

INFORMATION FORM FOR BENEFICIAL OWNERS OR CONTROLLING PERSONS

Instructions for filling this Information Form

- 1) This Beneficial Ownership / Controlling Persons Form is to be filled out in conjunction with the entity described below in section "Account Holder (Entity) Details" for which you have been identified as a Beneficial Owner or a Controlling Person.
- 2) The original copy of this Form once completed and signed must be sent **by post** along with any further identification documentation required in the below sections to the Fund's Administrator EFA S.A.:

European Fund Administration S.A. (EFA)
 Att: Register Administration Department - Shareholder Services
 2, rue d'Alsace
 L-1122 Luxembourg
- 3) In addition to sending the documents by post, you may provide a copy of the completed and signed Information Form along with any further identification documentation to the following Fax number of EFA in Luxembourg: (00352) 48 65 61 8002.
- 4) Please complete this Form in English and in BLOCK LETTERS using Black ink. Please tick (✓) in the appropriate box (■), where boxes have been provided. Please note that all mandatory fields are marked with an asterisk (*).

Should you have any questions about any aspect of the subscription process please E-mail your question to register.ta.ops@efa.eu and we will be pleased to help you.

ACCOUNT HOLDER (ENTITY) DETAILS

Entity name*	
Contact person*	
Telephone number*	
Fax number*	
E-mail address*	
Registered address (PO Box and c/o address are only accepted as mailing address)	
Name of street and number*	
Zip code or Postal code*	
Town or City*	
Country*	

DETAILS OF THE BENEFICIAL OWNER / CONTROLLING PERSON

Title*	<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Ms.	
Last name*					
First name*					
Date of birth*					
Place of birth (Town or City)*					
Country of birth*					
Nationality/ies / citizenship(s) (please list all)*					
Number(s) of identity card or passport*					
Issued by (authority/country)*					
Date of issue*					
Date of expiration (if applicable)*					
Contact details					
Telephone number*					
Fax number (if applicable)					
E-mail address*					
Residential address					
Name of street and number*					
Zip code or Postal code*					
Town*					
Country*					

Politically exposed persons (and closely related persons or relatives)	
I hereby declare that I am or I have been entrusted with prominent public functions (or to be closely connected to a politically exposed person)*	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify the function and timeframe*	

BENEFICIAL OWNER / CONTROLLING PERSON TYPE*				
<i>Please tick the declaration which match with the relationship between the main account holder (entity) and the beneficial owner / controlling person</i>				
The undersigned hereby certify to be the beneficial owner (1) / controlling person of the account holder (entity) as :				
Legal Person	Control by Ownership	<input type="checkbox"/>	% of ownership%
	Senior Managing Official	<input type="checkbox"/>		
	Control by Other Means	<input type="checkbox"/>		
Trust / Legal Arrangement	Settlor - Equivalent	<input type="checkbox"/>	Trustee - Equivalent	<input type="checkbox"/>
	Protector - Equivalent	<input type="checkbox"/>	Beneficiary - Equivalent	<input type="checkbox"/>
	Other (Specify)	<input type="checkbox"/>		
<p>(1) The term "Beneficial owner" means a physical person for whose use and benefit property is held by another. In the current context and in accordance with art. 1 (7) of the law of 12 November 2004, it means any natural person who ultimately owns or controls the customer and/or any natural person on whose behalf a transaction or activity is being conducted</p> <p>The term "Controlling Person" means a natural person who exercises control over an entity. Where an entity Account Holder is treated as a Passive Non-Financial Entity ("NFE") or Non-Financial Foreign Entity ("NFFE") then a Financial Institution must report whether such the Controlling Persons are Reportable Persons. This definition corresponds to the term "beneficial owner" as described in Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012).</p>				

US FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") - DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES - BENEFICIAL OWNER OR CONTROLLING PERSON	
<i>Self-Certification is required from the Beneficial Owner or Controlling Person in order to determine whether or not he/she is a resident or/and a citizen (including a permanent resident with an issued green card) of the United States of America for tax purposes.</i>	
Self-certification for Beneficial Owner / Controlling Person	(a) <input type="checkbox"/> I confirm that I am a U.S. citizen and/or resident (including a permanent resident with an issued green card) in the U.S. for tax purposes. My U.S. federal taxpayer identifying number (U.S. TIN) is as follows: TIN :
	(b) <input type="checkbox"/> I confirm that I am not a U.S. citizen or resident (including a permanent resident with an issued green card) in the U.S. for tax purposes

INTERNATIONAL EXCHANGE OF FISCAL INFORMATION - COMMON REPORTING STANDARD ("CRS") - DECLARATION OF TAX RESIDENCE - BENEFICIAL OWNER OR CONTROLLING PERSON	
<i>Investor Self-Certification is required in order to determine the tax residence(s) of the Beneficial Owner or Controlling Person for tax purposes. Please note that you may choose more than one country. Provision of the Tax Identification Number (TIN) is required unless you are tax resident in a country / jurisdiction that does not issue a TIN.</i>	
Self-certification for Beneficial Owner / Controlling Person	I am tax resident in the following country/jurisdiction and have the following Tax Identification Number:
	Country / jurisdiction: TIN** :
	Country / jurisdiction: TIN** :
	Country / jurisdiction: TIN** :
If applicable, please specify the reason for non-availability of a TIN** :	
<small>** For further information, please refer to: http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers If the country of tax residence either does not issue a TIN or does not require the TIN to be disclosed, please indicate "N/A".</small>	

**ECONOMICAL BACKGROUND OF BENEFICIAL OWNER
(in case of control by ownership)**

If you are retired, please indicate the information on your last position in the following boxes

Professional status*	<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Student <input type="checkbox"/> Director / Partner / Management
Profession*		
Job title*		
Business line/ field of activity*		
Executed within a*	<input type="checkbox"/> Public administration <input type="checkbox"/> Listed company <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Small / Medium size Co. <input type="checkbox"/> Multinational
Name of your employer and country*		
Source of funds		
Best estimate of annual regular income* <i>(such as from professional occupation, retirement/ pension benefits, investment income, leasing or renting of real estate)</i>	<input type="checkbox"/> Up to EUR 50 000 <input type="checkbox"/> Up to EUR 250 000 <input type="checkbox"/> Up to EUR 1 000 000	<input type="checkbox"/> Up to EUR 100 000 <input type="checkbox"/> Up to EUR 500 000 <input type="checkbox"/> More than EUR 1 000 000
Source of wealth		
Best estimate of total net assets* <i>(including liquidities, investments, real estate, etc.)</i>	<input type="checkbox"/> Up to EUR 100 000 <input type="checkbox"/> Up to EUR 500 000 <input type="checkbox"/> Up to EUR 5 000 000	<input type="checkbox"/> Up to EUR 250 000 <input type="checkbox"/> Up to EUR 1 000 000 <input type="checkbox"/> More than EUR 5 000 000
Source of wealth*	<input type="checkbox"/> Savings / professional occupation <input type="checkbox"/> Sale of business / house <input type="checkbox"/> Inheritance	<input type="checkbox"/> Investments / insurance policy <input type="checkbox"/> Real estate <input type="checkbox"/> Other (specify):

SIGNATURES

The undersigned declares:

- To have full legal capacity.
- That I have examined and understood the information on this form, filled out this form to the best of my knowledge and believe it is true, correct and complete.
- That I will examine the official documents of each investment fund before investing and accept and comply with any defined conditions related to such investments.
- That I hereby authorise the Fund or its authorized representative(s) (the "Fund"), and/or EFA in its role of transfer agent or as an authorized delegate ("EFA"), to the extent required under the applicable Luxembourg laws (the Common Reporting Standard law of 18 December 2015 and the FATCA law of 24 July 2015), to report in the time and manner described by the applicable laws to the tax authorities of the Grand Duchy of Luxembourg or its authorized representative(s), the following information (the "Information"):

 - my last name, first name, date and place of birth, tax identification number, country or countries of tax residence and residence address(es);
 - my register account number;
 - the name of the Fund;
 - the account value as of the end of the relevant calendar year or, if the account was closed during such year or period, the closure of the account or the value of the account immediately before its closure, according to the terms of the applicable law;
 - the total gross amount paid or credited to my/our account during the calendar year including the aggregate amount of any redemption payments made to me;
 - all other information required by applicable laws.

- I acknowledge that I have been informed that the tax authorities of the Grand Duchy of Luxembourg or its authorized representative(s) will automatically pass the afore mentioned information on to the relevant Participating Jurisdiction Tax Authority(-ies) and to the U.S. Secretary of the Treasury or its delegate(s), according to the terms of the applicable law.
- That the Fund, acting as data controller, and / or EFA, acting as data processor, shall process the Information in accordance with the provisions of the law of 2 August 2002 on the protection of individuals with regard to the processing of personal data, as amended, (the "2002 Law") and according to the Regulation (EU) of the European Parliament and the Council of April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of data ("GDPR") as such laws may be amended or repealed from time to time; that, according to the 2002 Law. I / we have a right of access, to rectification, to erasure, of restriction of processing, to object and automated individual decision-making, to data portability of the Information by contacting EFA at the email address mentioned on the front page of this document. The Information is kept in accordance with Luxembourg prescription rules applicable to the data controller. The information is not kept beyond what is needed in order to comply with the Common Reporting Standard law of 18 December 2015 and the FATCA law of 24 July 2015. Documentation and personal data which are used to demonstrate orderly data processing will be stored in accordance with Luxembourg legal retention periods. Account holder personal data are then erased if and when permitted by the Law of 2002 and GDPR or any other applicable laws.
- That I agree that I will submit a new valid form to EFA within 30 days, if any declaration/certification on this form has changed.
- That I hereby agree that the present information form is subject to Luxembourg law and to the exclusive jurisdiction of the courts of the judicial district of the City of Luxembourg, Grand-Duchy of Luxembourg.
- I acknowledge that I may refuse to communicate part of the Information to the Fund and/or to EFA, thereby precluding the Fund or EFA from establishing computer records and from using the Information. However, such refusal or preclusion shall be an obstacle to the entry into relationship between the Fund and the Account Holder and such Account Holder may be subject to liability for penalties imposed on the Fund and/or EFA and attributable to such Account Holder's failure to provide the Information or to disclosure of the Information by the Fund and/or EFA to the Luxembourg tax authorities under the terms of the applicable law.

The undersigned takes note of the fact that the Fund and/or EFA may request documentary evidence for any of the forgoing declarations.

By signing this document, I/we declare that I/we am/are aware of the tax obligations relating to the detention of shares / units of the funds in which I/we hereby invest in, towards the competent tax authorities.

I/we declare that I/we am/are aware of my/our responsibility for fulfilling all tax obligations towards the reference and/or competent authorities. Especially, I/we declare that I/we comply with the Luxembourg legal requirements more specifically the requirements which result from the Law of 23 December 2016 and the CSSF circular 17/650 related to the fight against money laundering and the terrorism financing.

Beneficial Owner / Controlling Person	
Name*	
Date*	
Signature*	