as Administrator) will require when undertaking due diligence to establish the identity of an investor and verify same to the extent warranted by risk. **AML/CTF documents must be provided in advance before an account can be opened.**

The Fund/ICAV/ Manager & Northern Trust (as Administrator) hereby reserves the right to request such further information and/or documentation from investors as is necessary from time to time to satisfy Irish regulatory requirements.

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 6 months.
- Confirmation of address from a lawyer or financial institution.

Note 1: All documentation must reflect the current residential address and must be dated within the previous 6 months other than in the case of an official document known to be issued only or typically at fixed intervals of more than 6 months, in which case such document may be accepted during that period, to a maximum of 12 months (e.g. correspondence from local authorities).

Note 2: In the case of an elderly individual investor residing in a residential home, then written confirmation from the residential home, (identified as being in existence), that the individual is residing there will be deemed sufficient.

Note 3: A mobile phone bill can only be accepted as a second Proof of Address.

Note 4: The photograph on the proof of identity should be clear

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.

Letter of Assurance

Account Opening Form

Please contact Northern Trust for a Section 40/ Reliance template letter of assurance if required.

For Unregulated Nominees (of a regulated parent) or Regulated Financial Intermediary investors, please see templates below (appendix 6.1).

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

Country Risk Ratings

NTIFASIL applies enhanced due diligence to investors located in a country identified as a high risk third country by the EU.

Account Opening Form

Regulated Credit or Financial Institution

Where the applicant is a Regulated Credit or Financial Institution in an Equivalent Jurisdiction, 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 (EU 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. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.
7. Evidence of UBO registration on the Beneficial Ownership Register (EU investors only)

Note: Where the beneficial owner is a corporate entity, Northern Trust 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 direct and/ or indirect 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 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 NT risk rating requirements, the identity should be verified in line with its legal form.

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

Where the applicant is domiciled in a high-risk jurisdiction, the following is also required

10. Identify and verify the identity of 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 company. 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 and verified.
11. Due diligence Questionnaire (incl. SOW/SOF for investor and UBO).

Account Opening Form

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 25% or more 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. Identification and verification (to the extent warranted by risk) of beneficial ownership for the financial intermediary/nominee (ensuring that where no natural person is identifiable who ultimately owns or controls the financial intermediary/nominee, Funds may consider the senior managing official(s) to be the beneficial owner(s)).
4. Evidence of UBO Registration on the Beneficial Ownership Register (EU 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. Identification and verification of the financial intermediary/nominee entity, in accordance with a Fund's identification and verification requirements per legal form of that entity.
2. Identification and verification (to the extent warranted by risk) of underlying investor(s) as the beneficial owner(s) of the funds invested.
3. Authorised Signatory List
4. Evidence of UBO Registration on the Beneficial Ownership Register (EU investors only).
5. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors.
6. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.

Where the applicant is domiciled in a high-risk jurisdiction, the following is also required:

7. Identification and verification of the financial intermediary/nominee entity, in accordance identification and verification requirements per legal form of that entity;
8. Identification and verification of underlying investor(s) as the beneficial owner(s) of the funds invested.
9. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO).
10. 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 25% or more of the investment.

Account Opening Form

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), please provide the following:

1. Please provide proof of listing on an equivalent market.
2. Entity name
3. Company registration number
4. Registered office address
5. Principle Business address

Where the applicant is not a Listed Company on a 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 to include name, address, date of birth
6. Identify and verify any beneficial owner beneficially entitled to 25% or more.
7. Identify and verify two senior managing officials (usually directors)
8. Receive confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors.
9. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.

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

10. **In addition** to proof of listing on a stock market obtain one of the following:
 - Search of the relevant company registry; or
 - Copy of Certificate of Incorporation or equivalent; or
 - Copy of Memorandum and Articles of Association or equivalent; or
 - Copy of latest audited financial statements.

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

Where the applicant is domiciled in a high-risk jurisdiction, the following is also required:

11. Proof of listing of the company
12. Full name of the company.
13. Registered number of the company.
14. Registered office and principal business address of the company.
15. Certificate of Incorporation or Equivalent.
16. Copy of Memorandum and Articles of Association.
17. Latest audited financial statement.
18. Details of directors of the company: Name, address, date of birth
19. Identify and verify two directors.

Account Opening Form

20. Identify and verify the identity of 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.
21. Due diligence Questionnaire (incl. SOW/SOF for investor and UBO)
22. Receive 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 25% or more 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), please provide the following:

1. Proof of listing for the parent
2. Legal name of the entity.
3. Evidence of ownership by the listed company.
4. 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).
5. Evidence of UBO Registration on the Beneficial Ownership Register (EU investors only).

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

1. Legal name of the entity
2. Registered number of the subsidiary company.
3. Registered office address & principal business address of the subsidiary company.
4. Proof of listing of the parent company
5. Independent evidence of ownership by the company listed on a stock market.
6. Name, address and date of birth for all directors of the subsidiary company.
7. Verify two directors.
8. 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.
9. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.
10. Evidence of UBO Registration on the Beneficial Ownership Register (EU investors only).

Note: Where the beneficial owner is a corporate entity, Northern Trust 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).

11. Receive 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 subsidiary company is deemed high-risk, the identity should be verified in line with its legal form.

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

Account Opening Form

Where the applicant is domiciled in a high-risk jurisdiction, the following is also required:

13. Identify and verify the identity of 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 company. 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 and verified.
14. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)
15. 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 25% or more of the investment.

Government / Public Body

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

1. Appropriate 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).
2. Entity legal name
3. Nature and status of entity
4. Registered office address of the entity
5. Name of the home state authority and nature of its relationship with public body.
6. Ownership/Gov. Dept. accountable for the entity.
7. Name of main public body officials/directors (or equivalent)

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 where the country is deemed medium risk by Northern Trust 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.
8. Ownership/Gov. Dept. accountable for the entity.
9. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.

Where the applicant is domiciled in a high-risk jurisdiction, the following is also required:

10. Identify and verify the identity the position of senior managing official(s) of the entity and evidence of authorisation to act on the customer's behalf.
11. Copy of the audited financial statements of the government body or public authority.
12. Due Diligence Questionnaire (incl. SOW/SOF for investor).

Account Opening Form

Pension Scheme

Where the applicant is an Employee/Superannuation or similar scheme in an Equivalent Jurisdiction, please provide the following confirmations

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.

Alternatively,

- Listed by EIOPA or equivalent - HMRC Cert obtained from the investor satisfies this requirement for UK based pensions
- OR-
- Obtain Trust Deed or equivalent which confirms that the entity is a pension or similar scheme which provide retirement benefits to employees
 - 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.

Where the applicant is not an Employee/ Superannuation or similar scheme in an Equivalent Jurisdiction, please provide the following:

1. Full name of the pension scheme.
2. Registered office address of the pension scheme
3. Confirmation of listing by EIOPA or equivalent HMRC Cert obtained from the investor satisfies this requirement for UK based pensions.
4. Identify controllers/trustees/ directors/
5. Verify two trustees/directors/controllers
6. Constitutional/Formation Document (e.g. Trust Deed)
7. 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.
8. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.

Where the applicant is domiciled in a high-risk jurisdiction, the following is also required:

9. Identify and verify the identity of the scheme administrator and entity carrying out AML/CTF controls on scheme investors (per legal form); or
10. Receive written confirmation from the entity carrying out AML/CTF controls similar to that requested from a regulated third party undertaking due diligence.
11. 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 and verified.
12. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)

Account Opening Form

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 an Equivalent Jurisdiction, please provide the following:

1. Please provide proof of regulation/ listing.
2. Full name of the CIS.
3. Registered address of the CIS.
4. Prospectus or equivalent.
5. Name and address of scheme promoter.
6. Name and address of scheme administrator.
7. Name and address of entity carrying out anti-money laundering and counter terrorist financing checks upon the scheme investors and evidence that the entity is regulated for AML/CTF purposes.
8. Identify any investors (beneficial owners) who own 25% or more (directly or indirectly) of the share capital.
9. Identify SMOs
10. Beneficial Owner Form
11. AML/CTF letter of comfort from the entity carrying out AML/CTF checks whom NTIFASIL is entitled to place reliance on.
12. Evidence of UBO Registration on the Beneficial Ownership Register (EU investors only).

Where the CIS is not either listed on a regulated financial market or regulated as a designated person in an Equivalent Jurisdiction, 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 anti-money laundering and counter terrorist financing checks upon the scheme investors and evidence that this entity is regulated for AML/CTF purposes. Identify and verify any investors (beneficial owners) who own 25% or more (directly or indirectly) of the share capital.
7. 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 and verified.
8. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice
9. AML/CTF letter of comfort from the entity carrying out AML/CTF checks whom NTIFASIL is entitled to place reliance on
10. Evidence of UBO Registration on the Beneficial Ownership Register (EU investors only).

Where the applicant is domiciled in a high-risk jurisdiction, the following is also required:

11. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)
12. Identify and verify the identity of 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;
or
13. Written confirmation from the entity carrying out AML/CTF controls similar to that requested from a regulated third party undertaking due diligence.

Account Opening Form

14. 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 and verified.
-

Individuals (including Joint Account Holders)

Where the applicant is an Individual, please provide the following documentation:

1. Photographic identity document.
2. Proof of address.
3. Source of wealth and source of funds. In general e-mail confirmation or completion of the relevant section of the app will suffice.

Where the applicant is domiciled in a high-risk jurisdiction, the following is also required:

4. Due Diligence Questionnaire (incl. Source of Funds and Source of Wealth). Documentary evidence may be required for high-risk investors.

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

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. Verification of identity of the company from:
 - Extract from relevant company registry or
 - Certificate of incorporation or
 - Copy of Mem & Arts or
 - Copy of latest audited financial statement
5. List of directors including name, date of birth and address for all directors
6. Verify the identity of at least two directors or, where applicable, one director and one authorised signatory (i.e. for each, one copy of a photographic identity document and one copy Proof of Address).
7. 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.
8. Evidence of UBO Registration on the Beneficial Ownership Register (EU investors only).
9. Confirmation of source of wealth and source of funds. In general email confirmation or completion of the relevant section of the app form will suffice

Account Opening Form

Note: Where the beneficial owner is a corporate entity, Northern Trust 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 NT risk rating requirements, the identity should be verified in line with its legal form.

Where the applicant is domiciled in a high-risk jurisdiction, the following is also required:

10. Identify and verify the identity of 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 and verified.
11. 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. Constitutional document (e.g. certificate of formation) or Operating agreement
4. Identify all managing members (name, date of birth and address)
5. Verify the identity of at least two managing members or, where applicable, one managing member 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 (EU investors only).
8. Confirmation of source of wealth and source of funds. In general email confirmation or completion of the relevant section of the app form will suffice

Note: Where the beneficial owner is a corporate entity, Northern Trust 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 direct and/ or indirect ownership and control structure).

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

Where the applicant is domiciled in a high-risk jurisdiction, the following is also required:

9. Identify and verify the identity of 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)/ managing members(s) of the entity must be identified and verified.
10. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)

Account Opening Form

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 (name date of birth, address) (where practical)
4. Or, if a Partnership Fund, names and address and date of birth of General Partner and partners who own more than 25% of the shares, profit or voting rights and listing of directors if appropriate.
5. Constitutional document (e.g. Partnership Agreement)
6. 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.
7. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.
8. Verify the identity of the general partner and a second partner (or in the absence of same an authorised signatory).
9. Evidence of UBO Registration on the Beneficial ownership Register (EU investors only).

Note: Where the beneficial owner is a corporate entity, Northern Trust 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 direct and/ or indirect ownership and control structure).

Where the applicant is not a Partnership Fund or located in one of the high-risk jurisdictions, the following is also required:

10. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO).
11. Identify and verify the identity of any partner who own 25% or more (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 25% 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 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 will only be required where payment is made directly to the beneficiary).

Account Opening Form

10. Verify the identity of the beneficiaries to the extent warranted by 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.
11. Evidence of UBO Registration on the Beneficial Ownership Register (EU investors only).
12. Confirmation of source of wealth and source of funds. In general email confirmation or completion of the relevant section of the app form will suffice

Note: Where the beneficial owner is a corporate entity, Northern Trust 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 direct and/ or indirect ownership and control structure).

Where the applicants are domiciled in a high-risk jurisdiction, the following is also required:

13. Confirmation as to how the settlor was in a position to make the investment.
14. Due Diligence Questionnaire (incl. SOW/SOF for investor and settlor)
15. Verify the identity of all trustees (i.e. in accordance with their legal structure)
16. Identify all beneficiaries or identify the class of beneficiaries.
17. Verify the identity of the beneficiaries beneficially entitled to trust's assets or beneficial interest, where practicable.

Foundation

Where the foundation is a registered charity please refer to charity requirements.

Where the applicant is evidenced to be a local or community based foundation in another deemed low or medium risk country **please provide the following:**

1. Full name of the foundation.
2. Registered address of the foundation.
3. Consider 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, where practical,
6. Nature/purpose of the foundation.
7. Identify all trustees, and verify the identity of two trustees, where applicable. Where the trustee is regulated proof of regulation should be placed on file.
8. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.
9. Identify and verify any beneficiary beneficially entitled to 25% or more of the foundation's 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 should be identified.
10. Evidence of UBO Registration on the Beneficial Ownership Register (EU investors only).

Note: Where the beneficial owner is a corporate entity, Northern Trust 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 direct and/ or indirect ownership and control structure).

Where the applicants are domiciled in a high-risk jurisdiction, the following is also required:

11. Verify the identity of two trustees authorised to operation on behalf of the foundation or, where applicable, one officer and one authorised signatory.

Account Opening Form

Where there are a large number of trustees, consideration will be given as to whether more than two trustees need to be verified (e.g. where additional risk factors have been identified)

12. Confirmation of the funding of the foundation.
 13. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)
 14. Identify and verify the identity of the beneficiaries who hold 25% or more of the beneficial interest. 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 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. Constitutional / Formation document (e.g. bye-laws or other governing document)
6. Name, address and date of birth of all trustees/directors/board members/governors (or equivalent) of the charity.
7. Identify and verify the company secretary or equivalent or, where applicable, verify the identity of one of the trustees.
8. (If a charitable trust), details of the settlor of the charitable trust.
9. 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 and verified.
10. Evidence of UBO Registration on the Beneficial Ownership Register (EU investors only).
11. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.
12. Complete a check of the relevant charities register or source confirmation of the registration of the charity with the relevant tax authorities (e.g. UK Charities Commission/ HMRC/Guidestar).

Where the applicant is not a registered Charity or where the applicant is domiciled in a high-risk jurisdiction, the following is also required:

13. Verify the identity of two trustees authorised to operate on behalf of the charity or, where applicable, one officer and one authorised signatory.
Where there are a large number of trustees, consideration will be given as to whether more than two trustees need to be verified (e.g. where additional risk factors have been identified).
 14. Copies of the audited financial statements.
 15. Constitutional/ formation document of the charity.
 16. 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).
 17. Identify and verify the identity of the beneficiaries (where ascertainable) of the charity. 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 and verified.
 18. Identify and verify the settlor, where applicable
-

Account Opening Form

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 of the club/society.
3. Confirmation of the legal status of the Cclub/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 complete a check of a relevant register (i.e. FCA or the Mutuals Public Register in the UK).
6. List of officers of the club/society including name, date of birth and address
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. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.
9. 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 and verified.
10. Evidence of UBO Registration on the Beneficial Ownership Register (EU investors only).

Where the applicant is domiciled in a high-risk jurisdiction, the following is also required:

11. Verify the identity of two officers of the club/society authorised to operate on behalf of the club/society or, where applicable, one officer and one authorised signatory.
Where there are a large number of officers, consideration will be given as to whether more than two officers need to be verified (e.g. where additional risk factors have been identified)
12. Copies of audited financial statements.
13. Constitutional/ formation document of the club/society
14. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)
15. Identify and verify the identity of 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 and verified.

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 address of the School, College or University.
3. Verify the identity of the school etc. by checking with relevant registers and/or obtaining appropriate background information e.g. via internet search.
4. Identify main officials of the school including name, date of birth and address.
5. Identify and verify the identity of at least two officials or, where applicable, one official and one authorised signatory.
6. Obtain details of ownership of the entity. In particular, determine 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 and verified.
7. Evidence of UBO Registration on the Beneficial Ownership Register (EU investors only).
8. Identify and verify the settlor, where applicable.

Account Opening Form

9. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.

Where the applicant is domiciled in a high-risk jurisdiction, the following is also required:

10. Identify and verify the identity of 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 and verified.
11. Identify and verify the identity of at least two officials or, where applicable, one official and one authorised signatory.
Where there are a large number of officials, consideration will be given as to whether more than two officials need to be verified (e.g. where additional risk factors have been identified).
12. 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. Nature/purpose of the church including the nature of the funding of the church.
4. Complete a check of a relevant church register or source a copy of the revenue approval for the church;
5. Name, address and date of birth of all trustees/directors/governors/board member 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. 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 and verified.
8. Identify and verify the settlor where applicable.
9. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.
10. Evidence of UBO Registration on the Beneficial Ownership Register (EU investors only).

Where the applicant is domiciled in a high-risk jurisdiction, the following is also required:

11. Copies of audited financial statements for the church.
12. Identify and verify the identity of at least two officials or, where applicable, one official and one authorised signatory.
Where there are a large number of trustees consideration will be given as to whether more than two trustees needs to be verified (e.g. where additional risk factors have been identified).
13. Constitutional/formation document of the church.
14. Due Diligence Questionnaire (incl. SOW/SOF for investor and settlor if applicable).
15. Identify and verify the beneficiaries (where ascertainable) of the church. 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 and verified.

7

Account Opening Form

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 (EU 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 and verify all persons who are empowered to make the investment on behalf of the trade union (president, secretary, treasurer and other senior committee members).
9. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.

Where the applicant is domiciled in a high-risk jurisdiction, the following is also required:

10. Identify and verify the identity of at least two senior committee members of the trade union. Where there are a large number of officials, consideration will be given as to whether more than two officials need to be verified (e.g. where additional risk factors have been identified).
11. Due Diligence Questionnaire (incl. SOW/SOF for investor)
12. Identify and verify the identity of 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 and verified.

Account Opening Form

Appendix 6.1 – Letters of Assurance Requirements (provision in advance)- 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 Regulations¹¹

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 owners¹², 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;

¹¹ Please complete the Declaration of Beneficial Ownership below.

¹² 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.

Account Opening Form

- 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;
- 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/CTF 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]

Account Opening Form

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 Regulations¹³

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 owners¹⁴, 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;

¹³ Please complete the Declaration of Beneficial Ownership below.

¹⁴ 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.

Account Opening Form

- 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 any information provided above.

I confirm that I have sufficient knowledge of and responsibility for AML/CTF 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]

Account Opening Form

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 of the investor (Please complete section 1 below of this declaration).

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):		
City, Town, State, Province or County	Postal/ZIP Code:	Country:

Account Opening Form

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]

¹ **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, 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.

- 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.

In addition to the measures required in relation to a customer and a beneficial owner, in the case of beneficiaries of trusts or of similar legal arrangements that are designated by particular characteristics or class, a designated person shall obtain sufficient information concerning the beneficiary to satisfy the designated person that it will be able to establish the identity of the beneficiary at the time of the pay out or at the time of the exercise by the beneficiary of its vested rights."

- 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.

Account Opening Form

- E. Beneficial Owner, in relation to the estate of a deceased person where the estate is in the course of administration, means the executor or administrator of the estate concerned

Beneficial Owner in relation to a legal entity or legal arrangement, that does not fall within the above definitions, means:

- i. If the individuals who benefit from the entity or arrangement have been determined, any individual who benefits from the property of the entity or arrangement;
- ii. If the individuals who benefit from the entity or arrangement have yet to be determined, the class of such individuals in whose main interest the entity or arrangement is set up or operates;
- iii. Any individual who exercises control over the property of the entity or arrangement; and
- iv. Any individual holding a position, in relation to the legal entity or legal arrangement that is similar or equivalent to the position specified in relation to a trust.

Beneficial Owner, in any other case, means the individual who ultimately owns or controls the entity or arrangement or on whose behalf a transaction is being conducted.

NTIFASIL will consider persons who may exercise 'control through other means' (where identified) as per EBA Guidelines;

- i. control without direct ownership, for example through close family relationships, or historical or contractual associations;
- ii. using, enjoying or benefiting from the assets owned by the customer;
- iii. responsibility for strategic decisions that fundamentally affect the business practices or general direction of a legal person.

Identification of beneficial owners means the individual name. Verification (as warranted by the degree of risk) may for a beneficial owner include date of birth, nationality and residential address.

Account Opening Form

Appendix 7 – Terms and Conditions of Service for instructions issued to the Administrator via email

Terms and Conditions of Service for instructions issued to the Administrator via email

Introduction

If you (hereinafter referred to as the “Investor”) wish to send Northern Trust International Fund Administration Services (Ireland) Limited, (the “Administrator”), instructions in respect of the Shares of **Fund** (the “Fund”) in portable document format (“PDF”) or commonly used equivalent scanned form which is transmitted to the Administrator via email, then the terms as set out below will apply to the Investor’s account.

IT IS IMPORTANT THAT THE INVESTOR READS THESE TERMS AND CONDITIONS OF SERVICE CAREFULLY.

By completing the appropriate documentation (e.g. account opening forms, additional subscription forms, transfer/switch requests or redemption forms) and instructing the Administrator in respect of the Shares of the Fund via email, the Investor will have accepted the following Terms and Conditions of Service.

A. Procedure for PDF Instructions

1. The email address to submit PDF instructions SanlamTAInstruction@ntrs.com **This address is to be solely used for sending PDF instructions via email in respect of the shares in the Fund.**
2. The Investor shall ensure that the PDF instruction is signed by properly authorised persons, scanned and attached to a **blank email** which is addressed to SanlamTAInstruction@ntrs.com
3. PDF instructions received without the scanned PDF form attached will not be accepted.
4. Upon receipt of an email with the scanned PDF instruction, the Administrator will send the Investor a task number by auto-response.
5. The task number acknowledges receipt of the Investor’s instruction.
6. The task number is not confirmation of placement of the instruction.
7. The Administrator must be in receipt of the instruction prior to the relevant dealing deadline as set out in the Fund’s Prospectus. The Administrator will not be responsible for any delays in receipt.
8. If the Investor does not receive a task number by auto response, it is the Investor’s responsibility to contact the Administrator by telephone (details confirmed within the application form) to confirm that the Administrator has received the Investor’s instruction.
9. If the Investor sends the Administrator a PDF dealing instruction in respect of the shares in the Fund to a mailbox other than specified above, the Administrator will reject the instruction and/or the deal will not be placed. Notification of rejection may not be given prior to the dealing cut off.
10. In cases where the Investor has supplied the Administrator with a “group” email address, the Administrator will have fully discharged its responsibilities where it has sent any communication to this “group” address.
11. The Investor should not send a duplicate instruction by alternative means to the Administrator as this could lead to a duplicate e.g. deals being placed in error.
12. The Investor is not obliged to instruct in this manner.

B. General Terms and Conditions of Service:

1. Email is not a secure form of communication and may be subject to interception, interruption, corruption, distortion, non-delivery, loss, may not be confidential, secure or error free and may contain viruses. Using and relying on email involves increased risk of fraud and of miscommunications including those due to a telecommunications system or equipment failure, misdirected communications or illegibility of the instructions or documents and the Investor will bear the risks if the Investor wishes to conduct the Investor’s dealings using email.
2. The Administrator is authorised and instructed to accept and execute any instructions in respect of shares in the Fund given by the Investor in PDF form or by email. The Administrator will rely conclusively upon, and neither the Company nor the Administrator shall incur liability in respect of any action taken upon any instruction believed in good faith to be genuine.
3. Neither the Company nor the Administrator will be responsible or liable for the authenticity of instructions received from the Investor or any authorised person and may rely upon any instruction from any such person representing himself to be a duly authorised person reasonably believed by the Administrator to be genuine.
4. Neither the Company nor the Administrator will accept responsibility or liability of any nature whatsoever arising out of or in connection with instructions given by the Investor in PDF form or by email, including without limitation, the Investor’s use of an incorrect email address, failure of the Investor’s transmission, interception, alteration or corruption of the

Account Opening Form

Investor's email transmission, non-receipt of the Investor's electronic instruction, failure of technical infrastructure, error, omission, interruption, deletion, defect, delay in operation or transmission, computer virus, communication line failure, or any allotment, switch or redemption or other action taken in good faith by the Administrator upon any electronic instruction. In addition, neither the Company nor the Administrator will be liable for any failure to act upon electronic instructions due to equipment failure or for any cause that is beyond the control of the Administrator.