

<p>Mailing Address C/o STATE STREET Ireland Limited Transfer Agency Department 78 Sir John Rogerson's Quay Dublin 2 Ireland Tel: + 353 1 242 5540 Fax: + 353 1 438 9555 Email: BrandesTA@statestreet.com</p>	<p>Hours of Operation: 4:00am – 4:00pm New York time (normally 9:00am – 9:00pm Irish time)</p> <p>Please tick here if this Application Form has already been sent by facsimile transmission. <input type="checkbox"/></p>
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This Application Form is to be used exclusively for investing in shares of Brandes Investment Funds plc (the “Fund”). This Application Form, and the application procedures contained herein, should be read in conjunction with the relevant Key Investor Information Document and Prospectus for the Fund. Capitalised terms not otherwise defined in this Application Form shall have the meaning provided in the Prospectus.

Instructions
<p>For initial subscriptions for Shares you must complete the Application Form and post it to the address above. Completed Application Forms may also be sent by fax with the original Application Forms and the supporting documentation required for Anti-Money Laundering purposes to follow by post immediately thereafter.</p> <p>Failure to provide the original Application Form along with the documentation required for Anti-Money Laundering purposes may result in the deduction of tax due to the Irish Finance Act requirements outlined in the Anti-Money Laundering section and/or a delay in the acceptance and/or payment of a transfer/redemption request.</p> <p>The Fund requires at a minimum copies of the relevant Anti-Money Laundering documentation to be provided at the account opening stage, with original documentation to follow as applicable.</p> <p>Subsequent subscriptions may be made in writing or by facsimile or such other means, including web portal, in accordance with the requirements of the Central Bank and as may be permitted by the Administrator, stating your registration details and the amount to be invested. Please contact the Administrator for further details.</p> <p>For non-retail accounts, i.e., all shareholder accounts other than those in the name of an individual, an authorised signatory list must be provided at the time of account opening for the investing entity in whose name the account is being opened. The Application Form must be signed by no less than two authorised signatories.</p> <p>Any changes to the original account details must be received in original format and signed by no less than two authorised signatories, in the case of a company, on corporate letterhead, and in the case of retail applicants, all account signatories must authorise every instruction.</p>

Subscription Information
<p>The Application Form must be received by 4:00pm New York time (normally 9:00pm Irish time) on the Dealing Day. Application Forms received after that time will be deemed to have been received for the next Dealing Day.</p> <p>Subscription monies should be received by wire transfer in cleared funds by the relevant settlement deadline as set out in the Prospectus and in the currency of the relevant Share Class.</p>

	EURO	US Dollars	Sterling
SWIFT Code	BOFADEFX	BOFAUS3N	BOFAGB22
Beneficiary Bank	Bank of America N.A., Frankfurt	Bank of America N.A., New York	Bank of America N.A., London
Account Number		6550262979	
Beneficiary Name	Brandes Investment Funds PLC	Brandes Investment Funds PLC	Brandes Investment Funds PLC
Beneficiary IBAN	DE72 5001 0900 0020 2700 10		GB79 BOFA 1650 5021 7570 10
Reference	Name of Fund – Applicant	Name of Fund – Applicant	Name of Fund – Applicant

Please ensure that your bank quotes the details above in the electronic funds transfer to the appropriate bank.

Details of Expected Investment (please complete this section)	
Level of expected total investment:	Please tick one of the following boxes
Ranging between a currency equivalent to EUR 0 to EUR15K	<input type="checkbox"/>
Ranging between a currency equivalent to EUR 15K to EUR100K	<input type="checkbox"/>
Ranging between a currency equivalent to EUR 100K to EUR1M	<input type="checkbox"/>
Ranging between a currency equivalent to EUR 1M to EUR100M	<input type="checkbox"/>
Superior to a currency equivalent to EUR 100M	<input type="checkbox"/>
Declaration of investment:	Please tick one of the following boxes to confirm whether you invest for your own account or on behalf of another person
Investing on my/our own behalf	<input type="checkbox"/>
Investing on behalf of a Third Party Disclosed in the Investor Name	<input type="checkbox"/>
Investing on behalf of several non-disclosed Third Parties (omnibus/pooled accounts)	<input type="checkbox"/>

Details of Investment:				
The Applicant, having received and read a copy of the Prospectus of the Fund and the relevant Key Investor Information Document hereby applies to invest in the Fund, as indicated in the table below:				
Fund Name	Share Class	Currency	Number of Shares	Value of Subscription

Should you have any questions, please contact the Administrator, State Street Ireland Limited, 78 Sir John Rogerson's Quay, Dublin 2, Ireland. Telephone: + 353 1 242 5540 | Facsimile: + 353 1 438 9555 | Email: BrandesTA@statestreet.com

Account Registration Details	
Registered Name	
Account Designation (if any)	
Shareholder Type ¹	
Occupation (if individual or joint account) or Nature of purpose of entity (if entity)	

Source of funds for initial investment (please tick multiple boxes if appropriate)	<input type="checkbox"/> Inheritance <input type="checkbox"/> Salary <input type="checkbox"/> Sale of assets (please specify) <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Gift <input type="checkbox"/> Pension <input type="checkbox"/> Lottery	<input type="checkbox"/> Sale of Business <input type="checkbox"/> Investment income			
<p><i>Further supporting documentation may be requested if deemed necessary to verify the above information.</i></p>						
Source of wealth, i.e., aggregation of accumulated wealth (please tick multiple boxes if appropriate)	<input type="checkbox"/> Inheritance <input type="checkbox"/> Salary <input type="checkbox"/> Sale of assets (please specify) <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Gift <input type="checkbox"/> Pension <input type="checkbox"/> Lottery	<input type="checkbox"/> Sale of Business <input type="checkbox"/> Investment income			
<p><i>Further supporting documentation may be requested if deemed necessary to verify the above information.</i></p>						
Remitting Bank Details	<p>Remitting Bank Details:</p> <p><input type="checkbox"/> As per bank account details for redemptions & dividends stated below</p> <p><i>OR please complete the details below*</i></p> <p>Remitting bank name: _____</p> <p>Remitting bank address: _____</p> <p>Account holder name: _____</p> <p><i>*If you have more than one remitting bank please provide details on a separate sheet.</i></p>					
Registered Address PO or C/O will not be accepted						
Mailing Address (if different)						
Contact Name						
Contact Details	Telephone		Facsimile		Email	

<p>Electronic Trading Information</p> <p><i>If orders will be placed using SWIFT (or an intermediary that connects to State Street via SWIFT), please provide the SWIFT identifier from which orders will be sent for the relevant account. All orders placed using SWIFT are subject to the BIC validation process and subsequent processing will be either delayed or rejected if the identifiers below are incorrect or not provided.</i></p>	
Business Identifier Code (BIC):	
Distinguished Name (DN) for ISO 20022 messages:	

JOINT APPLICANT(S)*

Details of an additional holder may be added to the application. Please complete details in block capitals below.

First additional applicant details					
Registered Name					
Occupation (if individual or joint account) or Nature of purpose of entity (if entity)					
Source of funds for initial investment (please tick multiple boxes if appropriate)	<input type="checkbox"/> Inheritance		<input type="checkbox"/> Gift		<input type="checkbox"/> Sale of Business
	<input type="checkbox"/> Salary		<input type="checkbox"/> Pension		<input type="checkbox"/> Investment income
	<input type="checkbox"/> Sale of assets (please specify)		<input type="checkbox"/> Lottery		
	<input type="checkbox"/> Other (please specify)				
	<i>Further supporting documentation may be requested if deemed necessary to verify the above information.</i>				
Source of wealth, i.e., aggregation of accumulated wealth (please tick multiple boxes if appropriate)	<input type="checkbox"/> Inheritance		<input type="checkbox"/> Gift		<input type="checkbox"/> Sale of Business
	<input type="checkbox"/> Salary		<input type="checkbox"/> Pension		<input type="checkbox"/> Investment income
	<input type="checkbox"/> Sale of assets (please specify)		<input type="checkbox"/> Lottery		
	<input type="checkbox"/> Other (please specify)				
	<i>Further supporting documentation may be requested if deemed necessary to verify the above information.</i>				
Registered Address PO or C/O will not be accepted					
Contact Name					
Contact Details	Telephone		Facsimile		Email

*Correspondence will only be sent to the first named applicant/correspondence address. Additional applicants will be required to provide confirmation of residential address details for anti-money laundering verification purposes.

BENEFICIARY OWNERS and ASSOCIATED PARTIES –
TO BE COMPLETED WHERE THE INVESTOR(S) IS/ARE NOT A NATURAL PERSON**

If applicable, please complete the Declaration of Beneficial Ownership Form at Appendix 1 at the end of the application form

INTERMEDIARIES

The following section should be completed if the Applicant is applying for shares on behalf of an underlying client who has a fully executed distribution, sub-distribution, introducing broker or letter agreement (each a "Distribution Related Agreement") with Brandes Investment Partners (Europe) Limited or Brandes Investment Partners, L.P. The named entity on the Distribution Related Agreement is required to sign as the intermediary and in doing so authorises the Applicant to trade in the Brandes Investment Funds plc on their behalf.

Intermediary Details (if applicable)			
Intermediary Name			
Intermediary Address			
Primary Contact			
Telephone		Facsimile	
Email			

Signature on behalf of Intermediary _____
 Name of Signatory _____
 Title of Signatory _____
 Date _____

Bank Account Details for Redemption and Distribution Payments	
<p>Redemption instructions must be received by 4.00pm New York time (normally 9.00pm Irish Time) on the relevant Dealing Day. Redemption requests may be made in writing or by facsimile or such other means, including by e-mail or web portal, in accordance with the requirements of the Central Bank and as may be permitted by the Administrator. Please contact the Administrator for further details.</p> <p>Please list the details of the account to which redemption proceeds, and/or dividend distributions should be paid. Payments will only be made to a bank account held in the name of the registered shareholder and will be paid to the account number specified below only or as amended by subsequent written notification. No Third Party Payments will be made. No redemption payment will be made to a Shareholder until the original subscription Application Form and all documentation required by or on behalf of the Fund (including any documents in connection with anti-money laundering procedures) have been received from the investor and the anti-money laundering procedures have been completed.</p> <p><u>Both</u> IBANS & SWIFT (BIC) Codes should be quoted for all banks within the EU/EEA.</p> <p>Amendments to investors' payment instructions will only be effected upon receipt of an original instruction which has been duly authorised. In the case of joint accounts, instructions will only be made upon receipt of instruction duly signed by all applicants.</p> <p>The Administrator does not accept any responsibility for the bank account details quoted and any payments made using these details will be at your risk.</p>	
Correspondent Bank Name	
Correspondent Bank Address	
Correspondent Bank Sort Code/ SWIFT (BIC)/ ABA/Fedwire	
Beneficiary Bank Name	
Beneficiary Bank Address	
Beneficiary Bank Sort Code/ SWIFT (BIC)/ ABA/Fedwire	
Beneficiary Account Name	

Beneficiary Account Number	
Payment Type (please select)	MT202 <input type="checkbox"/> / MT103 <input type="checkbox"/>
Currency	
Reference	

Dividend Option		Please Tick
Reinvest Option	automatic purchase of additional Shares of the same Class	<input type="checkbox"/>
Cash option	pay all dividends to the bank account listed above	<input type="checkbox"/>

Should this section not be completed, dividends will be automatically reinvested in additional Shares of the same Class

EU Savings Directive

Council Directive 2003/48/EC of 3 June 2003 (the "EU Savings Directive"), which deals with the taxation of savings income in the form of interest payments, seeks to ensure that an individual who is resident in a member state of the European Union (an "EU Member State") and who receives savings income from another EU Member State¹, is taxed in the EU Member State in which he/she is resident for tax purposes. In this regard the Fund is obliged to establish the identity and residence of such individuals.

For completion by Applicants who are tax resident outside the EU Member States

The Applicant confirms by ticking the box to the left that the Applicant is not resident in an EU Member State and has not verified its identity for the purposes of the Fund money laundering verification requirements by use of an EU passport/official identity;

Applicants who are tax resident in the EU Member States should complete either Section (1) or Section (2) below:

Section 1: This Section 1 is to be completed by an Applicant resident in an EU Member State who is not a natural person (i.e., not an individual, unincorporated body, unincorporated partnership, or any of the foregoing acting as trustee of a trust):

- Is Applicant a legal person, e.g., an incorporated entity? YES or NO (strike out as applicable)
- Are Applicant's profits taxed under general arrangements for business taxation? YES or NO (strike out as applicable)
- (i) Is Applicant a UCITS or (ii) has Applicant been issued a certificate by Applicant's EU Member State allowing Applicant to be treated as a UCITS for the purposes of the EU Savings Directive? YES or NO (strike out as applicable)

Section 2: This Section 2 is to be completed by natural person Applicants (i.e., an individual, an unincorporated body, an unincorporated partnership, or any of the foregoing acting as a trustee of a trust) residing in an EU Member State or who, in completing the Trust's money laundering verification requirements, have verified his/her identity by use of an EU Member State passport/official identity:

- Specify the EU Member State in which Applicant is tax resident: _____
Please insert the Tax Identification Number ("TIN") issued to Applicant by that EU Member State: _____
- Is Applicant's EU passport or official identity issued by the same Member State that appears in Applicant's address in section 1. YES or NO (strike out as applicable)
- Applicant's date, place, and country of birth: _____

If Applicant answered Yes to Section 1(c)(ii) above, Applicant must provide a certified copy of the certificate.

If Applicant answered NO to Section 2(b) above and claim to be tax resident in a country other than an EU Member State, then Applicant must provide a "certificate of residence for tax" issued by Applicant's local taxation authority, otherwise Applicant's residency will be decided and reported upon the basis of information contained in Applicant's passport/official national identity card.

Note: Individuals acting as intermediary for another person will be treated as the beneficial owner for the purposes of the Savings Directive unless they can provide appropriate evidence that this is the case.

Return of Values (Investment Undertakings) Regulations 2013

¹ Also applicable to residents of Switzerland, Andorra, Liechtenstein, Monaco, San Marino, Jersey, Guernsey, Isle of Man, Anguilla, Montserrat, British Virgin Islands, Turks and Caicos Islands, Cayman Islands, Netherlands Antilles, and Aruba. Accordingly any reference to EU Member State should be deemed to include these additional countries.

Pursuant to the Return of Values (Investment Undertakings) Regulations 2013 (S.I. 245 of 2013) (the "Regulations"), the Fund is required to collect certain information from non-Excepted Share Holders. All Applicants, whether individuals, bodies corporate or unincorporated bodies of persons, which are Irish Resident or Ordinarily Resident in Ireland should review the list of Excepted Share Holders set out below.

If the Applicant is Irish resident or non-Irish resident and is not an Excepted Share Holder, please provide the following information and documentations:

Tax Identification Number (TIN) / PPS Number: _____

Any one of the following additional documents is required to verify the TIN or PPS Number (either an original or a copy will suffice):

- 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, printed documentation issued by the Irish Revenue Commissioners or the Department of Social Protection which includes your name, address and tax reference number is also 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, the Fund or its duly appointed delegates as Data Processor for the Fund in accordance with the Data Protection Acts 1988 to 2003 and/or any other applicable legislation or regulations implementing Directive 95/46/EC. In particular, all the relevant security measures will be taken to ensure an adequate level of protection of the personal data against unauthorised access, accidental loss or destruction. Information provided herein will be processed for the purposes of complying with the Regulations and this may include disclosure to the Irish Revenue Commissioners.

Excepted Share Holders	
Share Holders	TCA 1997 reference
The following resident entities will constitute Excepted Share Holders provided the Fund has obtained a duly completed appropriate declaration:	
An investment undertaking	739D(6)(c)
An investment limited partnership	739D(6)(cc)
A pension scheme	739D(6)a)
A company carrying on a life assurance business	739D(6)(b)
A special investment scheme	739D(6)(d)
A unit trust to which section 731(5) applies	739D(6)(e)
A charity	739D(6)(f)
ARFs, AMRFs	739D(6)(h)
A qualifying management company	739D(6)(g)
PRSA providers	739D(6)(i)
The National Pensions Reserve Fund	739D(6)(l)
The National Asset Management Agency	739D(6)(ka)
A Section 110 Company	739D(6)m)
A Credit Union	739D(6)(j)
An Irish resident company but only where the Fund is a money market fund	739D(6)(k)
A non-Irish resident Shareholder in respect of whom the Fund has obtained a completed non-resident declaration or where the Fund has adopted the Equivalent Measures Regime	739D(7) 739D(7B)
A Shareholder who holds their Shares in a recognised clearing system	739B(1)(d)(i)(III) 739G(3)

Data Protection

I/We hereby acknowledges that its personal information will be handled and processed by the Fund and/or its delegates and/or its or their duly authorised agents and any of their respective related, associated or affiliated companies (which includes, without limitation, the Manager, the Administrator, the Depositary and the Company's appointed Money Laundering Reporting Officer) (each a "Fund Party", collectively, the "Fund Parties") in accordance with their respective legal obligations including legal obligations under

company law, anti-money laundering legislation and the Data Protection Acts 1988 and 2003 and/or any other applicable legislation or regulations implementing Directive 95/46/EC, the European Communities (Electronic Communications Networks and Services) (Privacy and Electronic Communications) Regulations 2011, and the General Data Protection Regulation (Regulation (EU) 2016/679 of the European Parliament and the Council of 27 April 2016) ("GDPR"), including any amendments thereto, and any consequential national data protection legislation.

By signing this Application Form, I/we acknowledge that I/we have viewed, reviewed and understood the Fund's Data Privacy Notice/Statement which is available at www.brandes.com/UCITS and which provides me/us with information on how the personal data I/we provide as part of your subscription to shares in the Fund will be processed by the Fund, its Fund Parties.

I/We hereby acknowledge that the processing of its personal data may include the disclosure of its information to third parties where necessary or for legitimate interests. This may include disclosure to third parties such as the auditors, third parties identified in the Prospectus, the Irish Revenue Commissioners pursuant to the European Union Savings Directive and the Central Bank of Ireland or agents of the Fund Parties who process the data for anti-money laundering purposes or for compliance with foreign regulatory requirements.

I/We hereby consents to the processing of its information, which may include (1) the recording of telephone calls with the Fund Parties for the purpose of confirming data, (2) the disclosure of its information as outlined above to third parties, (3) the disclosure of its information where necessary for the Fund's legitimate interests, to the parties.

I/We hereby acknowledge that the Fund/Fund Parties outsources certain tasks, activities or services to third party service providers which may be regulated or non-regulated and located within Ireland or outside Ireland within the EU or outside the EU. I/We further acknowledge that the Fund/Fund Parties outsources its IT infrastructure and IT operational tasks to service providers which may be regulated or non-regulated and located within Ireland and outside Ireland within the EU or outside the EU. I/We acknowledge that the Fund is bound by the confidentiality rules and may not communicate data concerning, and information relating to me/us to any third party, except when disclosure of the information is made in compliance with, or required under, applicable law, or upon instruction or with consent or when it is necessary for the purpose of eliciting a necessary service to the Fund. I/We further acknowledge that the Fund Parties will be contractually bound by the Fund/its manager to comply with strict confidentiality rules.

Where consent is required:

1. I/We hereby consent that the Fund/Fund Parties can hold, store and process my/our personal data in accordance with the applicable Irish laws and regulations;
2. I/We acknowledge and expressly consent that the Fund may share my/our personal data with a variety of third parties for the purpose of eliciting a necessary service from these third party organizations and not for commercial gain.
3. I/We acknowledge and consent that the Fund, may share my/our personal data with the Fund's data processors and sub-processors (the "**Processors**"), noting that the Processors may be located in jurisdictions outside of Ireland and of EU, and, may or may not afford an adequate level of data protection ("**Third Countries**"). However, the Fund shall ensure the adequate safeguards pursuant to required by the GDPR and applicable Irish laws and regulations. Such appropriate safeguards may consist of making use of binding corporate rules, standard data protection clauses adopted by EU Commission, standard data protection clauses adopted by a supervisory authority or contractual clauses authorized by a supervisory authority. Afore defined Third Countries may include, but are not limited to India, United States of America, Canada, Singapore or Hong Kong.
4. I/We acknowledge and authorize the Fund/Fund Parties to make recordings of telephone conversations. The purpose of making such recordings is to provide proof, in the event of a dispute, of a transaction or any commercial communication. Such recordings shall be retained in compliance with the applicable legislation.
5. I/We acknowledge that personal data included in money transfers is processed by service providers and other specialized companies, such as SWIFT (Society for Worldwide Interbank Financial Telecommunication). Such processing may be operated through centers located in other European countries and in the United States of America in accordance with their local legislation. As a result, the US authorities can request access to personal data held in such operation centers for the purposes of fighting terrorism. I/We acknowledge that by instructing a payment order or any other operation, I/We are giving implicit consent that all data elements necessary for the correct completion of the transaction may be processed outside of Ireland In the interests of efficient management, personal data relating to each me/us shall be recorded on a machine readable medium.

Politically Exposed Persons

Please complete EITHER Section A or B below, with reference to the definitions below

A Politically-Exposed Person ("PEP") is an individual who has at any time in the preceding 12 months been, entrusted with a prominent public function. This includes the following individuals (but excluding any middle ranking or more junior official):

- a. a "specified official";
- b. a member of the administrative, management or supervisory body of a state-owned enterprise;

A "specified official" is (including any such officials in an institution of the European Communities or an international body):

- a. a head of state, head of government, minister or deputy or assistant minister;

- b. a member of a parliament or of a similar legislative body;
- c. a member of a governing body of political parties;
- d. a member of a supreme court, constitutional court or other high level judicial body whose decisions, other than in exceptional circumstances, are not subject to further appeal;
- e. a member of a court of auditors or of the board of a central bank;
- f. an ambassador, chargé d'affaires or high-ranking officer in the armed forces;
- g. a member of an administrative, management or supervisory body of a State-owned enterprise;
- h. a director, deputy director and member of the board or equivalent function of an international organisation.

Note: No public function referred to in points (a) to (h) shall be understood as covering middle-ranking or more junior officials.

An immediate family member of a PEP includes any of the following persons:

- a. any spouse of the PEP;
- b. any person who is considered to be equivalent to a spouse of the PEP under the national or other law of the place where the person or PEP resides;
- c. any child of the PEP;
- d. any spouse of a child of the PEP;
- e. any person considered to be equivalent to a spouse of a child of the PEP under the national or other law of the place where the person or child resides;
- f. any parent of the PEP;
- g. any other family member of the PEP who is of a class prescribed by the Minister for Justice under section 37(11) of the Act.

A close associate of a PEP includes any of the following persons

- a. any individual who has joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with the PEP;
- b. any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the PEP.

As an example, a "beneficial owner" of a body corporate is any individual who (other than a company having securities listed on a regulated market):

- a. ultimately owns or controls, whether through direct or indirect ownership or control (including through bearer shareholdings), more than 25 per cent of the shares or voting rights of the body; or
- b. otherwise exercises control over the management of the body.

SECTION A: TO BE COMPLETED ONLY IF THE PEP RULES APPLY WITH REFERENCE TO THE ABOVE DEFINITIONS

the application is being made by a PEP / immediate family member of a PEP / close associate of a PEP

OR

the applicant has a beneficial owner who is a PEP / immediate family member of a PEP / close associate of a PEP

OR

the application is being made for the benefit of a PEP / immediate family member of a PEP / close associate of a PEP

OR

it is intended to transfer the shares to a PEP / immediate family member of a PEP / close associate of a PEP

Name of PEP		Address of PEP	
Office of PEP		Relationship of Applicant or Applicant's Beneficial Owner to PEP	

Source of Wealth of the PEP (e.g. activities that have generated the total net worth of the investor such as Income from employment, Income from company business, inheritance, etc)

Source of Funds of the PEP (e.g. the origin and the means of transfer for funds that are involved in the actual application for the Shares such as occupation, business activities, proceeds of sale, corporate dividends, etc)

Source of Wealth of the PEP (e.g. Income from employment, Income from company business, inheritance, etc)

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Inheritance | <input type="checkbox"/> Gift | <input type="checkbox"/> Sale of Business |
| <input type="checkbox"/> Salary | <input type="checkbox"/> Pension | <input type="checkbox"/> Investment income |
| <input type="checkbox"/> Sale of assets (please specify) | <input type="checkbox"/> Lottery | |
| <input type="checkbox"/> Other (please specify) | | |

Further supporting documentation may be requested if deemed necessary to verify the above information.

SECTION B: PLEASE TICK BOX BELOW IF THE PEP RULES DO NOT APPLY WITH REFERENCE TO THE DEFINITIONS ABOVE:

I/we confirm that the application is NOT being made by a PEP / immediate family member of a PEP / close associate of a PEP
AND
the applicant does not have a beneficial owner who is a PEP / immediate family member of a PEP / close associate of a PEP
AND
the application is NOT being made for the benefit of a PEP / immediate family member of a PEP / close associate of a PEP
AND
it is NOT intended to transfer the shares to a PEP / immediate family member of a PEP / close associate of a PEP

US Person Confirmation

Please complete EITHER SECTION A OR SECTION B as applicable

SECTION A: PLEASE TICK BOX IF THE STATEMENT BELOW IS CORRECT

*I/We confirm that *I am/we are a US Person (as defined in the Prospectus) and *am/are acquiring Shares in the Fund on behalf of, or for the benefit of, a US Person, OR *I/we intend to transfer any Shares which *I/we may purchase to any US Person.

PLEASE SUPPLY A COPY OF THE US INTERNAL REVENUE SERVICE FORM W-9 OR AN ORIGINAL W-8 BEN IF THE BENEFICIAL OWNER IS A NON-US PERSON.

**Delete as appropriate*

SECTION B: PLEASE TICK BOX IF THE STATEMENT BELOW IS CORRECT

*I/We confirm that *I am/we are not a US Person (as defined in the Prospectus) and *am/are not acquiring Shares in the Fund on behalf of, or for the benefit of, a US Person, nor *do I/we intend to transfer any Shares which *I/we may purchase to any US Person.

**Delete as appropriate*

FATCA and the Common Reporting Standard ("CRS")

I/We acknowledge that the Fund intends to take such steps as may be required to satisfy any obligations imposed by (i) the Foreign Account Tax Compliance Act ("FATCA") or (ii) any provisions imposed under Irish law arising from the inter-governmental agreement between the Government of the United States of America and the Government of Ireland ("IGA") so as to ensure compliance or deemed compliance (as the case may be) with FATCA or the IGA from 1 July 2014.

Furthermore, I/We hereby acknowledge that the Fund intends to also take such steps as may be required to satisfy any obligations imposed by (i) the Standard for Automatic Exchange of Financial Account Information in Tax Matters ("the Standard") and, specifically, the Common Reporting Standard ("CRS") therein or (ii) any provisions imposed under Irish law arising from the Standard or any international law implementing the Standard (to include the Multilateral Competent Authority Agreement on Automatic Exchange of Financial Account Information or the EU Council Directive 2011/16/EU (as amended by Council Directive 2014/107/EU)) so as to ensure compliance or deemed compliance (as the case may be) with the Standard and the CRS therein from 1 January 2016.

In order for the Fund to comply with the above FATCA and CRS obligations, I/We agree to provide to the Administrator the necessary declarations, confirmations and/or classifications at such times as each of them may request and furthermore provide any supporting certificates or documents as each of them may reasonably require in connection with this investment by reason of FATCA or CRS, as described above, or otherwise. Should any information furnished to any of them become inaccurate or incomplete in any way, I/we hereby agree to notify the Administrator immediately of any such change and further agree to immediately take such action as the Administrator may direct, including where appropriate, redemption of our Shares in respect of which such confirmations have become incomplete or inaccurate where requested to do so by the Administrator. If relevant, I/we agree to notify the Administrator of any change to my/our tax residency status. I/we hereby also agree to indemnify and keep indemnified the Fund, Manager, Administrator and Distributor against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly as a result of a failure to meet our obligations pursuant to this section or failure to provide such information which has been requested by the Administrator and has not been provided by me/us, and from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document delivered by me/us to the Administrator. I/We further acknowledge that a failure to comply with the foregoing obligations or failure to provide the necessary information required may result in the compulsory redemption of our entire holding in the Fund, and that the Fund and the Custodian are authorized to hold back from redemption proceeds or other distributions to me/us such amount as is sufficient after the deduction of any redemption charges to discharge any such liability and I/we shall indemnify and keep indemnified the Fund and the Custodian against any loss suffered by them or other Shareholders in the Fund in connection with any obligation or liability to so deduct, withhold or account.

I/We confirm that we have accurately and correctly completed the relevant self-certification form included in this Application Form. I/We further confirm that if any information included in the self-certification form subsequently becomes inaccurate or incorrect we will notify the Administrator immediately of any such change and agree to immediately take such action as the Administrator or the Fund may direct, including where appropriate, redemption of our Shares.

UCITS

By signing this Application Form, I/we acknowledge that *I/we have viewed, reviewed and understood the the key information document for packaged retail and insurance-based investment products (the "PRIIPs KID") or, for UK investors, the key investor information document (the "UCITS KIID") applicable to the relevant Share Class(es) to which this Application Form relates in good time and prior to making an application for Shares of such Class(es) and that any future investments in any other sub-fund or share class of the Fund can also be transacted based on this information. I/We hereby acknowledge and agree that the updated PRIIPs KIID or UCITS KIID for each Share Class is available at www.brandes.com/UCITS and that he/she will read and review the most up-to-date version of the relevant PRIIPs KID or UCITS KIID prior to making any subsequent application for Shares in the Fund.

**Delete as appropriate*

For Investors in the Federal Republic of Germany

Right of Revocation according to § 305 Investment Code (KAGB):

If an Applicant subscribes for shares as a result of oral negotiations which take place outside the business premises of the party selling or procuring the sale of shares in the Fund, an Applicant may by written notice revoke his subscription within a period of two weeks (right of revocation). Revocations should be declared in writing to State Street Ireland Limited, Transfer Agency Department, 78 Sir John Rogerson's Quay, Dublin 2, Ireland.

For Investors in Israel

The investor confirms that he is (a) an investor of the type listed in the First Schedule to Israel's Securities Law, 1968 and (b) an "eligible client" as defined in the First Schedule to Israel's Regulation of Investment Advice, Investment Marketing and Portfolio Management Law, 1995. The investor further confirms that he is aware of the implications of being treated as such an investor, and consents to such treatment.

Declarations and Signatures

I/We, having received and considered a copy of the Prospectus, hereby confirm that this application is based solely on the current Prospectus and the material contracts therein referred to together (where applicable) with the most recent annual report or semi-annual report and accounts of the Fund.

I/We undertake to observe and be bound by the provisions of the Prospectus and Constitution of the Fund (as amended from time to time) and apply for the Shares issued in relation to this application to be entered in the register of Shareholders in my/our name(s) (or in the name of a nominee or agent).

I/We acknowledge that, owing to anti-money laundering requirements operating within their respective jurisdictions, the Fund, the Administrator, and any distributor which may be appointed (as the case may be) may require further identification of the applicant(s) before the application can be processed and the Fund, the Administrator, and any distributor which may be appointed shall be held harmless and indemnified against any loss, claims, liabilities, losses, damages, costs and expenses arising as a result of a failure to process the application if such information has been requested by the parties referred to and has not been provided by me/us. I/We also warrant and declare that the monies being invested pursuant to this agreement do not represent directly or indirectly the proceeds of any criminal activity and that the investment is not designed to conceal such proceeds so as to avoid prosecution for an offence or otherwise.

I/We hereby authorise the Administrator to accept and execute any instructions, (including but not limited to any instructions regarding subscriptions, switches, transfers or redemptions of Shares or any payment in relation to same or otherwise) in respect of Shares to which this application relates, given by me/us in written form, by facsimile or by electronic means. I/We hereby agree to indemnify each of the Administrator and the Fund and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them as a result of either or them acting upon instructions given in written form by me/us, i.e. facsimile, email. The Administrator and the Fund 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 and shall be fully indemnified and held harmless by me/us from and against any and all claims, liabilities, losses, damages, costs and expenses for acting or omitting to act upon instructions or inquiries believed genuine and/or arising as a result of any of the declarations made herein being untrue or as a result of my/our failure to notify the Fund or Administrator of a change in status (relating to tax residency or otherwise) which would render any of the declarations contained herein untrue subsequent to the date of this application.

I/We consent to any notice or other document, including but not limited to prospectuses, financial reports and documentation required at shareholder meetings, to be sent by the Fund or the Administrator to me/us as a Shareholder, by electronic means including but not limited to e-mail, swift or posting such notice or other document on a website notified to me/us by post or by e-

mail. I/We undertake to keep the Fund informed of any change to such email address provided above. I/We acknowledge that I/we may at any time request a hard copy of any such communications from the Fund and/or revoke (or have an authorised signatory revoke), in writing or other authorised manner, the consent given to receive such information electronically.

If an email address is not provided above, all communications will be delivered to the postal address indicated above.

I/We confirm that I/we have the capacity and am/are duly authorised to complete this form and to make the representations and give the indemnities referred to herein. I/We warrant that I/we will not be in breach of any laws or regulations of any competent jurisdiction and I/we hereby indemnify the Fund, the Manager and the Administrator for any loss suffered by them as a result of this warranty/representation not being materially accurate in every respect.

I/We understand that the terms, representations, and conditions in this Application Form and the Prospectus, as amended from time to time, will apply to this account and that all purchases, redemptions and exchanges of shares are made on the basis of and subject to the current Prospectus and to the provisions of the Fund's Constitution from time to time in force.

I/We agree to provide these representations to the Directors of the Fund at such times as they may request and to provide on request such certifications, documents or other evidence as the Directors of the Fund may reasonably require to substantiate such representations.

(In respect of joint shareholdings only). We direct that on the death of one of us, the Shares for which we hereby apply be held in the name of and to the order of the survivor (s) of us or the executor or administrator of such survivor(s). The representations, warranties and undertakings shall be deemed to be given by each of the joint applicants on a joint and several basis and continuing unless notice is provided to the contrary.

I/We understand that the representations and warranties made herein are continuous and all subsequent subscriptions of Shares in the Fund by me/us shall be governed by them, and I/we agree to notify the Fund or the Administrator immediately, if any representation or warranty are no longer accurate and to abide by any directions from the Fund or the Administrator arising as a result.

I/We acknowledge that any failure to provide complete identification and verification documentation at the account opening stage will result in my/our account being blocked for both redemptions and distribution payments pending receipt of the outstanding documentation. I/We acknowledge that I/we may be classified as a non-compliant investor. Furthermore, where such documentation remains outstanding for [60/90] days from the date of the initial subscription all transactions including additional subscriptions may be blocked pending receipt of the outstanding documentation.

I/We acknowledge that any failure to provide complete identification and verification documentation in the required format at the account opening or upon request at any other stage during the course of the business relationship will result in my/our account being blocked for redemptions, distribution payments and transfers pending receipt of the outstanding documentation. I/We acknowledge that I/we may be classified as a non-compliant investor. Furthermore, where such documentation remains outstanding for [60/90] days from the date of the initial subscription/request for documentation all transactions including additional subscriptions may be blocked pending receipt of the outstanding documentation.

I/We acknowledge that the Manager and/or the board of directors of the Fund have the right to discontinue the business relationship with me/us upon my/our being classified as a non-compliant investor or a non-compliant legacy investor.

Unless the Fund is otherwise notified in writing, all certifications, representations, warranties, acknowledgements and agreements herein shall be deemed to be re-made and reconfirmed with each order for shares, however made.

I/We confirm that being a person they I am/ We are over 18 years of age.

I/We hereby certify that I am/we are aware of the risks involved in the proposed investment as set out in the Prospectus.

I/We confirm that I am/we are in agreement with the distribution policy as outlined in the Prospectus.

I/We acknowledge that the Fund operates a number of cash accounts in different currencies in its name into which (i) subscription monies received from investors who have subscribed for Shares are deposited and held until Shares are issued as of the relevant Dealing Day; and (ii) redemption monies due to investors who have redeemed Shares are deposited and held until paid to the relevant investors; and (iii) dividend payments owing to Shareholders are deposited and held until paid to such Shareholders (hereinafter referred to as "Umbrella Cash Account(s)"). We acknowledge that all subscriptions, redemptions and dividends payable to or from a sub-fund are channeled and managed through an Umbrella Cash Account in a designated currency.

I/We acknowledge that my/our subscription monies/redemption monies/dividend monies will be paid into the Umbrella Cash Account, that such monies will be treated as an asset of the relevant sub-fund and I/we will not benefit from the application of any investor money protection rules (i.e. the monies will not be held on trust as investor monies for me/us) and that I/we will be an unsecured creditor of the relevant sub-fund (i) with respect to the amount subscribed for Shares and held in the Umbrella Cash Account until such Shares are issued to me/us as of the relevant Dealing Day or (ii) with respect to the redemption/dividend amount to be paid and held in the Umbrella Cash Account until such amount is paid to me/us (whichever is applicable).

I/We acknowledge that in accordance with applicable anti money-laundering and terrorist financing requirements (the "AML Requirements), redemption monies or dividend payments shall not be paid on un-verified accounts. In the event that I/we fail to submit the necessary documentation requested by the Fund or its delegate as required under the AML Requirements, redemption monies or dividend monies will be held in an Umbrella Cash Account and shall remain an asset of the relevant sub-fund and I/we will not benefit from the application of any investor money protection rules (i.e. the redemption monies/dividend monies will not be held on trust for me/us). In such circumstances, I/we acknowledge that I/we will be unsecured creditors of the relevant sub-fund in respect of such redemption monies or dividend payments until such time as the relevant documentation required by the Fund has been received to its satisfaction and the redemption monies/dividend payments have been paid to me/us.

I/we acknowledge that the following risks arise in relation to the operation of the Umbrella Cash Account:

- (i) in the event that subscription monies received and held in an Umbrella Cash Account are lost (to include in the event of the insolvency of the bank with which such monies are held) prior to the issue of Shares to the relevant investor as of the relevant Dealing Day, the Fund on behalf of the sub-fund may be obliged to make good any losses suffered by the investor (in its capacity as a general creditor of the sub-fund), in which case such loss will need to be discharged out of the assets of the relevant sub-fund and therefore will represent a diminution in the net asset value per share for existing Shareholders of the relevant sub-fund;
- (ii) in the event that redemption or dividend monies held in an Umbrella Cash Account are lost (to include in the event of the insolvency of the bank with which such monies are held) prior to payment to the relevant investor/ Shareholder, the Fund on behalf of the sub-fund may be obliged to make good any losses suffered by the investor/Shareholder (in its capacity as a general creditor of the sub-fund), in which case such loss will need to be discharged out of the assets of the relevant sub-fund and therefore will represent a diminution in the net asset value per Share for existing Shareholders of the relevant sub-fund;
- (iii) in the event of an insolvency of the relevant sub-fund or the Fund, there is no guarantee that the sub-fund or the Fund will have sufficient funds to pay unsecured creditors in full. Investors who have forwarded subscription monies in advance of a dealing day and which are held in the Umbrella Cash Account and investors/Shareholders due redemption/dividend monies which are held in the Umbrella Cash Account will rank equally with all other unsecured creditors of the relevant sub-fund and will be entitled to a pro-rata share of monies which are made available to all unsecured creditors by the insolvency practitioner. Therefore, in such circumstances, the investor subscribing for Shares may not recover all monies originally paid into the Umbrella Cash Account in relation to the application for Shares and the redeeming investor entitled to redemption monies and the Shareholder entitled to a dividend payment may not recover all monies originally paid into the Umbrella Cash Account for onward transmission to that investor/Shareholder;
- (iv) in addition, investors should note that in the event of the insolvency of another sub-fund of the Fund, recovery of any amounts to which a relevant sub-fund is entitled, but which may have been used by such other insolvent sub-fund as a result of the operation of the Umbrella Cash Account(s) will be subject to the principles of Irish trust law and the terms of the operational procedures for the Umbrella Cash Accounts. There may be delays in effecting and/or disputes as to the recovery of such amounts, and the insolvent sub-fund may have insufficient funds to repay the amounts due to the relevant sub-fund.

In the event that Shares are allotted/issued notwithstanding that cleared funds have not been received within the usual time limits by the Fund as set out in the Prospectus, I/we acknowledge that the Fund may cancel the allotment/issue of my/our Shares and I/we will be liable to pay the Fund any interest or other charges at such rates as determined by the Directors from time to time and as may be disclosed in the Prospectus in respect of any loss or cost suffered by the Fund as a result of such cancellation.

I/We declare that the information contained in the declarations completed above is true and correct.

Declaration of Residence Outside the Republic of Ireland

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

Terms used in this declaration are defined in the Prospectus. Please select either A or B

A - Declaration on Own Behalf

- i. I/We* declare that I am/we* are applying for the Shares on my own/our own behalf/on behalf of a company* and that I am/we are/the company* is entitled to the Shares in respect of which this declaration is made and that I am/we are/the company* is not currently an Irish Resident or Irish Ordinary Resident, and should I/we/the company* become an Irish Resident, I/we will so inform you, in writing, accordingly.

**Delete as appropriate*

B - Declaration as Intermediary

- i. I/We* declare that I am/we are* applying for Shares on behalf of persons who will be beneficially entitled to the Shares, and who to the best of my/our* knowledge and belief, are neither an Irish Resident or Irish Ordinary Resident, and

- ii. I/ we* also declare that unless I/we* specifically notify you to the contrary at the time of application, all applications for Shares made by me/us* from the date of this application will be made on behalf of such persons; and I/we* will inform you in writing if I/we* become aware that any person, on whose behalf I/we* hold Shares, becomes an Irish Resident.

**Delete as appropriate*

Customer Information Notice – Common Reporting Standard

The Fund intends to take such steps as may be required to satisfy any obligations imposed by (i) the Standard for Automatic Exchange of Financial Account Information in Tax Matters (“the **Standard**”) and, specifically, the Common Reporting Standard (“**CRS**”) therein or (ii) any provisions imposed under Irish law arising from the Standard or any international law implementing the Standard (to include the Multilateral Competent Authority Agreement on Automatic Exchange of Financial Account Information or the EU Council Directive 2011/16/EU (as amended by Council Directive 2014/107/EU)) so as to ensure compliance or deemed compliance (as the case may be) with the Standard and the CRS therein from 1 January 2016.

The Fund is obliged under Section 891F of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to that section to collect certain information about each Applicant’s tax arrangements.

In certain circumstances the Fund may be legally obliged to share this information and other financial information with respect to an Applicant’s interests in the Fund with the Irish Revenue Commissioners. In turn, and to the extent the account has been identified as a Reportable Account, the Irish Revenue Commissioners will exchange this information with the country of residence of the Reportable Person(s) in respect of that Reportable Account.

In particular, the following information will be reported by the Fund to the Irish Revenue Commissioners in respect of each Reportable Account maintained by the Fund;

- The name, address, jurisdiction of residence, tax identification number and date and place of birth (in the case of an individual) of each Reportable Person that is an Account Holder of the account and, in the case of any Entity that is an Account Holder and that, after application of the due diligence procedures consistent with CRS is identified as having one or more Controlling Persons that is a Reportable Person, the name, address, jurisdiction of residence and tax identification number of the Entity and the name, address, jurisdiction of residence, TIN and date and place of birth of each such Reportable Person.
- The account number (or functional equivalent in the absence of an account number);
- The account balance or value as of the end of the relevant calendar year or other appropriate reporting period or, if the account was closed during such year or period, the closure of the account;
- The total gross amount paid or credited to the Account Holder with respect to the account during the calendar year or other appropriate reporting period with respect to which the Reporting Financial Institution is the obligor or debtor, including the aggregate amount of any redemption payments made to the Account Holder during the calendar year or other appropriate reporting period.
- The currency in which each amount is denominated.

Please note that in certain limited circumstances it may not be necessary to report the tax identification number and date of birth of a Reportable Person.

In addition to the above, the Irish Revenue Commissioners and Irish Data Protection Commissioner have confirmed that Irish Financial Institutions (such as the Fund) may adopt the “wider approach” for CRS. This allows the Fund to collect data relating to the country of residence and the tax identification number from all non-Irish resident Applicants.

The Fund can send this data to the Irish Revenue Commissioners who will determine whether the country of origin is a Participating Jurisdiction for CRS purposes and, if so, exchange data with them. Revenue will delete any data for non-Participating Jurisdictions.

The Irish Revenue Commissioners and the Irish Data Protection Commissioner have confirmed that this wider approach can be undertaken for a set 2-3 year period pending the resolution of the final CRS list of Participating Jurisdictions.

Applicants can obtain more information on the Fund’s tax reporting obligations on the website of the Irish Revenue Commissioners (which is available at <http://www.revenue.ie/en/business/aeoi/index.html>) or the following link in the case of CRS only: <http://www.oecd.org/tax/automatic-exchange/>.

All capitalised terms above, unless otherwise defined above, shall have the same meaning as they have in the Standard.

AUTHORISATION

I/We agree to be bound by the Declarations, Representations, Consents and Indemnities set out in this Application Form

Signature (1)

Capacity of Authorised Signatory

Name Authorised Signatory (1) _____
 Signature (2) _____
 Capacity of Authorised Signatory _____
 Name Authorised Signatory (2) _____
 Date _____

Important Information

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

To be valid, this application form (incorporating the declaration required by the Irish Revenue Commissioners) must be signed by the applicant and in the case of joint applicants, each must sign. In the case of a corporation, the application must be signed by authorised signatories as agreed in the corporate signing mandate.

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

Applicants who are resident or ordinarily resident in the Republic of Ireland or are an Exempt Irish resident as defined in the Prospectus; please contact the Administrator immediately.

ANTI-MONEY LAUNDERING (KNOW YOUR CUSTOMER REQUIREMENTS) AND ECONOMIC SANCTIONS OBLIGATIONS

Under Irish legislation and supplemental Guidance covering anti-money laundering, economic sanctions and the taxation of savings the Fund and the Administrator are required to obtain the following documentation to verify the identity of all new applicants. This documentation should be provided with the application form. The documentation listed below may not cover all applications and the Fund and the Administrator reserve the right to request additional documentation if required.

Should documents be provided in a language other than English, an English translation may be required.

Please note that the application may not be accepted until the Administrator is in receipt of all required anti-money laundering documentation, the original Application Form and the original banking details for the settlement of the redemption proceeds. In any event, redemption and dividend payments will not be processed until full anti-money laundering documentation has been received on the account and the Fund and the Administrator reserve the right to take further action where full anti-money laundering documentation has not been received.

Documentation which may be required for all Retail Applicants

1. Personal Verification² - ONE official photographic document (Certified³)
2. Address Verification⁴ - ONE address verification document (Original or Certified)
3. Source of Funds Verification
4. Source of Wealth Verification

Documentation which may be required for Designated Bodies in certain Countries⁵

1. Confirmation of Name and Address
2. Confirmation of Regulatory Body
3. Proof of regulation from the Regulatory Body

² Acceptable Personal Verification documents are a certified copy of a Passport or a Driver's License or National Identity Card. The certified documents must be in date, show a picture of the person, full name, date of birth and signature of the person.

³ Verification documents must be *certified* by a suitable person/entity, such as; the Companies Registration Office (or the equivalent in the investors jurisdiction) with regard to incorporation documentation, a notary public, a police officer, an embassy/consular official, a chartered or certified public accountant, a practicing solicitor, any Designated Body. Documents should be stamped with the official stamp of the person, dated and signed by that person.

⁴ Note that in some cases TWO address verification documents will be required. Acceptable Address Verification documents are any TWO of the following: electricity bill, gas bill, water bill, telephone bill, cable television bill, bank statement or credit card statement, social insurance documents, household/motor insurance certificates. Documents must originate from a different source, show the full name and residential address of the applicant and must be dated within 6 months of submission.

⁵ Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Guernsey, Hong Kong, Iceland, Ireland, Italy, Jersey, Luxembourg, Isle of Man, Netherlands, Norway, Portugal, Singapore, Spain, Sweden, Switzerland, United Kingdom, United States (please note this list is subject to change).

4. Original Authorised Signatory List
5. Original Letter of Assurance (where investing as an intermediary*)

**Additional information / documentation may be required subject to intermediary risk assessment, such as information on their AML/CTF policies and the nature of the intermediaries business.*

Intermediaries from non EU / EEA countries will require an enhanced level of due diligence and further information or documentation, including information on underlying shareholders may also be required.

Documentation which may be required for Non Designated Bodies

1. Confirmation of name, office address, principal business address and registered number
2. Confirmation of Regulatory Body (if applicable)
3. Certificate of Incorporation or Certificate to Trade (Certified)
4. Memorandum and Articles of Association
5. Latest audited Financial Statements (Certified)
6. Nature and purpose of the entity
7. List of Directors to include full name, dates of birth, occupation, residential and business addresses
8. Authorised Mandate or Board Resolution to establish the business relationship
9. Original Authorised Signatory List
10. ONE personal verification and ONE address verification document for at least TWO directors **OR** ONE director and ONE authorised signatory (original or certified)
11. Names and addresses of shareholders holding more than 25% of the shares or voting rights or who otherwise exercise control over the non-designated body, and in the case of individual shareholders, names, residential addresses, occupations and dates of birth. Where a body corporate holds 25% or more of the issued share capital or voting rights or otherwise exercises control over the non-designated body then the names, residential addresses, occupations and dates of birth of the ultimate beneficial owners of that body corporate should be obtained.

Documentation which may be required for Pension Fund Accounts in certain Countries

Documentation for UK/Irish Pension Schemes (Additional documentation will be required for non Irish/UK schemes)

1. Confirmation of name and address
2. Constitutional / Formation Document (eg: Trust Deed)

AML checks on parent/investment manager of pension fund (who will be entered onto the register)

3. Copy of Revenue Approval
4. Evidence that the person representing the Pension Scheme is empowered to act (Certified)
5. Original Authorised signatory list

Documentation which may be required for a Regulated Nominee Company in certain Countries⁵

1. Confirmation of Name and Address of Nominee Company
2. Original Authorised Signatory List for the Nominee Account
3. Confirmation of Regulatory Body of the Nominee
4. Proof of regulation from the Regulatory Body

Documentation which may be required for an Unregulated Nominee Company who is owned by a Designated Body in certain Countries⁵

6. Confirmation of Name and Address of Nominee Company
7. Documentation as required for a Non Designated Body (as set out above)
8. Confirmation of Name and Address of Parent of Nominee
9. Confirmation of Regulatory Body of Parent of Nominee and proof of regulation from the Regulatory Body
10. Original letter from the Parent which confirms the Nominee is a wholly owned subsidiary and that it has adopted the Parent's AML policy

Documentation which may be required for a Trust/Foundation/Charity

1. Confirmation of name, registered & principal business address
2. Constitutional / Formation document (eg: Trust Deed or equivalent)
3. Nature and purpose
4. ONE Personal Verification and ONE Address Verification document for at least TWO trustees/directors/governors/board members or ONE trustee/director/governor/board member and ONE authorised signatory (original / certified)
5. ONE Personal Verification and TWO Address Verification documents for any settler (where appropriate)
6. ONE Personal Verification and TWO Address Verification documents for all beneficiaries who own at least 25% of the capital or voting rights or who otherwise exercise control over the Trust/Foundation/Charity
7. Original Authorised Signatory List

Please note that the Administrator can only accept Application Forms from an entity that has legal capacity to enter into contracts on its own right and may require the constitutive document to legitimate legal status.

AML CONFIRMATION FOR NOMINEES / INTERMEDIARIES

This confirmation can only be completed by designated bodies regulated for anti-money laundering purposes by the appropriate regulator in one of the following countries: Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Guernsey, Hong

Kong, Iceland, Ireland, Italy, Jersey, Luxembourg, Isle of Man, Netherlands, Norway, Portugal, Singapore, Spain, Sweden, Switzerland, United Kingdom, United States (please note this list is subject to change).

DESCRIPTION OF INVESTOR	DESIGNATED BODY INVESTING AS AN INTERMEDIARY <input type="checkbox"/> NOMINEE COMPANY <input type="checkbox"/>
RELATIONSHIP OF CONFIRMATION PROVIDER (REGULATED ENTITY) TO INVESTOR	INVESTOR <input type="checkbox"/> PARENT OF INVESTOR <input type="checkbox"/>

Name of Regulated Entity _____

Name of Regulator _____

Address of Regulated Entity _____

We confirm that we are a designated body regulated for anti-money laundering purposes by the below regulator and hereby confirm the following in connection to the investor

1. We / the investor* has performed the anti-money laundering and counter-terrorist financing identification for any parties on whose behalf the investor is purchasing Shares (“underlying investors”).
2. The evidence we / the investor* has obtained to verify the identity of the underlying investors, and where appropriate, their beneficial shareholders, meets the requirements of our national anti-money laundering and counter-terrorist financing legislation and regulations.
3. We confirm that all documents and information, which we / the investor* may have on our / the investor’s* files relating to the identity of each underlying investor will be sent to a competent authority as soon as practicable upon the competent authority’s request.
4. We confirm that all documents and information, which we / the investor* may have on our / the investor’s files relating to the identity of each underlying investor will be sent to the Administrator of the Fund as soon as practicable upon its request.
5. We / the investor* will retain these documents and information for a period of at least 5 years after the relationship with an underlying investor has ended.
6. We / the investor* will take measures to ensure that the underlying investors are neither individuals nor institutions against whom sanctions have been imposed by the EU or United Nations or persons or entities that are included on the List of Specially Designated Nationals and Blocked Persons maintained by the U.S. Treasury’s Department’s Office of Foreign Asset Control (“OFAC”).
7. To the extent that the introduced investor(s) or beneficial owner(s) is a bank, including a branch, agency or office of a bank, we have taken and will take reasonable measures to establish that the bank has a physical presence or is an affiliate or a regulated entity. We will not accept investments from or on behalf of foreign shell banks.
8. We/ the investor* acknowledge that the Fund and the Administrator are placing reliance on us for the purposes of meeting its due diligence obligations (except for on-going monitoring) in respect of introduced investor(s), and where applicable the beneficial owners.
9. The evidence we have obtained to verify the identity of the above Investor meets the requirements of our national anti-money laundering and counter-terrorist financing legislation [name relevant legislation and regulations].
 - a. Name relevant legislation and regulations referred to in point 9:

Yours faithfully,

Name: _____

Title: _____
 Authorised Signatory of Regulated Entity.

This should be signed by an authorised member of the Compliance Department or Legal Department (please state position).

**Delete as appropriate*

Individual (including Controlling Person's) Self-Certification for FATCA and CRS

Instructions for completion

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 and guidance 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: _____

Postal/ZIP Code: _____ Country: _____

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

OR

- (b) I confirm that I am not 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 only 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** – The Account Holder is otherwise unable to obtain a TIN (Please explain why you are unable to obtain a TIN)
- Reason C** – No TIN is required. (Note: This should only be selected if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)

Section 4 – Type of Controlling Person

(**ONLY** to be completed by an individual who is a Controlling Person of an entity which is a Passive 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 what type of Controlling Person applicable under CRS that applies to you/the investor 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.

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): _____

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 application 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 and guidance 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/common-reporting-standard> 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: _____

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>	
II.	<i>Registered Deemed Compliant Foreign Financial Institution</i>	
III.	<i>Participating Foreign Financial Institution</i>	

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

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

I.	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> : Sponsor's Name: _____ Sponsor's <i>GIIN</i> : _____ ∞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.	
II.	<i>The Entity is an Exempt Beneficial Owner,</i> Please tick and confirm the category of <i>Exempt Beneficial Owner</i> ; I. <input type="checkbox"/> <i>Government Entity</i> II. <input type="checkbox"/> <i>International Organisation</i> III. <input type="checkbox"/> <i>Foreign Central Bank</i> IV. <input type="checkbox"/> <i>Exempt Retirement Fund</i> V. <input type="checkbox"/> <i>Collective Investment Vehicle Wholly Owned by Exempt Beneficial Owners.</i>	
III.	<i>The Entity is a Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the IGA Agreement)</i> Indicate exemption: _____	
IV.	<i>The Entity is a Non-Participating Foreign Financial Institution</i>	
V.	<i>The Entity is an Excepted Foreign Financial Institution</i> Indicate exemption: _____	
VI.	<i>The Entity is a Trustee Documented Trust.</i> Please provide your Trustee's name and <i>GIIN</i>	

	Trustee's Name: _____	
	Trustee's GIIN: _____	

3.4. Non-Financial Institutions ("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 Non-Financial Foreign Entity	
II.	Passive Non-Financial Foreign Entity (Please tick the box that applies) I. <input type="checkbox"/> Passive (NFFE) with no Controlling Persons that are specified U.S Persons. II. <input type="checkbox"/> 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.	
III.	Excepted Non-Financial Foreign Entity	
IV.	Direct Reporting (NFFE) Please provide your GIIN _____	

***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 only 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 - The Account Holder is otherwise unable to obtain a TIN (Please explain why you are unable to obtain a TIN)

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

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

(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.

<https://www.revenue.ie/en/companies-and-charities/documents/aeoi/participating-jurisdictions.pdf>

I.	A Reporting Financial Institution resident in a participating CRS jurisdiction	
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>	
III.	<p>Non-Reporting Financial Institution under CRS. 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>	

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 NFE 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 of the established securities market on which the corporation is regularly traded: _____</p>	
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 on which the Entity is regularly traded: _____</p>	

III.	Active NFE –a Government Entity or Central Bank	
IV.	Active NFE –an International Organisation	
V.	Active NFE –other than those listed in I, II, III or IV above. (for example a start-up NFE or a non-profit NFE)	
VI.	Passive NFE -If this box is ticked please also complete Section 6.1 for each of the Controlling Person(s) of the Entity and a separate “Individual (including Controlling Person’s Self-Certification for FATCA and CRS form” as indicated in section 6.2 for each Controlling Person(s)	

Section 6: Controlling Person’s

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 (including Controlling Persons) Self-Certification for FATCA and CRS” form for each Controlling Person listed in Section 6.1.

Section 7: Declarations and Undertakings

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

I/We acknowledge and consent to the fact that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I/We on behalf of the Entity undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstance (for guidance refer to Irish Revenue or OECD website) occurs which causes any of the information contained in this form to be incorrect.

***Authorised Signature(s):**

***Print Name(s):**

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

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

Appendix 1 - Declaration of Beneficial Ownership Form

Addressee Name
Addressee Address

Date

In accordance with the requirements of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010, as amended in 2013 and 2018 (collectively known as the "Acts") and Article 3 of the 4AMLD, investors must declare the identity of their ultimate beneficial owner(s) ("UBO").

Please tick only one of the options below and complete the relevant section. Please refer to the UBO definition in Appendix 1 to determine whether Section 1 or Section 2 is applicable.

Option A: We confirm there is/are natural person(s) who is/are the beneficial owner(s) of the investor. (Please complete **Section 1** below)

Operation B: We confirm there is/are no natural person(s) identified under Option A and therefore, the beneficial owner(s) are those who hold the position of senior managing official(s). (Please complete **Section 2** below)

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

Beneficial Owner 1

Full Name	Registered Address (PO or C/O will not be accepted)	Date and Place of Birth	Nationality	Tax Residence(s)	Tax Identification Number(s)	Shareholder Type (and %)

Beneficial Owner 2

Full Name	Registered Address (PO or C/O will not be accepted)	Date and Place of Birth	Nationality	Tax Residence(s)	Tax Identification Number(s)	Shareholder Type (and %)

If needed, please add additional natural person(s) who are beneficial owners on a separate sheet

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

In the event where no natural person falls under Option A, the senior managing official(s) of the subscribing entity will be recorded as the Beneficial Owner.

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

Senior Managing Official 1

Full Name	Registered Address (PO or C/O will not be accepted)	Date and Place of Birth	Nationality	Tax Residence(s)

Senior Managing Official 2

Full Name	Registered Address (PO or C/O will not be accepted)	Date and Place of Birth	Nationality	Tax Residence(s)

If needed, please add additional senior managing official(s) on a separate sheet

I, _____ hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Further, I understand that IFDS reserves the right to request further documentation if needed to comply with applicable anti-money laundering laws and regulations.

Signature: _____ Date: _____

Appropriate Representative (e.g. AVP or above, Director, Compliance, MLRO or delegate)

(State Name and Position of Appropriate Representative)