

PineBridge Global Funds Application Form

Please complete Sections 1 – 5 and Forms 1 and 2 as appropriate

SECTION 1 Account Registration (Please Print Clearly)¹

Registered Name		Contact Name	
Client Account Number (if Known)			
Legal/Registered Address (PO Box or Care of address will not be accepted)		Mailing Address (if different to Legal/Registered Address)	
City		City	
Country	Postcode	Country	Postcode
Tel (inc. country code)	Fax (inc. country code)	Tel (inc. country code)	Fax (inc. country code)
Email		Email	
Shareholder Type ²		Source of wealth (e.g., inheritance, income from employment, income from business activities)	
Occupation (if individual or joint account) or Nature or purpose of entity (if entity)			

Joint Applicant(s)

Details of up to 2 additional holders may be added to this. Please complete details in block capitals below.

First Additional Applicant

Registered Name		Source of wealth (e.g., inheritance, income from employment, income from business activities)	
Occupation (if individual or joint account) or Nature or purpose of entity (if entity)			
Legal/Registered Address (PO Box or Care of address will not be accepted)		Contact Name	
City		Tel (inc. country code) Fax (inc. country code)	
Country	Postcode	Email	

¹ 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 as outlined below.

² (i) individual, (ii) joint account, (iii) publicly-listed company, (iv) state-owned entity, (v) pension fund, (vi) regulated credit and financial institution, (vii) nominee company / intermediary company, (viii) private and unlisted companies, (ix) partnerships, (x) collective investment schemes, (xi) trusts, foundations and similar entities, (xii) charities, (xiii) clubs & societies, (xiv) places of worship, (xv) other (please specify)

Second Additional Applicant

Registered Name	Source of wealth (e.g., inheritance, income from employment, income from business activities)	
Occupation (if individual or joint account) or Nature or purpose of entity (if entity)		
Legal/Registered Address (PO Box or Care of address will not be accepted)	Contact Name	
City	Tel (inc. country code)	Fax (inc. country code)
Country	Postcode	Email

Beneficiary Owners³- To Be Completed Where The Investor(s) Is/Are Not A Natural Person

We have noted below any beneficial owner of the registered investor:

Beneficial Owner 1 (where applicable)

Registered Name	Entity Type	
Legal/Registered Address (PO Box or Care of address will not be accepted)	Date of Birth	
City	Country	Postcode

Beneficial Owner 2 (where applicable)

Registered Name	Entity Type	
Legal/Registered Address (PO Box or Care of address will not be accepted)	Date of Birth	
City	Country	Postcode

Intermediary Details (if applicable)

Broker ID	Branch ID
Broker Name	Representative ID
Broker Address	Tel (inc. Country code)
City	Email
Country	Postcode

³ A beneficial owner is considered by the Fund to be an individual or corporate entity which:

- (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 in the investor, or
- (b) otherwise exercises control over the management of the investor.

SECTION 2 Subscription Details

PLEASE NOTE:

- ***DC Unit Classes** – It should be noted that “DC” Unit Classes, which are offered by certain Sub-Funds, may distribute out of capital, and there is an increased risk that capital will be eroded and the distribution will be achieved by forgoing the potential for future capital growth of the investment made by the Unitholders in these Unit Classes. The value of future returns in such Unit Classes may also be diminished.
- **Charging of management fees to capital** – Unitholders should note that all or part of fees and expenses including (if applicable management fees may be charged to the capital of the UCITS. This will have the effect of lowering the capital value of your investment.

Please invest on my/our behalf in the following Fund and Unit class

Fund Name			Amount (please state whether cash or Unit amount)		
<input type="checkbox"/>	A-USD	<input type="checkbox"/>	A5CP-SGD	<input type="checkbox"/>	C-USD
<input type="checkbox"/>	AA-USD	<input type="checkbox"/>	A5D-SGD	<input type="checkbox"/>	C1-EUR
<input type="checkbox"/>	AD-USD	<input type="checkbox"/>	A5H-SGD	<input type="checkbox"/>	C2-GBP
<input type="checkbox"/>	*ADC-USD	<input type="checkbox"/>	A5HD-SGD	<input type="checkbox"/>	C3-JPY
<input type="checkbox"/>	AHL-USD	<input type="checkbox"/>	A6-AUD	<input type="checkbox"/>	D-USD
<input type="checkbox"/>	AHLD-USD	<input type="checkbox"/>	A6D-AUD	<input type="checkbox"/>	D1-EUR
<input type="checkbox"/>	A1-EUR	<input type="checkbox"/>	A6H-AUD	<input type="checkbox"/>	D1H-EUR
<input type="checkbox"/>	A1H-EUR	<input type="checkbox"/>	A6HD-AUD	<input type="checkbox"/>	D2-GBP
<input type="checkbox"/>	A1D-EUR	<input type="checkbox"/>	*A6HDC-AUD	<input type="checkbox"/>	D2H-GBP
<input type="checkbox"/>	A1HD-EUR	<input type="checkbox"/>	A7-CHF	<input type="checkbox"/>	E-USD
<input type="checkbox"/>	A2-GBP	<input type="checkbox"/>	A7H-CHF	<input type="checkbox"/>	E1-EUR
<input type="checkbox"/>	A2H-GBP	<input type="checkbox"/>	A7D-CHF	<input type="checkbox"/>	E1H-EUR
<input type="checkbox"/>	A2D-GBP	<input type="checkbox"/>	A7HD-CHF	<input type="checkbox"/>	E2-GBP
<input type="checkbox"/>	A2HD-GBP	<input type="checkbox"/>	A8H-CAD	<input type="checkbox"/>	E2H-GBP
<input type="checkbox"/>	A3-JPY	<input type="checkbox"/>	A9HD-ZAR	<input type="checkbox"/>	H-USD
<input type="checkbox"/>	A3H-JPY	<input type="checkbox"/>	*A9HDC-ZAR	<input type="checkbox"/>	J-USD
<input type="checkbox"/>	A3D-JPY	<input type="checkbox"/>	A10HD-THB	<input type="checkbox"/>	J3D-JPY
<input type="checkbox"/>	A3HD-JPY	<input type="checkbox"/>	A11-RMB	<input type="checkbox"/>	J3H-JPY
<input type="checkbox"/>	A4-HKD	<input type="checkbox"/>	A11D-RMB	<input type="checkbox"/>	J3HD-JPY
<input type="checkbox"/>	A4D-HKD	<input type="checkbox"/>	A11H-RMB	<input type="checkbox"/>	JD-USD
<input type="checkbox"/>	A5-SGD	<input type="checkbox"/>	A11HD-RMB	<input type="checkbox"/>	JDX-USD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	L-USD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	M-USD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	R-USD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	RD-USD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	R1-EUR
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	R1D-EUR
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	R1H-EUR
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	R1HD-EUR
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	R2-GBP
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	R2D-GBP
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	R2H-GBP
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	R2HD-GBP
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	U2-GBP
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	X-USD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	X1-EUR
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	X1H-EUR
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	X2-GBP
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	X2H-GBP
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	X3-JPY
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	X3H-JPY
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y-USD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	YD-USD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	YHL-USD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	YHLD-USD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y1-EUR
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y1D-EUR
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y1H-EUR
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y1HD-EUR
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y2-GBP
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y2D-GBP
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y2H-GBP
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y2HD-GBP
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y3-JPY
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y3D-JPY
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y3H-JPY
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y3HD-JPY
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y4-HKD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y5-SGD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y5D-SGD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y5H-SGD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y5HD-SGD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y6-AUD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y6D-AUD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y6H-AUD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y6HD-AUD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y7-CHF
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y7D-CHF
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y7H-CHF
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y7HD-CH
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y8H-CAD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y9-ZAR
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y9D-ZAR
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y9H-ZAR
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y9HD-ZAR
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y11-RMB
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y11D-RMB
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y11H-RMB
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Y11HD-RMB
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	YYD-USD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	YJ-JPY
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Z-USD
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	ZD-USD

Distribution Option

Dividends, if any, will be automatically reinvested if no box is ticked

☐

CASH

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REINVEST

SECTION 3 Bank Account Information

IMPORTANT NOTES FOR COMPLETING SECTION 3

- Redemption and distribution proceeds can only be paid to a bank account held in the name of the registered unit holder(s). No third party payments will be made
- Both IBANs & SWIFT (BIC) Codes should be quoted for all banks within the EU/EEA
- Amendments to investors' payment instructions will only be made upon receipt of an original authorised instruction. In the case of joint accounts, written instructions will only be actioned if signed by all account holders

Subscription should be remitted to one of the following bank accounts, according to Unit class/currency

	USD Subscriptions	GBP Subscriptions	EUR Subscriptions	JPY Subscriptions	SGD Subscriptions	HKD Subscriptions	AUD Subscriptions	ZAR Subscriptions
Name of Bank	Bank of America N.A. New York	Bank of America N.A. London	Bank of America N.A. London	Bank of America N.A. Tokyo	Bank of America N.A. Singapore	Bank of America N.A. Hong Kong	Bank of America N.A. Sydney	Bank of America N.A. London
SWIFT	BOFAUS3N	BOFAGB22	BOFAGB22	BOFAJPJX	BOFASG2XXX	BOFAHKHX	BOFAAUSX	BOFAGB22
Correspondent Bank								Nedbank Limited
SWIFT								NEDSZAJJ
ABA Number	026009593							
CHIPS	959							
IBAN			GB53 BOFA 16505053546027		GB09 BOFA 16505053546043		GB84 BOFA 1650 5053 5460 51	
Account Name:	SSFSIL – PineBridge Investments Ire Ltd	SSFSIL – PineBridge Investments Ire Ltd	SSFSIL – PineBridge Investments Ire Ltd	StateStreetFundSV IR-PineBridgeINV	StateStreetFund SvS-Pine	StateStreetFundServices (Ireland)Limited-PineBridge Ire Ltd	SSFSIL-PineBridge Investments Ire Ltd	SSFSIL-PineBridge Investments Ire Ltd
Sort Code					7065212	055757		
Account Number	6550862952	53546027	53546043	21873090	57729-043	83078-035	16051010	53546051

Redemptions and Distributions

Please nominate the bank account to which redemption proceeds, and/or dividend distributions should be paid such account shall be in the name of the registered account holder(s) as above.

Correspondent Name

Correspondent Bank Address

City

State

Postcode

Correspondent Bank Sort Code/SWIFT(BIC)/ABA/Fedwire

Beneficiary Bank Name

Beneficiary Bank Address

City

State

Postcode

Beneficiary Bank Sort Code/SWIFT(BIC)/ABA/Fedwire

Beneficiary Bank Account Name

Beneficiary Account Number

Reference

Payment Type (please Select)

MT202☐

MT103☐

Currency

For Further Credit Details (if applicable)

SECTION 4 Investor Confirmations & Consents (Please tick boxes A - H as appropriate)

IMPORTANT NOTES FOR COMPLETING SECTION 4

- Non-resident Declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration
- To be valid, the Application Form (incorporating the Declaration required by the Irish Revenue Commissioners) must be signed by the Applicant(s). Where there is more than one Applicant, each Applicant must sign. If the Applicant is a company, it must be signed by the company secretary or other authorised officer
- If the Application Form (incorporating the Declaration required by the Irish Revenue Commissioners) is signed under power of attorney, a copy of the power of attorney must be furnished in support of the signature
- In the case of a firm (not a limited company) Applications should be in the name(s) of and signed by the proprietor(s)
- Applicant(s) who is/are Irish Resident or Irish Ordinary Residents should delete and initial the Declaration in 13 below
- Applicant(s) who is/are a US Person should delete and initial the Declaration in 12 below and contact the Manager for further documentation

This Application Form is for the sub-fund of PineBridge Global Funds named above ('the Fund') and should be read in conjunction with the Prospectus and relevant supplement of the Fund (together 'the Prospectus'). All capitalised terms herein have the meanings assigned to them in the Prospectus. Neither the Prospectus nor this Application Form constitute an offer or solicitation to anyone in any state of the United States or in any other jurisdiction in which such offer or solicitation is not authorised. A contract to buy Units is made with PineBridge Investments Ireland Limited ('the Manager') acting in its capacity as manager of the Fund. All contracts are governed by Irish law. I/We ('the Applicant(s)') confirm as follows:

Representations

- 1 Investors based in an EU Member State must, before investing, read the Key Investor Information Document (KIID) and if required, contact a professional adviser for advice on whether this is a suitable investment for you. Copies of the Prospectus, KIID, Annual and Interim report and accounts are available free of charge from the Manager. Send requests to the address detailed in Section 5 below, or alternatively visit [www.pinebridge.com/Global Funds/Key Investor Information Docs](http://www.pinebridge.com/GlobalFunds/KeyInvestorInformationDocs). Financial advisers/ intermediaries, hereby confirm that they will provide investors with copies of the KIID before they invest in the Fund.
- 2 The Applicant(s) will indemnify the Fund, the Manager, State Street Custodial Services (Ireland) Limited ("the Trustee") and State Street Fund Services (Ireland) Limited ("the Administrative Agent") (hereafter "the Specified Companies") and the Unitholders for any loss suffered as a result of the acquisition or holding of Units in the Fund which is in breach of the law of any competent jurisdiction except where such loss arose solely due to a Specified Company's fraud, gross negligence or willful misconduct.
- 3 The Applicant(s) will (i) provide such representations to the Manager or its delegates reasonably considered necessary due to changes in the law, regulations and policies including the interpretation or enforcement thereof and ongoing due diligence requirements, and (ii) provide on request such certifications, documents or other evidence as it/they may reasonably require to substantiate such representations. The Applicant(s) confirm that all of the warranties and representations contained in this Application Form shall continue to apply in respect of subsequent acquisitions of Units, and that notice will be given to the Fund promptly if the Applicant(s) become aware that any of the representations made is no longer accurate and that the Applicant(s) will promptly sell or tender to the Fund for redemption all or such sufficient number of Units which would in such circumstances allow the representation to be made.
- 4 I/We hereby authorise the Transfer Agent to accept and execute any instructions, (including but not limited to any instructions regarding subscriptions, switches, transfers or redemptions of Units or any payment in relation to same or otherwise) in respect of Units to which this application relates, given by me/us in written form, by facsimile, by telephone or by electronic means. If the instructions are given by me/us by telephone, I/we undertake to confirm them in writing. I/We hereby agree to indemnify each of the Transfer Agent and the Manager 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, telephone instructions confirmed by me/us in writing. The Transfer Agent and the Manager 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.
- 5 That the Applicant(s) is 18 years or over. The Applicant(s), having received and read a copy of the Prospectus, hereby further confirms that this Application is based solely on the Prospectus for the Fund current at the date of this Application and the material contracts therein referred to together (where applicable) with the most recent annual report and accounts of the Fund and (if issued after such report and accounts) its most recent unaudited semi-annual report.
- 6 I/We hereby undertake to observe and be bound by the provisions of the Trust Deed of the Fund (as amended from time to time) and apply to be entered in the Register of Unitholders as the holder(s) of the Units issued in relation to this Application.
- 7 Instructions – The Specified Companies are each hereby authorised and instructed to accept and execute any instructions in respect of the Units to which this Application relates, or which may in future be acquired by the Applicants via instructions given in either original written form or by facsimile or, where appropriate, by telephone (WHERE APPROPRIATE PLEASE TICK BOX A TO INDICATE YOUR CONSENT TO TELEPHONE DEALING) or such other means as may from time to time be specified by the Administrative Agent, the Manager or the Fund or their delegate ('Instructions'). In respect of Instructions given, where appropriate, by telephone the Applicant(s) agree that telephone conversations in respect of any transactions may be recorded and that any Instructions so given are at the Applicant(s) risk.

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BOX A

The Applicant(s) agree to indemnify each of the Specified Companies against any loss directly arising to any/all of them as a result of any of them acting upon such Instructions except where such loss arose solely due to a Specified Company's fraud, gross negligence or willful misconduct. In circumstances where such Instructions relate to a change to the personal details as set out above, or a change to the bank account details for redemption payments referred as above, the Applicant(s) will provide an original instruction. The Specified Companies may rely conclusively upon and shall incur no liability in respect of any action taken upon any Instructions or other instrument believed in good faith to be genuinely executed or to be signed by properly authorised persons.

The Administrative Agent must already have received the original Application Form for the initial subscription of Units and have completed all necessary anti-money laundering checks before redemptions can be completed. In addition, redemption proceeds shall only be made into the account of record specified in the original Application Form submitted and any amendments to the clients' registration details and payment instructions can only be effected upon receipt of original documentation.

- 8 Email – The Applicant(s) consents to the use of electronic communication or email as a method of communication of any notices etc. which are required to be sent by ticking the BOX B below. The Applicant(s) acknowledges that: 1) it is reasonable for the Specified Companies to expect the Applicant(s) shall have access to information sent to the email address supplied on page 1; 2) emails are susceptible to data corruption, interception, fabrication, delay, unauthorised amendment and viruses.

The Applicant(s) agrees to indemnify each of the Specified Companies against any loss directly arising to any of them as a result of the failure of the Applicant(s) to receive information sent to the email address on page 1 and acknowledges that each of the Specified Companies shall not be liable for any such event or the consequences thereof in respect of any such emails sent except where such liability arose solely due to a Specified Company's fraud, gross negligence or willful misconduct.

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BOX B

SECTION 4 Investor Confirmations & Consents (Continued)

- 9 Joint applications: We direct that on the death of one of us the Units for which we hereby apply be held in the name of and to the order of the survivor or survivors of us or the executor or administrative agent of the last of such survivors or survivors.
- 10 The Applicant understands that it is required to provide, from time to time as required by the Fund, certification and any other information, documentation or verification acceptable to the Specified Companies (i) as a condition to the payment on any Units without, or at a reduced rate of, U.S. withholding or backup withholding tax where applicable, and (ii) to enable each of the Specified Companies to determine their duties and liabilities with respect to any taxes or other charges that they may be required to pay, deduct or withhold from payments in respect of such Units or the holder of such Units under any present or future law or regulation of the United States or any present or future law or regulation of any political subdivision thereof or taxing authority therein or to comply with any reporting or other requirements under any such law or regulation, including but not limited to any applicable provisions of FATCA (as defined below), as may be amended from time to time. Such certification or other documentation requested may include (x) information in order to ascertain the citizenship, residency, ownership, tax status, business or control (both direct and indirect) of any holder of a Share and (y) self certification or alternative or successor tax authority forms with Conduct of a U.S. Trade or Business) or any successor to such IRS forms). In addition, the Specified Companies may require recertification, verification and other relevant information acceptable to it or otherwise required of any one of them under any applicable jurisdiction's laws, including but not limited to a waiver of any non-U.S. law which may prevent the reporting of such certification, verification and other relevant information, to enable the Fund to qualify for a reduced rate of withholding in any jurisdiction from or through which the Fund receives payments on its assets or to comply with any reporting obligations it may have to any taxing authority. The Applicant agrees to provide any certification or other information and takes such action required by applicable law or any taxing authority, as may be requested pursuant to this paragraph, and to update or replace any form or certification in accordance with its terms or its subsequent amendments. Without limiting the foregoing, if a payment or other proceeds on or with respect to any Units or with respect to an Investment held by the Fund would be subject to the requirements of Sections 1471 through 1474 of the US Federal Tax Code and the regulations and published guidance with respect thereto and any similar requirements under implementing legislation adopted by another taxing jurisdiction or under an intergovernmental agreement with the United States ("FATCA") (including those contained in Section 1471(b) or 1472(b), as applicable), the Applicant shall provide any documentation required by law or reasonably requested by the Specified Companies. The Applicant hereby agrees to indemnify and hold harmless each of the Specified Companies from and against any damage, loss, expense or liability (including any liability for taxes, penalties, additions to tax, interest or related out-of-pocket expenses) arising out of its failure to comply with any such request made by such parties or the applicable reporting requirements under FATCA. Nothing herein shall be construed or otherwise interpreted so as to obligate or guarantee that the Specified Companies will or can comply with FATCA except where such liability arose solely due to a Specified Company's fraud, gross negligence or willful misconduct.
- 11 The Applicant understands that it is required to provide, from time to time as required by the Fund, and regardless of the Applicant's tax residency, certification and any other information, documentation or verification acceptable to the Specified Companies to enable each of the Specified Companies to comply with any reporting or other requirements under any present or future law or regulations of the Common Reporting Standard ("CRS") as approved by the Organization for Economic Cooperation and Development ("OECD") or any present or future law or regulations of local taxing authorities to implement CRS. Such certification or other documentation requested may include information in order to ascertain the tax residency, ownership, tax status, business or control [both direct and indirect] of any holder of a Share. In addition, the Specified Companies may require certification, verification and other relevant information acceptable to it or otherwise required of any one of them under CRS any applicable jurisdiction's laws, including but not limited to a waiver of any non-US law which may prevent the reporting of such certification, verification and other relevant information, to enable the Fund to comply with any reporting obligations it may have to any taxing authority. The Applicant agrees to provide any certification or other information and take such action required by applicable law or any taxing authority. The Applicant agrees to provide any certification or to update or replace any form or certification in accordance with its terms or its subsequent amendments. The Applicant hereby agrees to indemnify and hold harmless each of the Specified Companies from an against any damage, loss, expense or liability [including any liability for taxes, penalties, additions to tax, interest or related out-of-pocket expenses] arising out of its failure to comply with any such request made by such parties or the applicable reporting requirements under CRS. Nothing herein shall be construed or otherwise interpreted so as to obligate or guarantee that the Specified Companies will or can comply with CRS except where such liability arose solely due to a Specified Company's fraud, gross negligence or willful misconduct.
- 12 Data Protection - In signing this Application Form, I/we hereby consent to each of the Specified Companies, its delegates and/or their duly authorised agents and any of their respective related, associated or affiliated companies holding, using, disclosing and processing my/our personal information/data in accordance with the Data Protection Acts 1988 to 2003 in order to (a) administer my/our holding in the Fund and any related accounts on an on-going basis, (b) share information with auditors, and regulators and to comply with legal obligations such as AML legislation, (c) make available financial information of non-Irish investors to participating jurisdictions pursuant to the European Savings Directive, FATCA and CRS for home country taxation purposes [for more information see <http://www.revenue.ie/en/business/aeoi/index.html>], (d) carry out statistical analysis and market research as well as for the any other specific purposes where I/we have given specific consent to do so and (e) processing and disclosure in countries outside of the European Economic Area (including without limitation the United States of America) which may not have the same data protection laws as Ireland.

Tax Residency Declarations

- 13 That the Applicant(s) is not a US Person and is not acquiring the Units on behalf of or for the benefit of a US Person nor does Applicant(s) intend transferring any Units purchased to any person who is a US Person.

The Applicant(s) will provide a completed and executed certificate of foreign status along with this Application Form. These forms include but are not limited to:

- Form 1 – individual (Controlling Person's) Self-Certification for FATCA and CRS
- Form 2 – Entity Self-Certification for FATCA and CRS



BOX C

- 14 Tax Declaration - Applicant(s) 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 Units. PLEASE TICK THE APPROPRIATE BOX BELOW.

- (a) Declaration on own behalf⁴;

I/We declare that I am/we are applying for the Units on my own/our own behalf/on behalf of a company and that I am/we are/the company is entitled to the Units in respect of which this Declaration is made and that: 1) I am/we are/the company is not currently Irish Resident or Irish Ordinary Resident; and 2) should I/we/the company become Irish Resident I/we/the company will so inform you, in writing, accordingly



BOX D

- (b) Declaration as Intermediary⁵

⁴ If the Applicant is an Exempt Irish Investor as defined in the Prospectus, he/she must complete a separate Declaration and should contact the Administrative Agent who will provide it/him/her/them with the appropriate Declaration which must be made to confirm its status.

SECTION 4 Investor Confirmations & Consents (Continued)

I/we declare that I am/we are applying for Units on behalf of other persons who: 1) are beneficially entitled to the Units; and 2) to the best of my/our knowledge and belief, are neither Irish Resident nor Irish Ordinary Resident. I/we also declare that: 1) unless I/we specifically notify you to the contrary at the time of the Application, all Applications for Units made by me/us from the date of this Application will be made on behalf of the such persons; and 2) I/we will inform you accordingly, in writing, if I/we become aware that any person, on whose behalf I/we hold Units becomes Irish Resident.

☐ **BOX E**

Please refer to Appendix A for the required AML Declaration for intermediary/ nominee investor.

- 15 EUSavings Directive- Council Directive 2003/48/EC of 3 June 2003 (the "EUSavings 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 State⁶, 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):

- (a) Is Applicant a legal person, e.g., an incorporated entity? YES or NO (strike out as applicable)
- (b) Are Applicant's profits taxed under general arrangements for business taxation? YES or NO (strike out as applicable)
- (c) Is Applicant (i) 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:

- (a) 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 _____

- (b) Is Applicant's EU passport or official identity issued by the same EU Member State that appears in Applicant's address in Section 1. YES or NO (strike out as applicable)
- (c) 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, then Applicant must provide a "certificate of residence for tax" issued by Applicant's local taxation authority, otherwise Applicant's EU residency will be decided and reported upon the basis of information contained in Applicant's passport/ official identity card and/or other documentation provided for the purposes of satisfying the Company's money laundering verification requirements.

- 16 In relation to investment in PineBridge India Equity Fund, by signing this Application Form, the Applicant undertakes that a) he/she is not an Indian resident for Indian tax purposes and that b) this is also true for the ultimate beneficiary of the investment being made into PineBridge India Equity Fund. The Applicant agrees that if the status of the Applicant or the ultimate beneficiary of the investment being made changes so that he/she/they become an Indian resident for Indian tax purposes, the Applicant will notify the Manager with immediate effect and the Manager will be entitled to purchase their holding at the latest published NAV.

Anti-money Laundering Requirements

- 17 Anti-money Laundering ('AML') Requirements – the Applicant(s) acknowledge that due to applicable AML policies and requirements operating within their respective jurisdictions, the Manager or its delegates may require further identification or Source of Funds material from the Applicant(s) before the Application can be processed. The Applicant agrees to provide the Manager or its delegates with such documentation and hold it/them harmless and indemnify it/them against any loss arising as a result of a failure to process the Application or a delay in processing the Application, if such required information has not been provided by the Applicant(s).
- 18 Where the Applicant is applying in its capacity as trustee(s) of a trust, recourse for breach of any and all of the provisions and undertakings and any and all indemnities in the Fund documentation (including without limitation this Application Form and the Prospectus) will be limited to the total value of the assets of the trust.

DEFINED TERMS (please also refer to the Prospectus)

'Prescribed Countries' include the following: European Union Member States; Canada; Channel Islands; Hong Kong; Iceland; Isle of Man; Japan; Norway; Singapore; South Africa; Switzerland; United States of America.

'Designated Person' includes entities such as banks, building societies, investment companies and other financial institutions.

'Certified copy' The certification of all documents must be carried out by any of the following persons/entities whom must be based in a FATF country (<http://www.fatf-gafi.org>):

⁵ 'Intermediary' means a person who:

- (a) Carries on a business which consists of, or includes, the receipt of payments from an investment undertaking on behalf of other persons, or
- (b) Holds shares/units in an investment undertaking on behalf of other persons.

⁶ Also applicable to residents of USA, 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

SECTION 4 Investor Confirmations & Consents (Continued)

- Notary Public/Practising Solicitors
- Police force
- Chartered & Certified Public Accountants
- Embassy/Consular staff
- Any Designated Person

PLEASE TICK **BOX F** OR **BOX G** OR **BOX H** BELOW AS APPROPRIATE. Note that this Application may NOT be processed if one of the boxes below has not been ticked. Further, an incomplete Application Form may result in delayed processing. Under Irish legislation covering anti-money laundering the Manager and Administrative Agent are required to obtain the following documentation (and depending on the type of applicant the Manager and Administrative Agent may request additional documentation for AML purposes) to verify the identity and permanent address of all new Applicants. (If you are an existing investor in the Fund it will not be necessary to provide any of the information set out below in connection with this Application. However please make sure that your existing account number is included in Section 1 and the appropriate Box below is ticked.) The Applicant(s) confirms EITHER:

☐

BOX F

That the Applicant(s) is a Designated Person in a Prescribed Country. Accordingly the Applicant attaches the following documentation:

- Original or certified copy of Applicants' Authorised Signatory List with specimen signatures on company letterhead;
- Proof of registration of Applicant with corresponding regulator in Prescribed Country e.g. licence
- Evidence of name and address

OR

☐

BOX G

That the Applicant(s) is not a Designated Person in a Prescribed Country and that subscription monies originate from an account in the name(s) of the Applicant(s) with a bank in a Prescribed Country.

OR

☐

BOX H

That the Applicant(s) is not a Designated Person in a Prescribed Country and that the subscription monies do NOT originate from an account in the name(s) of the Applicant(s) with a bank in a Prescribed Country. Accordingly, the Applicant(s) attach the following documentation;

- In the case of Individual Applicants
 - Certified true copy of a document verifying name(s) and date of birth (e.g., current valid full passport); AND
 - An original document verifying the Applicant(s) permanent residential address (e.g., bank statement, recent utility bill) (please note the two documents must be of different types and be no more than six months old); Two are required for individuals who are resident outside the above country list AND
 - A certified copy of tax residency certificate detailing national Tax Identification Number (TIN) (relevant in the case of Applicants resident in one Member State of the European Union whose passport or national identity card is issued by another Member State of the European Union.); OR
- In the case of Corporate Applicants
 - Full Name
 - Registered office address
 - Principal business address
 - Nature and purpose
 - Certified true copy of audited financial statements
 - Original or certified true copy of the Certificate of Incorporation or Certificate to Trade (and any certificate following a change of name); AND
 - Certified true copy of Memorandum and Articles of Association; AND
 - Directors' names and addresses or dates of birth; AND
 - Original or certified copy of Applicants' Authorised Signatory List with specimen signatures on company letterhead;
 - Verify the identity of all authorised signatories
 - Verify the identity of all beneficial owners beneficially entitled to more than 25% of the entity's share capital or voting rights or otherwise exercises control over the management of the entity.
 - Original AML declaration in the form of Appendix A where Applicant is an intermediary
 - For Applications who are trusts, foundations or charitable organizations, a certified true copy of trust deed or equivalent, documentation of nature and purpose, verify the identity of any settlor and at least two trustees/directors/governors/board members
- In the case of Corporate Entities not quoted on a Stock Exchange in a Prescribed Country and not a subsidiary of a corporate entity quoted on such a Stock Exchange, in addition to the documentation required under b(i) to (xi);
 - Individual verification in accordance with a) above must be carried out on at least two directors of such corporate entity and all persons authorised to operate the account; AND
 - A list of names and addresses of unit holder(s) holding 10% or more of the issued share capital of the Corporate Entity, and in the case of individual shareholder(s), their occupation(s) and date(s) of birth.

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

SECTION 4 Investor Confirmations & Consents (Continued)

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, government minister or deputy or assistant government minister;
- b. a member of a parliament;
- c. 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;
- d. a member of a court of auditors or of the board of a central bank;
- e. an ambassador, chargé d'affaires or high-ranking officer in the armed forces

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 or the child of a spouse 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 percent 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

Name of PEP

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

Office of PEP

Correspondent Bank Address

Relationship of Applicant or Applicant's Beneficial Owner to PEP

City

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

State

Postcode

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

Notes

- 1 Investors are advised that free of payment secondary fund trading is not permitted without the prior consent of the Manager.
- 2 As set out under the section entitled 'Application Procedure' of the Prospectus the Manager reserves the right to reject, in whole or in part, any application at its discretion.
- 3 Illegible or Incomplete dealing orders received by the Administrative Agent from a client will be deemed void unless otherwise determined by the manager. As a consequence, you should exercise care in ensuring that such information is accurate before you submit

SECTION 5 Signatories

☐ I/we agree to be bound by the representations, warranties and declarations set out in this Application Form.

☐ I/we agree and acknowledge that no redemption payment may be made and any income generated will be automatically reinvested until the Application Form and all necessary original anti-money laundering documentation has been provided.

Authorised Signatory

Additional Authorised Signatory (if applicable)

Print Name

Print Name

Capacity of Authorised Signatory (if applicable)

Capacity of Authorised Signatory (if applicable)

Date

Date

Additional Authorised Signatory (if applicable)

Print Name

Capacity of Authorised Signatory (if applicable)

Date

Please fax this completed Application Form, along with the applicable Common Reporting Standards Self-Certification and AML Declaration (if applicable) to the Administrative Agent at +353 1 523 3712 and forward the original documents by post to the address below.

PineBridge Investments Ireland Limited
C/O State Street Fund Services (Ireland) Ltd. Registration
Services – Transfer Agency Dept. 78 Sir John Rogerson's
Quay
Dublin 2 Ireland

Tel +353 1 776 8036
Fax +353 1 523 3712

Appendix A - AML Confirmation for Nominees/Intermediaries

(Please print this form onto your company headed paper)

Transfer Agency – Registration Department
State Street Fund Services (Ireland) Limited
PineBridge Global Funds
No.78 Sir John Rogerson's Quay Dublin 2
IRELAND

RE: PineBridge Global Funds (the "Funds")
Verification of Investor Identity & Compliance with Applicable Laws and Regulations

Dear Sir/Madam:

We hereby wish to confirm that {Name of Intermediary} with an address of {Registered Address of Intermediary} is regulated for anti-money laundering purposes by the {Name and Address of Regulator}

We hereby confirm the following in connection with all shareholders ("Shareholders") and all underlying beneficial shareholders in all designations in the name of {Name of Intermediary} in the PineBridge Global Funds.

1. We have performed the anti-money laundering and counter-terrorist financing identification of the above Shareholders and underlying beneficial shareholders.
2. We confirm, we have access to and have verified the true name, permanent address and other relevant customer due diligence (CDD) of the above Shareholders and underlying beneficial shareholders as appropriate.
3. The evidence we have obtained to verify the identity of the above Shareholders and underlying beneficial shareholders meets the requirements of our national anti-money laundering and counter-terrorist financing legislation and regulation that implement the "3rd EU Anti-Money Laundering Directive" [name relevant legislation and regulations].
4. We are aware that you are placing reliance upon the anti-money laundering and counter-terrorist financing identification carried out by us for the above Shareholders and underlying beneficial shareholders and that such reliance may result in detriment to you if there is a deficiency in the anti-money laundering and counter-terrorist financing identification carried out by us.
5. We will provide you with all documents and information, which we may have on our files relating to the identity of each Shareholder and underlying beneficial shareholders upon reasonable written request. We will also provide a competent authority with all documents and information which we may have on our files relating to the identity of each Shareholder and underlying beneficial shareholders as soon as practicable upon the competent authority's request.
6. We will retain these documents and information for a period of at least 5 years after the relationship with a Shareholder has ended.
7. We will inform you immediately if we are unable to verify the identity of the above Shareholders or underlying beneficial shareholders.
8. We will inform you immediately if we are aware of the above Shareholders or underlying beneficial shareholders are engaging in activities which lead us to suspect that the above Shareholders or underlying beneficial shareholders are involved in money laundering or terrorist financing, subject to such disclosure not being prohibited under our regulatory requirements.
9. We will inform you if we identify that any of the above Shareholders or underlying beneficial shareholders should be considered to be Politically Exposed Persons or are immediate family members or close associates of Politically Exposed Persons.
10. We will take measures to ensure that the Shareholders and underlying beneficial shareholders 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").

Yours faithfully

Name

Name

Title Authorised Signatory

Title Authorised Signatory

APPENDIX B Subsequent Dealing Form

(Please print this form onto your company headed paper)

ATTENTION
State Street Fund Services (Ireland) Ltd Transfer Agency
- Dealing Services PineBridge Global funds
78 Sir John Rogerson's Quay Dublin 2

Fax +353 1 523 3712

Date

CLIENT NAME

CLIENT NUMBER

Dear Sir/Madam,

Please process the following transactions on our behalf on the next Dealing Day

Subscription ('Sub') Or Redemption ('Red') Transactions

FUND NAME	UNIT CLASS	CURRENCY	AMOUNT	UNITS	SUB	RED

Switch Transaction

Switch from

Switch to

Please note that redemption amounts will be paid to the account/accounts included on the original Application Form/Forms or if this has been amended to account/accounts for which the transfer agent has received in original format, instruction from authorised signatories.

We hereby confirm that the declarations made by us on the Application Form are and continue to be valid declarations as to the matters addressed therein.

Yours faithfully,

Authorised Signatory

Authorised Signatory

Subsequent Dealing Form

IMPORTANT NOTES FOR COMPLETING SUBSEQUENT DEALING FORM

- For subsequent dealing, including applications, redemptions and switches, please complete and fax back the Subsequent Dealing Summary Form to the Transfer Agents
- All orders received by the relevant dealing deadline will be processed on the same day. Any orders received after such time on a Dealing Day will be dealt with on the next succeeding Dealing Day.
- Please refer to the non-dealing days calendar on www.pinebridge.com or relevant sub-fund's supplement for further information on the Dealing Days.
- The Transfer Agent will issue confirmation of transactions by fax or email overnight on the trade date. In addition, the Transfer Agent will send a monthly statement of holdings, on request
- All orders will be processed and settled in the base currency of the specific Class of the Fund. Investors may request settlement in a different currency (upon advance notification to the Transfer Agent) but this will be at their own expense and executed outside of the Fund
- Investors may request earlier settlement date for subscriptions and should indicate this on the order
- The Net Asset Value (NAV) of each Fund is expressed as a per share/unit figure, in the base currency of the relevant Class of the relevant Fund. The NAVs are calculated in accordance with the Dealing Days described above
- The Transfer Agents usually issue the NAVs for all Funds by close of business EST. NAVs are issued to Clients and other parties on receipt of the relevant contact details - including contact name, email address, phone and fax number
- In addition, most of the NAV prices are published on the website address: www.pinebridge.com and in such other newspapers or publications appropriate for the jurisdiction in which the Fund is registered

The following section contains two forms to meet the requirements of the Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standards (CRS) pursuant to which we are obliged to collect information for tax authorities.

FORM 1 IS FOR INDIVIDUALS AND FORM 2 IS FOR ORGANISATIONS

Instructions for completion of both forms

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 investor's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's interests in the Fund with relevant tax authorities. This form is intended to request information only where such request is not prohibited by Irish law.

If you have any questions about this form or defining the investor's tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser..

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

If any of the information below about the investor's tax residence or FATCA/CRS classification changes in the future, please advise of these changes promptly.

FORM 1

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

Instructions for completion

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

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

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

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

*(Mandatory fields are marked with an *)*

Section 1: Investor Identification

Investor Name*: _____

Current Residential Address*:

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Place Of Birth*

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

Date of Birth*: _____

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

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

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

OR

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

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

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

Country of Tax Residency	Tax ID Number

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

Section 4 – Type of Controlling Person

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

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

<i>Please Confirm what type of Controlling Person applicable under CRS that applies to you/the investor by ticking the appropriate box.</i>	Please Tick	Entity Name
Controlling Person of a legal person – control by ownership		
Controlling Person of a legal person – control by other means		
Controlling Person of a legal person – senior managing official		
Controlling Person of a trust – settlor		
Controlling Person of a trust – trustee		
Controlling Person of a trust – protector		
Controlling Person of a trust – beneficiary		
Controlling Person of a trust – other		
Controlling Person of a legal arrangement (non-trust) – settlor-equivalent		
Controlling Person of a legal arrangement (non-trust) – trustee-equivalent		
Controlling Person of a legal arrangement (non-trust) – protector-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 that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

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

Authorised Signature*: _____

Print Name*: _____

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

Capacity*: _____

Entity Self-Certification for FATCA and CRS

Instructions for completion

(Mandatory fields are marked with an *)

There are two forms in this section one for Organisations and one for Individuals

FORM FOR ORGANISATIONS

Section 1: Investor Identification

Investor Name*: _____ (the "Entity")

Country of Incorporation or Organisation: _____

Current Registered Address*:

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

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

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

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

U.S. TIN: _____

Or

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

Or

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

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

3.1 Financial Institutions under FATCA:

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

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

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 GIIN but is sponsored by another entity which does have a GIIN Please provide the sponsor's name and sponsor's GIIN : Sponsor's Name: _____ Sponsor's GIIN: _____	
II.	Exempt Beneficial Owner	
III.	Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)	
IV.	Non-Participating Foreign Financial Institution	
V.	Excepted Foreign Financial Institution	

3.4 Non-Financial Institutions under FATCA:

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

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

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

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

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

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

Country of Tax Residency	Tax ID Number

Section 5: Entity's CRS Classification*(The information provided in this section is for CRS. Please note an Entity's CRS classification may differ from its FATCA classification in Section 3):

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

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

5.1 Financial Institutions under CRS:

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

I.	Financial Institution under CRS(other than (II) below)	
II.	An Investment Entity located 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 and complete a separate individual self-certification forms for each of your Controlling Persons **)	

5.2 Non Financial Institutions under CRS:

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

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

****Controlling Person's:**

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

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

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

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

Section 6: Declarations and Undertakings

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

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

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

Authorised Signature(s)*:

Print Name(s)*:

Capacity in which declaration is made*:

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