

# FUND INVESTMENT APPLICATION FORM

Model 5.13

## 1 REGISTRATION NAME

Full Company Name	<input type="text"/>		
Account Name	<input type="text"/>		
Permanent address of residence	<input type="text"/>	No.	<input type="text"/>
Post Code	<input type="text"/>	City	<input type="text"/>
		Country	<input type="text"/>
Country of Tax Residence*	<input type="text"/>	Tax Identification Number*	<input type="text"/>
Other Country of Tax Residence*	<input type="text"/>	Tax Identification Number*	<input type="text"/>
Other Country of Tax Residence*	<input type="text"/>	Tax Identification Number*	<input type="text"/>

\*This information is mandatory. Please explain the reason if you cannot provide a valid Tax Identification Number (for example if the Country of Tax Residency does not issue a Tax Identification Number). The above fields need to be filled accordingly if the entity is tax resident in more than one country or has received more than one Tax Identification Number.

### Contact Person / Department

Last Name	<input type="text"/>	First Name	<input type="text"/>	Position	<input type="text"/>
Phone	<input type="text"/>	E-mail	<input type="text"/>	Fax	<input type="text"/>
				Fax for Confirmation	<input type="text"/>
				Fax for Monthly Statement	<input type="text"/>

### Mailing Address if different from the permanent address

Full Company Name	<input type="text"/>		
Street	<input type="text"/>	No.	<input type="text"/>
Post Code	<input type="text"/>	City	<input type="text"/>
		Country	<input type="text"/>
Attention to	<input type="text"/>		

## 2 FATCA STATUS (mandatory)

Please select one of the following classification for the purposes of the Foreign Account Tax Compliance Act:

- a) Participating Foreign Financial Institution (PFFI)
- b) Reporting FATCA Partner FI
- c) Participating FFI in a model 2 IGA jurisdiction\*
- d) Registered deemed compliant FFI\*
- e) Direct reporting NFFE

*If you choose one of the above status, please provide your GIIN:*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> f) Non reporting FATCA partner FI  | <input type="checkbox"/> j) Limited FFI*      | <input type="checkbox"/> n) US owned NFFE*     |
| <input type="checkbox"/> g) Non participating FFI           | <input type="checkbox"/> k) Active NFFE*      | <input type="checkbox"/> o) Non US owned NFFE* |
| <input type="checkbox"/> h) Certified deemed compliant FFI* | <input type="checkbox"/> l) Specified US*     |  |
| <input type="checkbox"/> i) Exempt beneficial owner*        | <input type="checkbox"/> m) Non Specified US* |  |

\* For such status, please also provide us with one of the following document: W9, W-8BEN-E or W-8ECI.

In case of doubt or question related to your FATCA status, please revert to your Tax advisor or consult the IRS US website:

<http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA>

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### 3 CRS STATUS (mandatory)

Please tick the only relevant box that applies:

- Reporting Financial Institution
- Non-Reporting Financial Institution
- Active NFE – Publicly traded NFEs and related entities, Governmental entities, Int. organizations, central banks or their wholly owned entities
- Active NFE – Other
- Passive NFE – Non active NFE (*please complete section 4*)
- Passive NFE - Investment Entity that is not a Participating Jurisdiction FI\* (*please complete section 4*)

\* Please note that if the related jurisdiction becomes a Participating jurisdiction, the status of the entity will automatically be changed to Reporting FI. Therefore, a new self-certification may be requested.

### 4 PASSIVE NFE CONTROLLING PERSONS

Please list below each Controlling Person of the Entity, confirming all countries of tax residence and all Tax Identification Numbers for each Controlling Person\*.

	Controlling Person 1	Controlling Person 2	Controlling Person 3	Controlling Person 4
<b>Full Name</b> (First and last name)				
<b>Date of Birth</b> (DD/MM/YYYY)				
<b>Country of Birth</b>				
<b>Place of Birth</b>				
<b>Full Address</b> (House No, Street, City, Country, Post Code)				
<b>Country(s) of Tax Residence(s)</b> (Do Not Abbreviate)				
<b>Associated TIN(s)**</b>				
<b>Type of Controlling Person*</b>				

\* For an Entity that is a legal person, the term “Controlling Persons” means the natural person(s) who exercises control over the Entity through ownership interest. Control ownership interest depends on the ownership structure of the legal person (e.g. any person(s) owning more than a certain percentage of the legal person, such as 25%). Where no natural person(s) exercises control through ownership interests, the Controlling Person(s) of the Entity will be the natural person(s) who exercises control of the Entity through other means. Where no natural person(s) is identified as exercising control of the Entity, the Controlling Person(s) of the Entity will be the natural person(s) who holds the position of senior managing official. For Trust, it includes settlor/grantor, trustee, protector, beneficiary or any class of beneficiaries and shareholder, and any other natural person exercising ultimate effective control over the Trust. In the case of a legal arrangement other than a trust, the term “Controlling Persons” means persons in equivalent or similar positions as those that are Controlling Persons of a trust.

\*\*This information is mandatory. Please explain the reason if you cannot provide a valid Tax Identification Number (for example if the Country of Tax Residency does not issue a Tax Identification Number).

### 5 INVESTMENT

The investor is investing on its own behalf and is the economic beneficiary.

The investor is not investing on its own behalf but for a third party who is the economic beneficiary(ies) of the funds.

*In case you are investing on behalf of a third party and you are not supervised in a FATF jurisdiction, please send us the identification documents of the third party according to section 3 of this document for completion of the account opening process.*

I/We agree to inform immediately SGSS in case of any change of ownership.

Upon request, any additional information/documentation relating to:

- any beneficial owners including for the avoidance of any doubt (i) the beneficial owners behind the shareholders appearing as the legal owners of the shares/units of the Fund and, as the case may be, (ii) the beneficial owners of the share/units of the Fund for whom the legal owners mentioned in (i) hold the shares/units of the Fund and/or shareholders holding at least 25% (twenty five percent) of the shares/units issued by the Fund.
- any entity used by or on behalf of the beneficial owners mentioned in point (ii) for the purpose of investing in the Fund.

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## 6 INVESTMENT DETAILS

We would like to invest in the following Funds and Classes of :

ISIN	Name of the Fund	Class

## 7 INVESTOR CLASSIFICATION

**1**

Investor type

- BANK, INSURANCE, FINANCIAL INSTITUTION
- NON-FINANCIAL ENTITY
- FUND
- PENSION PLAN
- UK PENSION SCHEME
- LOCAL GOV. PENSION SCHEME
- TRUST&TRUSTEE
- NOMINEE
- FOUNDATION
- SUPRA-NATIONAL ORGANIZATION
- Other

**2**

List of Jurisdiction of Incorporation

**3**

List of documents to Send\*

Please select the type of investor by selecting the relevant button at point 1 of this section

\*Societe Generale Luxembourg may have to request additional document to complete your records.

**Important Notes:**

If you are unable to enable the macro on your computer, please forward certified true copies of the relevant documents of incorporation and the latest financial reports available and please note that additional documentation will be required from you.

## 8 PAYMENT INSTRUCTIONS

International Bank Account Number (IBAN) & Account Holder name	Bank Name	BIC /SWIFT Code	Currency	BIC/SWIFT code for Correspondent Bank

For any payment in Europe, please note that an IBAN is mandatory. If needed, your bank can provide it to you.  
**If you would like to provide us with additional account details for other currencies, please attach a separate signed list.**

**Payment of Dividends**

Re-investment

Payment in Cash

**Clearing House Settlement -if applicable-**

Your Account Number  Clearstream  Euroclear

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## 9 IDENTIFICATION OF THE BENEFICIAL OWNERS (hereinafter the BO)

### A - Information on the BO

If a person is listed below as a «BO of the Entity – senior managing official», a supporting documentation justifying the link between that person and the entity must be attached to this form.

	Beneficial Owner (BO) 1	Type of Beneficial Owner (please see instructions)
First name		<input type="checkbox"/> BO of legal person – ownership Percentage of shareholding: _____ <input type="checkbox"/> BO of legal person – other means <input type="checkbox"/> BO of legal person – senior managing official <input type="checkbox"/> BO of legal arrangement – trust – settler <input type="checkbox"/> BO of legal arrangement – trust – trustee <input type="checkbox"/> BO of legal arrangement – trust – protector <input type="checkbox"/> BO of legal arrangement – trust – beneficiary <input type="checkbox"/> BO of legal arrangement – trust – other <input type="checkbox"/> BO of legal arrangement – other – settlor equivalent <input type="checkbox"/> BO of legal arrangement – other – trustee equivalent <input type="checkbox"/> BO of legal arrangement – other – protector equivalent <input type="checkbox"/> BO of legal arrangement – other – beneficiary equivalent <input type="checkbox"/> BO of legal arrangement – other – other equivalent
Last name		
Date of birth		
City of birth		
Country of birth		
Nationality(ies)		
N° of Identity Card or Passport		
Address (House No., Street, City, Post Code, Country)		
Country(ies) of Tax Residence	1 _____ 2 _____ 3 _____	
Associated TIN(s) or reason of unavailability	1 _____ 2 _____ 3 _____	

	Beneficial Owner (BO) 2	Type of Beneficial Owner (please see instructions)
First name		<input type="checkbox"/> BO of legal person – ownership Percentage of shareholding: _____ <input type="checkbox"/> BO of legal person – other means <input type="checkbox"/> BO of legal person – senior managing official <input type="checkbox"/> BO of legal arrangement – trust – settler <input type="checkbox"/> BO of legal arrangement – trust – trustee <input type="checkbox"/> BO of legal arrangement – trust – protector <input type="checkbox"/> BO of legal arrangement – trust – beneficiary <input type="checkbox"/> BO of legal arrangement – trust – other <input type="checkbox"/> BO of legal arrangement – other – settlor equivalent <input type="checkbox"/> BO of legal arrangement – other – trustee equivalent <input type="checkbox"/> BO of legal arrangement – other – protector equivalent <input type="checkbox"/> BO of legal arrangement – other – beneficiary equivalent <input type="checkbox"/> BO of legal arrangement – other – other equivalent
Last name		
Date of birth		
City of birth		
Country of birth		
Nationality(ies)		
N° of Identity Card or Passport		
Address (House No., Street, City, Post Code, Country)		
Country(ies) of Tax Residence	1 _____ 2 _____ 3 _____	
Associated TIN(s) or reason of unavailability	1 _____ 2 _____ 3 _____	

	Beneficial Owner (BO) 3	Type of Beneficial Owner (please see instructions)
First name		<input type="checkbox"/> BO of legal person – ownership Percentage of shareholding: _____ <input type="checkbox"/> BO of legal person – other means <input type="checkbox"/> BO of legal person – senior managing official <input type="checkbox"/> BO of legal arrangement – trust – settler <input type="checkbox"/> BO of legal arrangement – trust – trustee <input type="checkbox"/> BO of legal arrangement – trust – protector <input type="checkbox"/> BO of legal arrangement – trust – beneficiary <input type="checkbox"/> BO of legal arrangement – trust – other <input type="checkbox"/> BO of legal arrangement – other – settlor equivalent <input type="checkbox"/> BO of legal arrangement – other – trustee equivalent <input type="checkbox"/> BO of legal arrangement – other – protector equivalent <input type="checkbox"/> BO of legal arrangement – other – beneficiary equivalent <input type="checkbox"/> BO of legal arrangement – other – other equivalent
Last name		
Date of birth		
City of birth		
Country of birth		
Nationality(ies)		
N° of Identity Card or Passport		
Address (House No., Street, City, Post Code, Country)		
Country(ies) of Tax Residence	1 _____ 2 _____ 3 _____	
Associated TIN(s) or reason of unavailability	1 _____ 2 _____ 3 _____	

I/We confirm that all information and statements made in this BO declaration are to the best of my knowledge and belief, correct and complete. I/We confirm the details of each BO have been correctly completed when applicable.

I/We agree that I/We will submit a new BO declaration to SG Luxembourg within 90 (ninety) days if any information on this BO declaration changes or becomes incorrect, including those relating to the BOs.

I/We certify that I have capacity to sign for the entity identified in this form as being the legal person investing in the Fund.

### B - Signature of BO

In order to allow the Fund and SG Luxembourg acting in its capacity as transfer agent on behalf of the Fund to be in a position to respect their respective obligations in terms of risk assessment, all the individuals identified with the exception of the «BO of the Entity– senior managing official» and BO of the legal structure - trust - beneficiary», must confirm and sign the below tax compliance certification:

In my capacity as beneficial owner of the Entity, I acknowledge that I am the only person responsible for the analysis of the reporting requirements in terms of declarations made to the taxation authorities in my country of residence and for all jurisdictions in general, with regard to the assets held in the account.

In order to determine the scope of my obligations, it is therefore my responsibility to obtain any assistance from qualified independent advisors if I believe this to be necessary.

I hereby certify to be fully compliant with these reporting requirements.

Signature BO 1  BO 2  BO 3

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### 10 REPRESENTATIONS AND WARRANTIES

I/We hereby authorise the Funds and/or the Management Company and/or the Registrar Agent or Agents thereof to accept redemption, purchase, transfer, exchange instructions via facsimile. All such instructions will be signed by authorised signatories in accordance with the most recent list of authorised signatories provided.

I/we hereby acknowledge that any instruction is only accepted by SGSS via facsimile, post, SWIFT or other agreed electronic file, and that SGSS will not accept any instruction sent by email.

I/We agree that redemption proceeds will only be payable to the bank details provided above. Changes of registration, address, authorised signatories and bank details will be provided to the Registrar Agent or Agents thereof in advance of a further instruction request. Such changes will be forwarded by way of an original letter or facsimile, which will be signed in accordance with the most recent list of authorised signatories provided. Such request for change may be subject to documentation request.

I/We agree that the instructions will be re-confirmed by the Registrar Agent and agree to give a prompt attention to such confirmations, as a way to ensure of the genuineness, completeness and accuracy of the initial instructions.

I/We hereby indemnify the Funds and/or the Management Company and/or the Registrar Agent or Agents thereof and agree to keep each of them indemnified against any loss of any nature, including but not limited to legal or court costs incurred in enforcing this indemnity, demands, expenses, actions, proceedings and claims whatsoever arising to each of them as a result of any of them acting upon such facsimile instructions. The Funds and/or the Management Company and/or the Registrar Agent or Agents thereof may rely conclusively upon and shall incur no liability in respect of any transfer, payment or any other action taken upon any notice, consent, request, instruction or other instrument received via facsimile and believed in good faith to be genuine or to be signed by properly authorized persons.

I/we confirm that the data/documents I/we have supplied are correct and complete.

I/We confirm that the nature of my/our business relationship with the Fund is for investment purposes in the Fund.

#### For European Union and Swiss Subscribers

I/We hereby acknowledge that I/We have read and understood the Key Investor Information Document for the sub-fund/fund in which I/We intend to invest. The most recent version of this document has been obtained from my/our investment/financial advisor or by downloading directly from the relevant Fund's website before signing this application form.

Should I/We make future subscriptions (including by way of exchange or automatic investment plan) to the same sub-fund/fund or to another sub-fund/fund, I/We furthermore confirm that I/We will obtain and read the most recent version of the relevant Key Investor Information Document from my/our investment/financial advisor or directly from the relevant Fund's website before making new subscription.

### 11 INVESTOR'S INFORMATION AND PERSONAL DATA

I/We confirm receipt of the Prospectus and, if applicable, the Management Regulations, the account application form, and where available, the last annual report and a semi-annual report, of which documents I/we have a thorough understanding, and agree to be bound by the terms of the current Prospectus and, if applicable, the Management Regulations.

I/We confirm and warrant that this account application form has not been completed either by or for a United States person or any other person who is not eligible to invest in accordance with the terms of the Prospectus and, if applicable, the Management Regulations.

In the case a change in circumstances occurs (i.e. any fact that makes any information on this account application or other documentation provided incorrect), I/we must inform SG Luxembourg within 30 days of the change and provide any supporting documentation required.

I/We represent and warrant that all consents required to be obtained and all legal requirements necessary to be complied with or observed in order for this account application form or the issue of the Units/Shares/Partnership Interests to be lawful and valid under the law of any jurisdiction to which I am/we are subject, have been obtained, complied with or observed.

I/We agree that any personal data within the meaning of the Regulation (EU) n°2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (GDPR) processed, on behalf of the Fund acting in its capacity as data controller within the meaning of GDPR, by Société Générale Luxembourg acting in its capacity as the Registrar Agent (and qualified as data processor within the meaning of GDPR), as further detailed in the Prospectus or, if applicable, the Management Regulations as a result of this account application form or the services rendered by the Registrar Agent on behalf of the Fund may be stored, used and transferred by the Registrar Agent for the purpose of fulfilling its duties as well as applicable anti-money laundering obligations, avoiding investment fraud in the European Union and complying with the obligations of the OECD Common Reporting Standard (CRS).

I/We hereby expressly consent that SG Luxembourg acting in its capacity as Transfer Agent, qualified as data processor within the meaning of GDPR, may for the purpose of providing services to the attention of the Fund, transfer data contained in this account application form and any other personal data within the meaning of GDPR relating to my/our transactions in the Fund, to entities:

- (i) for which SG Luxembourg ensures that they provide sufficient guarantees regarding the implementation of appropriate technical and organizational measures in order for the processing of personal data to comply with the requirements of GDPR; and
- (ii) which are listed in an appendix submitted to the Fund (hereinafter the Sub-Processors).

I/ We acknowledge that the Sub-Processors can be used for the purpose of carrying out processings listed in an appendix submitted to the Fund (including among others processing unit transactions, providing any operational support task, fulfilling applicable anti-money laundering and counter-terrorist financing obligations and for avoiding investment fraud).

I/We acknowledge and agree that SG Luxembourg is authorised, but solely to the extent strictly necessary for the performance of the services provided to the Fund, to use processing facilities located in a country not ensuring an adequate level of protection within the meaning of GDPR subject to SG Luxembourg having entered into standard contractual clauses in accordance with the procedures provided for by the European Commission for the transfer of personal data to sub-contractors established in third countries or any other appropriate guarantees as defined in article 46 of GDPR.

This consent to transfer data remains valid for as long as I/We hold my/our investment in the Fund and for 1 year thereafter unless otherwise required by an applicable law. I/we also explicitly waive my/our right under the Luxembourg banking secrecy rules applicable to the Transfer Agent.

I/We hereby acknowledge that Luxembourg authorities may exchange any personal data within the meaning of GDPR with other national authorities, including tax authorities in jurisdictions where I/we may be taxable.

I/We am/are hereby informed that I/We have a right to access my/our personal data within the meaning of GDPR and may ask for a rectification thereof in case where such personal data is inaccurate or incomplete. In this respect, I/We may contact in writing:

- (i) the Fund that is responsible for the protection of my/our rights pursuant to GDPR as well as for providing Me/Us with adequate information about the processing of personal data; and/or
- (ii) SG Luxembourg that undertakes to provide the Fund with reasonable co-operation for enabling the Fund to meet its legal requirements.

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I/We understand that the Sub-Funds are NOT registered under the current United States Investment Company Act of 1940 nor are the Shares registered in any State within the United States or the current United States Securities Act of 1933 and as such, may not be offered, sold, transferred or delivered to or owned by a US Person as defined in the Prospectus.

I/We confirm that I/we am/are not (i) a "U.S. person" as defined in Regulation S under the United States Securities Act of 1933, as amended, (ii) not a "Non-United States Person" as defined in Rule 4.7 under the U.S. Commodity Exchange Act, as amended, or (iii) a "United States person" as defined in Section 7701(a)(30) of the United States Internal Revenue Code, as amended or (iv) a "U.S. Person" as defined in the Further Interpretative Guidance and Policy Statement Regarding Compliance with Certain Swap Regulations, as promulgated by the United States Commodity Futures Trading Commission, 78 Fed. Reg. 45292 (26 July 2013), as may be amended, (any person referred to in any of (i), (ii), (iii) or (iv), a "Restricted U.S. Investor").

I/We confirm I/we shall notify the SGSS immediately if I/we becomes a Restricted U.S. Investor or holds Units for the account or benefit of a Restricted U.S. Investor, whereupon Units held by or for the account of the I/we shall be subject to compulsory redemption. In addition, the I/we understands that if I/we fail to provide SGSS with the requisite information required by the FATCA provisions of the United States Internal Revenue Code, as amended (Sections 1471 through 1474) and such failure causes the Fund or a Sub-Fund to be subject to withholding tax, any such withholding tax shall be treated as a distribution to such I/we and Units held by such I/we shall also be subject to compulsory redemption.

In the case a change in circumstances occurs (i.e. any fact that makes any information on this account application or other documentation provided incorrect), I/we must (i) inform SGSS within 30 days of the change and (ii) provide any supporting documentation required.

Date

Name of Signatory 1

Signature

Name of Signatory 2

Signature

Please do not forget to provide your list of authorised signatures including your company's letterhead, issuing date, powers and certified by one of the following department: Human Resources, Legal, Compliance, or Director, CEO.

We undertake to provide SG Luxembourg with a limited list of authorized persons that should in any event not exceed the number of 10 persons,

This form should be printed and faxed to +352 47 51 67

For non financial entity and non supervised entity, please also send it by post as original to:

Societe Generale Luxembourg  
(operational center)  
SGSS/Transfer Agency  
28-32, Place de la Gare  
L-1616 Luxembourg

b/b