

# RW Multi-Strategy UCITS Platform ICAV (the "ICAV")

## Application Form for Rudolf Wolff Global Income Fund (the "Fund")

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                    |
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| <p>This Application Form, which acts as an account opening form, should be read in context of and together with the latest Prospectus of the ICAV and the Supplement of the Fund (collectively referred to as the "Prospectus"), and save where otherwise defined in this Application Form, all capitalised terms shall have the same meaning as in the Prospectus. Please note that separate forms are required for subsequent (repeat) subscriptions and redemptions of Shares. These forms can be obtained from the Administrator.</p> <p><b>Instructions:</b><br/> <b>ALL INVESTORS</b> must complete <b>sections 1 to 6</b><br/> <b>Entities (Corporates/Trusts etc)</b> must also complete <b>section 8 &amp; 12</b><br/> <b>Individuals only</b> must complete <b>sections 7 then...</b><br/> <b>ALL Non-Irish residents</b>, must also complete <b>section 9 and 12</b><br/> <b>Irish residents only</b> must also complete <b>section 10 and 12</b><br/> <b>Irish residents who are not Exempt Irish Residents only</b> (as defined in the Prospectus) must also complete <b>section 11 and 12</b></p> | <p><b>Mail: The Rudolf Wolff Global Income Fund Limited,<br/> C/O Apex Fund Services (Ireland) Limited<br/> 2nd Floor, Block 5 Irish Life Centre, Abbey Street<br/> Lower, Dublin, D01 P767, Ireland</b></p> <p>Telephone: <b>+ 353 1411 2949</b><br/> Fax: <b>+ 353 1 4112948</b><br/> Email: <b>rudolfwolff@apexfunds.ie</b></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### 1. APPLICANT DETAILS (Please use BLOCK CAPITALS) \*

|                                                                    |                                                                                                                                                                                                                         |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual                                | <input type="checkbox"/> Joint Applicant                                                                                                                                                                                |
| <input type="checkbox"/> Corporation                               | <input type="checkbox"/> Nominee                                                                                                                                                                                        |
| <input type="checkbox"/> Partnership/Trust                         | <input type="checkbox"/> Fund of Funds                                                                                                                                                                                  |
| <input type="checkbox"/> Non-Profit Organisation (Foundations)     | <input type="checkbox"/> Financial Intermediary                                                                                                                                                                         |
| <input type="checkbox"/> Other                                     |                                                                                                                                                                                                                         |
| Registered Name(s) of all Applicants (including Joint Applicants): |                                                                                                                                                                                                                         |
| Occupation <sup>1</sup>                                            |                                                                                                                                                                                                                         |
| Full Residential or Registered Address:                            |                                                                                                                                                                                                                         |
| Correspondence <sup>2</sup> address if different:                  |                                                                                                                                                                                                                         |
| Contact Name:                                                      | <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Tel No:</div> <div style="width: 40%;"></div> </div>                                                                              |
| Email:                                                             | <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Fax No:</div> <div style="width: 40%;"></div> </div>                                                                              |
| Intermediary:                                                      | <div style="display: flex; justify-content: space-between;"> <div style="width: 33%;">Intermediary/Fax:</div> <div style="width: 33%;">Intermediary/Email:</div> </div>                                                 |
| Regulator of Intermediary:                                         | <div style="display: flex; justify-content: space-between;"> <div style="width: 33%;">Jurisdiction of Intermediary:</div> <div style="width: 33%;">Webpage of intermediary showing evidence of regulation:</div> </div> |

\* should there be a need for further requirements or additions please use the space at the end of the form.

<sup>1</sup> Applicable to Individuals only

<sup>2</sup> All regular correspondence will be distributed via email / fax; please contact the Administrator if this causes significant issues for the Applicant.

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| <b>2. INVESTMENT DETAILS<sup>3</sup></b>                                                                                                               |                                                                                                                                                  |                                                                                                                                                                |                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>GBP Class BA</b> (Back-End)<br>Accumulating<br><b>Minimum initial investment: £3,000</b><br><br>ISIN IE00BDRKF648          | <input type="checkbox"/> <b>USD Class BA</b> (Back-End)<br>Accumulating<br><b>Minimum initial investment: \$3,000</b><br><br>ISIN IE00BDRKF754   | <input type="checkbox"/> <b>GBP Class BI</b> (Back-End)<br>Income<br><b>Minimum initial investment: £3,000</b><br><br>ISIN IE00BDRKF861                        | <input type="checkbox"/> <b>USD Class BI</b> (Back-End)<br>Income<br><b>Minimum initial investment: \$3,000</b><br><br>ISIN IE00BDRKF978              |
| <input type="checkbox"/> <b>GBP Class CA</b> (Clean Class)<br>Accumulating<br><b>Minimum initial investment: £3,000</b><br><br>ISIN IE00BDRKDZ96       | <input type="checkbox"/> <b>EUR Class CA</b> (Clean Class)<br>Accumulating<br><b>Minimum initial investment: €3,000</b><br><br>ISIN IE00BDRKDY89 | <input type="checkbox"/> <b>GBP Class CA Institution</b> (Clean Class)<br>Accumulating<br><b>Minimum initial investment: £100,000</b><br><br>ISIN IE00BDR0HG82 | <input type="checkbox"/> <b>GBP Class CA Retail</b> (Front End)<br>Accumulating<br><b>Minimum initial investment: £3,000</b><br><br>ISIN IE00BDR0HH99 |
| <input type="checkbox"/> <b>EUR Class CI Institution</b> (Front End)<br>Income<br><b>Minimum initial investment: €100,000</b><br><br>ISIN IE00BDR0HC45 | <input type="checkbox"/> <b>GBP Class FI</b> (Front End)<br>Income<br><b>Minimum initial investment: £3,000</b><br><br>ISIN IE00BDRKF424         | <input type="checkbox"/> <b>USD Class FI</b> (Front End)<br>Income<br><b>Minimum initial investment: \$3,000</b><br><br>ISIN IE00BDRKF531                      | <input type="checkbox"/> <b>GBP Class FA</b> (Front End)<br>Accumulating<br><b>Minimum initial investment: £3,000</b><br><br>ISIN IE00BDRKF200        |
| <input type="checkbox"/> <b>USD Class FA</b> (Front End)<br>Accumulating<br><b>Minimum initial investment: \$3,000</b><br><br>ISIN IE00BDRKF317        | <input type="checkbox"/> <b>EUR Class RA</b> (Back End)<br>Accumulating<br><b>Minimum initial investment: €3,000</b><br><br>ISIN IE00BG138P02    |                                                                                                                                                                |                                                                                                                                                       |

|                                                |  |                                      |  |
|------------------------------------------------|--|--------------------------------------|--|
| Insert subscription amount in numbers GBP/USD: |  | Insert subscription amount in words: |  |
|------------------------------------------------|--|--------------------------------------|--|

<sup>3</sup> Please tick the share class in the table below for which you are subscribing. Please see the minimum investment amount for each share class indicated in the table.

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**3. SUBSCRIPTION BANK DETAILS**

|                                                                                         |
|-----------------------------------------------------------------------------------------|
| <b>For GBP SEND TO:</b>                                                                 |
| Correspondent Swift Code: BARCGB22                                                      |
| Correspondent Bank: BARCLAYS BANK LONDON                                                |
| Sort Code: 20 32 53                                                                     |
| Beneficiary Swift Code: SOGEFRPPAFI                                                     |
| Beneficiary Bank: SOCIETE GENERALE PARIS at 29 boulevard Haussmann, 75009 Paris, France |
| Account Name: RUDOLF WOLFF GLO INC FD COL/GBP                                           |
| IBAN: FR7630003056050380314062286                                                       |
| Beneficiary Name: RUDOLF WOLFF GLO INC FD COL                                           |
| <b>For USD SEND TO:</b>                                                                 |
| Correspondent Swift Code: SOGEUS33XXX                                                   |
| Correspondent Bank: SOCIETE GENERALE NEW YORK                                           |
| Beneficiary Swift Code: SOGEFRPPAFI                                                     |
| Beneficiary Bank: SOCIETE GENERALE PARIS at 29 boulevard Haussmann, 75009 Paris, France |
| Account Name: RUDOLF WOLFF GLO INC FD COL/USD                                           |
| IBAN: FR7630003056050300314062290                                                       |
| Beneficiary Name: RUDOLF WOLFF GLO INC FD COL                                           |
| <b>For EUR SEND TO:</b>                                                                 |
| Correspondent Swift Code: SOGEFRPP                                                      |
| Correspondent Bank: SOCIETE GENERALE PARIS                                              |
| Beneficiary Swift Code: SOGEFRPPAFI                                                     |
| Beneficiary Bank: SOCIETE GENERALE PARIS at 29 boulevard Haussmann, 75009 Paris, France |
| Account Name: RUDOLF WOLFF GLO INC FD COL/EUR                                           |
| IBAN: FR7630003056050000314062208                                                       |
| Beneficiary Name: RUDOLF WOLFF GLO INC FD COL                                           |

**Notes:**

1. Cleared subscription monies to be received no later than two (2) Business Days after the relevant Dealing Day.
2. If payment in full in cleared funds is not received within the required number of Business Days any provisional allotment of shares may be cancelled.

**4. CLIENTS BANK DETAILS<sup>4</sup>**

|                           |  |
|---------------------------|--|
| <b>Intermediary Bank:</b> |  |
| <b>SWIFT Code:</b>        |  |
| <b>Bank Name:</b>         |  |
| <b>Branch Name:</b>       |  |
| <b>IBAN:</b>              |  |
| <b>BIC:</b>               |  |
| <b>Account Name:</b>      |  |
| <b>Account Number:</b>    |  |
| <b>Sort Code:</b>         |  |

**Note: No third party payments will be undertaken. A request to change bank account details in future must be made in writing to the Administrator, requiring an original signed instruction, and must be accompanied by a bank statement or banker's reference.**

| Dividend Option (please tick)* |                                                                                   | Please Tick |
|--------------------------------|-----------------------------------------------------------------------------------|-------------|
| Reinvest Option                | automatic purchase of additional shares of the same class equivalent to dividends |             |

<sup>4</sup> This is in relation for where the sale proceeds are to be sent and those electing for income shares to receive their dividend payments (Please note that if no option is indicated, distribution and dividend payments will be reinvested).

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|                                                                                                        |                                                      |  |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|
| Cash option                                                                                            | pay all dividends to the bank account listed above** |  |
| Should this section not be completed, dividends will be automatically reinvested in additional shares. |                                                      |  |

**5. REPRESENTATIONS, DECLARATIONS AND WARRANTIES**

**I/We represent, warrant and declare that:**

| GENERAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. I/we hereby acknowledge as part of this application that I/we have been provided with in good time prior to completing this Application Form and have read and understood the contents of the Prospectus of the ICAV, applicable Fund Supplement, the instrument of incorporation of the ICAV and key investor information document(s) ("KIID(s)") and where available the most recent annual or half-year reports and accounts for the ICAV applicable to the Fund (the "Fund Documentation") and furthermore that this application is based solely upon the terms thereof, and subject to the provisions of the ICAV's instrument of incorporation. I/we acknowledge that I am/we are aware of the potential risks associated with this investment and where appropriate have sought professional advice on matters of taxation and such other consequences applicable to the investment.                                                       | 2. I/we confirm that I am/ we are 18 years of age or over ( <b>delete if you are not a natural person</b> ).<br><br>I am/We are not making this application on behalf of any person under the age of 18 years.<br><br>3. <b>If you are joint applicants</b> – We direct that, on the death of one of us, the Shares for which we are applying shall be held in the name of and to the order of the survivor(s) or the executor(s) or administrator of the last such survivor ( <b>delete if you are not a natural person or you are a sole investor</b> ).                  |
| 4. I/we hereby agree to indemnify and hold harmless the ICAV, the Manager, the Administrator, the Depositary, the Investment Manager, the Investment Advisor and their respective directors, officers and employees and other Shareholders against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) suffered by them which may result directly or indirectly, from: (i) any misrepresentation or breach of any representation, declaration, warranty, condition covenant, or agreement set forth herein or in any document delivered to by me/us to the ICAV or the Administrator; (ii) me/us acquiring or holding Shares in the Fund where, by virtue of my / our holding, I am / we are in breach of the laws of any competent jurisdiction; and (iii) the Administrator or the ICAV acting on an instruction reasonably believed to be genuine in accordance with the declaration at number 5. | 5. The Administrator, the Manager and the ICAV are each authorised and instructed to accept and execute any instructions in respect of the Shares to which this Application Form relates given by me/us in written form, or by facsimile or email. The ICAV, the Manager and the Administrator will not be responsible or liable for the authenticity of instructions received from us or any authorised person and may rely upon any instruction in good faith from any such person representing himself to be a duly authorised person reasonably believed to be genuine. |
| 6. I/we acknowledge that the Administrator will refuse to process a redemption request until the Administrator has received an original of this Application Form and until all required anti-money documentation has been received by the Administrator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7. I/we accept such lesser number of Shares if any, than may be specified above in respect of which this application may be accepted.                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 8. I/we agree to notify the ICAV immediately if I/we become aware that any of the representations and declarations made is no longer accurate and complete in all respects. I/we agree immediately either to sell or to tender to the ICAV for redemption of a sufficient number of Shares to allow the representations to be made again.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9. I/we understand that the confirmations, representations, declarations and warranties made herein are continuing and apply to all subsequent purchases of Shares by me/us in the Fund and I/we agree to provide on request such certifications, documents or other evidence as the ICAV or the Administrator may reasonably require to substantiate such representations. I/we hereby confirm that for any subsequent investments I/we will obtain and read the latest version of the appropriate Fund Documentation prior to each subscription.                          |
| 10. <b>If you are an intermediary:</b> I/we confirm that:<br><br>(i) that evidence of verification has been obtained and recorded in accordance with the laws of the my/our jurisdiction as identified on page 1;<br><br>(ii) the names of our clients have been compared against the following sanction lists: (a) EU; (b) UN and (c) OFAC;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 11. <b>Receipt of the KIID by means of a website:</b> I/we represent and acknowledge that:<br><br>(i) I/we have been offered the choice of receiving the Prospectus, Supplement and the KIID on paper and in electronic form by means of a website or by email and hereby specifically consent to receiving the KIID in electronic form by email or by accessing the latest version of the document online at <a href="http://www.rudolfwolff.com">www.rudolfwolff.com</a> (or such other website as may be notified                                                        |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>(iii) that all documentary evidence of verification process will be retained for at least 6 years after the client has redeemed in full;</p> <p>(iv) this documentary evidence of verification will be made available on demand; and</p> <p>(v) I will provide such documentary support and comfort letters as may be required pursuant to applicable law on request of the Administrator;</p> <p>(vi) prior to accepting any order for the acquisition of Shares, I/we will ensure that the investor will be provided with the current KIID for the relevant Share Class in the Fund as well as all other Fund documentation identified in the declaration at point 1 above.</p> <p><b>(If you are not an intermediary then please put a line through Part I0)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>to me/us from time to time) and acknowledge that I/we shall be deemed to have been provided with an up-to-date KIID by means of the website in good time before any subsequent/future subscriptions.</p> <p>(ii) I/we received or accessed by electronic means the KIID.</p> <p>(iii) The KIID shall be reviewed at least every 12 months. I/We agree that I/we will inspect the KIID by accessing the website in good time before making any subsequent and/or future subscriptions for Shares in any Class of the Fund. I/We agree that I/we bear sole responsibility for ensuring that I/we have inspected the up-to-date version of the KIID and that, in any event.</p> <p>12. I/we may at any time request a hard copy of any such documentation from the Fund free of charge and/or revoke, in writing or other authorised manner, the consent given to receive such information electronically or to subscribe or redeem Shares of the Fund electronically.</p> <p>13. I/We acknowledge and understand that the Directors have the power to compulsorily redeem the Shares of an investor in certain circumstances, including where their holding is deemed to cause or likely to cause (in the opinion of the Directors), regulatory, preliminary legal, pecuniary, taxation or material administrative disadvantage to the ICAV or the Shareholder, which may include the circumstances where a Shareholder has not complied with applicable anti-money laundering rules and regulations.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>TAXATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p>14. I/we agree to provide to the ICAV and the Administrator at such times as each of them may request such declarations, certificates or documents as each of them may reasonably require in connection with this investment for the purposes of tax and reporting requirements including those required:</p> <p>(a) under (i) sections 1471 to 1474 of the U.S. Internal Revenue Code of 1986 or any associated regulations, (ii) any treaty, law, regulation or other official guidance of any other jurisdiction, or relating to an intergovernmental agreement between the U.S. and any other jurisdiction, which (in either case) facilitates the implementation of any law or regulation referred to in paragraph (i) above, or (iii) any agreement pursuant to the implementation of any treaty, law or regulation referred to in paragraph (i) or (ii) above with the IRS, the U.S. government or any governmental or tax authority in any other jurisdiction ("FATCA"); and</p> <p>(b) under the OECD Standard for Automatic Exchange of Financial Account Information in Tax Matters, Council Directive 2011/16/EU (as amended by Council Directive 2014/107/EU), any guidance or documentation published by the OECD, as applicable, and any domestic legislation, policy, statement, precedent or guidance relating to the implementation of the CRS in Ireland, as applicable, ("CRS").</p> <p>Should any information furnished to any of the ICAV and the Administrator under (a) and (b) above (the "Tax Information") become inaccurate or incomplete in any way, I/we hereby agree to notify the ICAV or the Administrator immediately of any such change and further agree to request the redemption of Shares in respect of which such confirmations have become incomplete or inaccurate where requested to do so by the ICAV.</p> | <p>15. By providing the Tax Information, I/we represent and warrant the completeness and accuracy of such information (as at the date of submission) and authorise the ICAV to act upon such information in good faith, including, but not limited to, disclosing or submitting such information to the Irish tax authorities. I/we will, on demand, hold the ICAV harmless from any liability resulting from the my/our failure to provide complete and accurate Tax Information</p> <p>I/we hereby acknowledge that if I/we fail to provide the Tax Information on a timely basis, I/we may be subject to 30% U.S. withholding tax (in respect of FATCA) on the investor's share of "withholdable payments" (as defined for purposes of FATCA) received by the ICAV.</p> <p>I/we hereby acknowledge that if I/we fail to provide the Tax Information and such failure results in the ICAV being unable to comply with its obligations under FATCA and CRS, the ICAV may exercise its right to completely redeem an applicant (at any time upon any or no notice). I/we further acknowledge and agree to indemnify the ICAV and its other investors for any losses resulting from our failure to meet its obligations under this Section, including any U.S. withholding tax imposed on the ICAV.</p> <p>I/we hereby acknowledge that under the CRS, the ICAV and/or the Administrator, as applicable, will be required to share my/our personal data (e.g. name, address, taxpayer identification number, jurisdiction of residence and, in the case of individual investors, place and date of birth) (including financial information with respect to my/our interests in the Shares (e.g. account number, account balance or value at year end and payments made with respect to the account during the calendar year)) with the Irish Revenue Commissioners. The Irish Revenue Commissioners may, in turn, exchange this information with foreign tax authorities (including foreign tax authorities located outside the EEA). Please consult the AEOI (Automatic Exchange of Information) webpage on the Irish Revenue Commissioners' website at <a href="http://www.revenue.ie/en/business/aeoi/index.html">http://www.revenue.ie/en/business/aeoi/index.html</a> for</p> |

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further information in this regard.

**6. ANTI-MONEY LAUNDERING DOCUMENTATION REQUIREMENTS**

In order to comply with anti-money laundering ("AML") legislation the Fund (or the Administrator on behalf of the Fund) is required to obtain identity verification documents from each investor applying for a subscription in the Fund ("Subscriber").

See below a list of anti-money laundering documentation to be provided by investors and is provided as a guide outlining simplified and standard due diligence requirements. Please note that the AML reviews are carried out on a risk based approach and depending on the risk category of your investment, additional AML documentation may be required. The Administrator will confirm customer due diligence documentation requirements at account opening stage.

We require original certified true copies of all AML documentation. Certification requirements are included in Appendix 4.

**Section 1. Simplified Due Diligence**

A Subscriber qualifies for simplified due diligence from General Identification Requirements when one of the following conditions is met and the Subscriber's subscription proceeds have originated from an "Approved Country" <sup>5</sup>

**A. Regulated Financial Institution:**

Where the Subscriber is a Regulated Financial Institution regulated by an "Approved Regulator" <sup>6</sup> or is a 100% owned subsidiary of such an entity;

- I. Documentation Requirements for entities investing on their own behalf:**
  - Own behalf declaration confirming investing on own behalf
  - Proof of regulation
  - Copy of the Commercial Register/Certificate of Good Standing
  - Copy of the authorised signatory list with specimen signatures on company letterhead
  - Simple copy of the Structure chart or shareholders chart, including the % of ownership and controlling
  - UBO Declaration identifying individuals owning/controlling 25% or more (As set out in Appendix 1)
- II. Requirements for Regulated Entities investing on behalf of a third Party in addition to point (I):**
  - Declaration confirming investing on behalf of a third party
  - AML Comfort Letter - please revert to Appendix 2 for the Apex template
  - \*In some instances a Wolfsberg Questionnaire may be required

**B. Nominees:**

Where a Subscriber is a nominee account with a Regulated Parent:

- I. Documentation Requirements:**
  - Proof of regulation in a low risk Jurisdiction
  - Certified true Copy or Original AML Comfort Letter - please revert to Appendix 2 for the Apex template
  - \*In some instances a Wolfsberg Questionnaire may be required
  - Certified true copy of the authorised signatory list with specimen signatures on company letterhead
  - Certified true copy signatories' ID where they have signed the application form & will place the orders
  - Certified true copy of the Structure chart or shareholders chart, including the % of ownership and controlling

<sup>5</sup> Please refer to the administrator for confirmation of approved countries

<sup>6</sup> Please refer to the administrator for confirmation of approved regulators

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- UBO Declaration identifying individuals owning/controlling 25% or more (As set out in Appendix 1)

**C. Listed Entities + Subsidiaries of Listed Entities:**

Where the Subscriber is quoted or listed on an "Approved Market"<sup>7</sup> or Stock Exchange or is a 100% owned subsidiary of such an entity;

- I. Documentation Requirements:**
  - Confirmation to confirm investing on own behalf
  - Certified true copy of the authorised signatory list with specimen signatures on company letterhead
  - Certified true copy signatories' ID where they have signed the application form & will place the orders
  - Certified true copy of commercial register/Certificate of good standing
  - Certified true copy of the Structure chart or shareholders chart, including the % of ownership and controlling
  - UBO Declaration identifying individuals owning/controlling 25% or more (As set out in Appendix 1)
- II. For subsidiaries and in addition to point (I):**
  - Attach proof of listed parent ownership.
  - Certified true copy of certificate of incorporation/partnership/trust deed or equivalent for subsidiary;
  - Certified true copy of memorandum and articles of association or equivalent constitutional documents for subsidiary.

|                                                                               |
|-------------------------------------------------------------------------------|
| <b>Section 2. General Identification Requirements: Standard Due Diligence</b> |
|-------------------------------------------------------------------------------|

**A. Entities:**

Where a Subscriber is an entity that is domiciled/incorporated in an "Approved Country" and the Subscriber's subscription proceeds originate from an "Approved Country" **ALL** the following information and identification documentation must be forwarded with the subscription application.

**Corporate Entities (General):**

- I. Documentation Requirements:**
  - Confirmation investing on own behalf
  - Certified true copy of Certificate of Incorporation /Good Standing
  - Certified true copy of Memorandum and Articles of Association or equivalent constitutional documents
  - Certified true copy of the latest financial report or equivalent
  - Certified true copy of the authorised signatory list with specimen signatures on company letterhead
  - Certified true copies of the signatories' IDs who signed the application form & will place orders
  - Certified true copy of the list of Directors/Members/Partners on letterhead paper of the Company
  - Certified true Copy ID for at least 2 controllers (where a partnership - one these must be the GP)
  - Certified true copy of the Structure chart or shareholders chart, including the % of ownership
  - Complete "UBO Declaration" on behalf of the Entity –
    - i. If there is a UBO with 25% or more shareholding the person must be identified as per section 2 ( B )
    - ii. In the case of an LLC, where the Managing Member is not an individual, the entity must also be identified as per above requirements in Section 2 (A).

**Trusts:**

- II. Documentation Requirements:**
  - Certified true copy of the latest trust deed
  - Certified true copy Signature List on company letterhead

<sup>7</sup> Please refer to the administrator for confirmation of approved stock exchanges

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- Certified true copy of the IDs of the signatories on the application form/will place deals on the account
- Identification and verification of the identity of the Settlor and the Trustee according to their legal forms
- Identification and verification of the identity of the Protector if any, according to its legal forms
- Information on the Source of Wealth of the Settlor
- Certified true Copy Structure Chart/Shareholder Chart, showing the % ownership and control of all beneficial owners and controllers
- UBO Declaration - Identifying all individuals owning or controlling any part of the trust if not available within the trust deed/structure chart
- Certified true copy ID and proof of address (dated within the last 6 months) for any persons owning or controlling any part of the trust

**B. Individuals:**

Where a Subscriber is an Individual from an "Approved Country" and where the Subscriber's subscription proceeds originate from an "Approved Country". All the following information and identification documentation must be forwarded with the subscription application;

**I. Information Requirements:**

- Full Legal Name
- Date of Birth
- Place of Birth
- Residential Address, (including Country of Residence)
- Nationality
- Government ID Number
- Source of Wealth
- Signature

**II. Documentation Requirements:**

- Certified true copy of a valid ID document (passport /driver's license or other form of Government issued photo identification) bearing clear picture, expiry date and signature
- Original **OR** certified true copy proof of residential address dated within the last 6 months, in the form of household utility bill or bank statement
- Completed source of wealth declaration (Appendix 3).

**7. FATCA/CRS (INDIVIDUAL SELF-CERTIFICATION FORM)**

**Individual (/Controlling Person) Self-Certification for FATCA and CRS**

**Instructions for completion and Data Protection Notice**

*We are obliged under Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this form you are providing personal information which may constitute personal data within the meaning of the General Data Protection Regulation (697/2016/EU) (the "GDPR") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2018. 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/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 advise of these changes promptly.*

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



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*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 8)

**\*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 and Date Of Birth**

**\*Town or City of Birth:** \_\_\_\_\_ **\*Country of Birth:** \_\_\_\_\_

**\*Date of Birth:** \_\_\_\_\_

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

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

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

**OR**

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

**\*Section 3: Common Reporting Standard (CRS) Declaration of Tax Residency/Residencies (please confirm all Tax Residencies)**

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

For further guidance on Tax Residence and TINs, please refer to the OECD CRS Information Portal

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

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

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

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| 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 the type of Controlling Person applicable under CRS that applies to you/the Account holder by ticking the appropriate box | Please Tick | Entity Name |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|
| Controlling Person of a legal person - control by ownership                                                                              |             |             |
| Controlling Person of a legal person - control by other means                                                                            |             |             |
| Controlling Person of a legal person - senior managing official                                                                          |             |             |
| Controlling Person of a trust - settlor                                                                                                  |             |             |
| Controlling Person of a trust - trustee                                                                                                  |             |             |
| Controlling Person of a trust - protector                                                                                                |             |             |
| Controlling Person of a trust - beneficiary                                                                                              |             |             |
| Controlling Person of a trust - other                                                                                                    |             |             |
| Controlling Person of a legal arrangement (non-trust) - settlor-equivalent                                                               |             |             |
| Controlling Person of a legal arrangement (non-trust) - trustee-equivalent                                                               |             |             |
| Controlling Person of a legal arrangement (non-trust) - protector-equivalent                                                             |             |             |
| Controlling Person of a legal arrangement (non-trust) - beneficiary equivalent                                                           |             |             |
| Controlling Person of a legal arrangement (non-trust) - other-equivalent                                                                 |             |             |

**\*Section 5: Declaration and Undertakings:**

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

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

I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any

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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://www.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);

**8. FATCA/CRS (ENTITY SELF-CERTIFICATION FORM FOR CORPORATIONS/PARTNERSHIPS/TRUSTS OR FOUNDATIONS)**

**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 2018. 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".

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(Mandatory fields are marked with an 9)

1Section 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.

☐ 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**

☐ The Entity is **not a Specified U.S. Person** (Please also complete Sections 3, 4 and 5) -----

**Or**

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

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

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

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I. | <p>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 :</p> <p><b>Sponsor's Name:</b></p> <p><b>Sponsor's GIIN:</b> □□□□□□■□□□□□.□□■□□□</p> <p><b>"NOTE: this option is only available to Sponsored Investment Entities in Model 11GA jurisdictions. Sponsored Investment Entities that do not have U.S. reportable accounts are not required to register and obtain a GIIN with the IRS unless and until U.S. reportable accounts are identified.</b></p> |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**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 (NFFE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                          |
| II.  | Passive (NFFE)<br>(Please tick the box that applies)<br><br>I. Passive (NFFE) with no Controlling Persons that are specified U.S Persons.<br><br>II. Passive (NFFE) with Controlling Persons that are specified U.S Persons.<br>(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. | <input type="checkbox"/> <input type="checkbox"/> |
| III. | Excepted (NFFE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                          |
| IV.  | Direct Reporting (NFFE)<br>Please provide your GIIN<br><br>□□□□□□.□□□□□□.□□.□□□□                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                          |

\*Section 4: Common Reporting Standard ("CRS") Declaration of Tax Residency (Note that Entities may have more than one country of Tax Residence)

**Please indicate the Entity's country of tax residence for CRS purposes**, (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers ("TIN")). Please refer to the OECD CRS Web Portal for AEOI for more information on Tax Residence and TIN's. <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers> Md .en.347759

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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:

- ☐ You are tax resident in a Jurisdiction that does not issue a TIN **Or**
- ☐ 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/oartioatina-jurisdictions.pdf>

|                                                                                   |                             |
|-----------------------------------------------------------------------------------|-----------------------------|
| I. A Reporting Financial Institution resident in a participating CRS jurisdiction | 1. <input type="checkbox"/> |
|-----------------------------------------------------------------------------------|-----------------------------|

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|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>II.</b>  | <p>A Financial Institution Resident in a Non-Participating Jurisdiction<br/> <i>(Please also tick the box that applies)</i></p> <p><input type="checkbox"/> <b>An Investment Entity resident in a Non-Participating Jurisdiction and managed by another Financial Institution</b> (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity in <b>section 6 below</b> and complete a separate individual self-certification forms for each of your Controlling Persons)</p> <p><input type="checkbox"/> <b>An Investment Entity resident in a Non-Participating Jurisdiction that is not managed by another Financial Institution</b></p> <p><input type="checkbox"/> <b>Other Financial Institution</b>, including a Depository Financial Institution, Custodial Institution or Specified Insurance Company</p>                                                                                                                                                    | 2. <input type="checkbox"/> |
| <b>III.</b> | <p><b>Non-Reporting Financial Institution under CRS.</b><br/> <b>Specify the type of Non-Reporting Financial Institution below:</b></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> | 3. <input type="checkbox"/> |

**5.2 Non Financial Institution ("NFE") under CRS:**

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

|             |                                                                                                                                                                                                                                                                                                      |                          |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>I.</b>   | <p><b>Active NFE</b> - a corporation the stock of which is regularly traded on an established securities market.</p> <p>Please provide the name of the established securities market on which the corporation is regularly traded:</p>                                                               | <input type="checkbox"/> |
| <b>II.</b>  | <p><b>Active NFE</b> - if you are a Related Entity of a regularly traded corporation.</p> <p>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> | <input type="checkbox"/> |
| <b>III.</b> | <b>Active NFE</b> -a Government Entity or Central Bank                                                                                                                                                                                                                                               | <input type="checkbox"/> |
| <b>IV.</b>  | <b>Active NFE</b> -an International Organisation                                                                                                                                                                                                                                                     | <input type="checkbox"/> |
| <b>V.</b>   | <b>Active NFE -other</b> than those listed in I, II, III or IV above. (for example a start-up NFE or a non-profit NFE)                                                                                                                                                                               | <input type="checkbox"/> |

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|     |                                                                                                                                                                                                                                                                                                        |                          |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| VI. | <b>Passive NFE</b> -If this box is ticked please also complete <b>Section 6.1</b> 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) | <input type="checkbox"/> |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|

**Section 6: Controlling Persons**

**NB: Please note that each Controlling Person must complete a separate "Individual (including Controlling Persons) FATCA and CRS Self-Certification" form.**

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

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

<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/>

**6.1 Controlling Person(s) of the Account Holder:**

If you have ticked a Passive NFE with Controlling Persons in **either the FATCA or CRS Classification sections above**, then please also complete this section for each of the Controlling Person(s) of the account holder and provide a separate "Individual (including Controlling Persons) FATCA and CRS Self-Certification" form for each Controlling person as per 6.2 below:

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

I.

II.

III.

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

**6.2 Complete a separate "Individual (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):**



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**\*Print Name(s):**

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

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

**9. DECLARATION OF RESIDENCE OUTSIDE IRELAND (non-resident Irish Nationals, composite declaration)**

Applicants resident outside 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.

**Declaration on own behalf**

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 resident or ordinarily resident in Ireland, and
- should I/we/the company\* become resident in Ireland I will/we will\* so inform you, in writing, accordingly.

*\*Delete as appropriate*

**Declaration as Intermediary**

I/we\* declare that I am/we are\* applying for shares 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 resident nor ordinarily resident in Ireland.

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\* holds shares, becomes resident in Ireland.

*\*Delete as appropriate*

**Name and address of applicant:** \_\_\_\_\_

**Signature of applicant or authorised signatory:** \_\_\_\_\_ **(declarant)**

**Capacity of authorised signatory (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Joint applicants:***

**Names** \_\_\_\_\_ **Signatures** \_\_\_\_\_

**IMPORTANT NOTES**

- 1 Non-resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration.
- 2 To be valid, the application form (incorporating the declaration required by the Irish Revenue Commissioners) must be signed by the applicant. Where there is more than one applicant, each person must sign. If the applicant is a company, it must be signed by the company secretary or another authorised officer.

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- 3 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.
- 4 Irish Residents who are seeking to apply for Shares should contact the Administrator for an Application Form which does not include the above declaration. Exempt Investors who are entitled to payment without deduction of tax should also request the appropriate alternative declaration form from the Administrator.

**10. DECLARATION OF RESIDENCY IN IRELAND (for Irish Nationals)**

**Resident Entities Composite Declaration**  
**Declaration referred to in Section 739D(6)**  
**Taxes Consolidation Act, 1997**

This declaration, if it is then still correct, shall apply in respect of any subsequent acquisition of Shares.

- I declare that the information contained in this declaration is true and correct
- I also declare that I am applying for the Shares on behalf of the applicant named below who is entitled to the Shares in respect of which this declaration is made and is a person referred to in Section 739D(6) of the Taxes Consolidation Act, 1997, being a person who is (please tick ✓ as appropriate)

|                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| a pension scheme;                                                                                                                                                |  |
| a company carrying on life business within the meaning of section 706 TCA 1997;                                                                                  |  |
| an investment undertaking;                                                                                                                                       |  |
| an investment limited partnership;                                                                                                                               |  |
| a special investment scheme;                                                                                                                                     |  |
| a unit trust to which section 731 (5)(a) TCA 1997 applies;                                                                                                       |  |
| a charity being a person referred to in section 739D(6)(f)(i) TCA1997;                                                                                           |  |
| a qualifying management company;                                                                                                                                 |  |
| entitled to exemption from income tax and capital gains tax by virtue of section 784A(2) TCA, 1997* (see further requirement for Qualifying Fund Manager below); |  |
| a PRSA Administrator;                                                                                                                                            |  |
| a credit union within the meaning of section 2 of the Credit Union Act 1997.                                                                                     |  |

**Additional requirements where the declaration is completed on behalf of a Charity**

- I also declare that at the time of making this declaration, the Shares in respect of which this declaration is made are held for charitable purposes only and
  - o form part of the assets of a body of persons or trust treated by the Revenue Commissioners as a body or trust established for charitable purposes only, or
  - o are, according to the rules or regulations established by statute, charter, decree, deed of trust or will, held for charitable purposes only and are so treated by the Revenue Commissioners.
- I undertake that, in the event that the person referred to in paragraph (7) of Schedule 2B TCA 1997 ceases to be a person referred to in Section 739D(6)(f)(i) TCA, 1997, I will, by written notice, bring this fact to the attention of the investment undertaking accordingly.

**Additional requirements where the declaration is completed by a qualifying fund manager / PRSA Administrator**

- I/we\* also declare that at the time this declaration is made, the Shares in respect of which this declaration is made
  - o are assets of \* an approved retirement fund/an approved minimum retirement fund or a PRSA, and
  - o are managed by the Declarant for the individual named below who is beneficially entitled to the Shares.
- I/we\* undertake that, if the Shares cease to be assets of \*the approved retirement fund/the approved minimum retirement fund or the PRSA, including a case where the Shares are transferred to another such fund or account, I/we\* will, by written notice, bring this fact to the attention of the investment undertaking accordingly.

**\*Delete as appropriate**

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**Additional requirements where the declaration is completed by an Intermediary**

- I/we\* also declare that I am/we are\* applying for Shares on behalf of persons who
  - To the best of my/our\* knowledge and belief, have beneficial entitlement to each of the Shares in respect of which this declaration is made, and
  - Is a person referred to in section 739D(6) TCA, 1997.
  
- I/we\* further declare that
  - Unless I/we\* specifically notify you to the contrary at the time of application, all applications for Shares made by me/us\* from the date of this application will be made on behalf of persons referred to in section 739D(6) TCA, 1997, and
  - I/we\* will inform you in writing if I/we\* become aware that any person ceases to be a person referred to in section 739D(6) TCA, 1997.

*\*Delete as appropriate*

Name of applicant: \_\_\_\_\_

Irish tax reference number of applicant: \_\_\_\_\_

Authorised signatory: \_\_\_\_\_ (Declarant)

Title: (Mr/Ms. etc) \_\_\_\_\_

Capacity in which declaration is made: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Important Notes**

1. This is a form authorised by the Revenue Commissioners which may be subject to inspection. It is an offence to make a false declaration.
2. Tax reference number in relation to a person has the meaning assigned to it by Section 885 TCA, 1997 in relation to a "specified person" within the meaning of that section. In the case of a charity, quote the Charity Exemption Number (CHY) as issued by Revenue. In the case of a qualifying fund manager, quote the tax reference number of the beneficial owner of the Share.
3. In the case of, (i) an exempt pension scheme, the administrator must sign the declaration; (ii) a retirement annuity contract to which Section 784 or 785 applies, the person carrying on the business of granting annuities must sign the declaration; (iii) a trust scheme, the trustees must sign the declaration. In the case of a charity, the declaration must be signed by the trustees or other authorised officer of a body of persons or trust established for charitable purposes only within the meaning of Sections 207 and 208 TCA 1997. In the case of an approved retirement fund/an approved minimum retirement fund or a PRSA, it must be signed by a qualifying fund manager or PRSA administrator. In the case of an intermediary, the declaration must be signed by the intermediary. In the case of a company, the declaration must be signed by the company secretary or other authorised officer. In the case of a unit trust it must be signed by the trustees. In any other case it must be signed by an authorised officer of the entity concerned or a person who holds a power of attorney from the entity. A copy of the power of attorney should be furnished in support of this declaration.

**11. FOR IRISH RESIDENT INVESTORS WHO ARE NOT EXEMPT INVESTORS - RETURN OF  
VALUES (INVESTMENT UNDERTAKINGS) REGULATIONS 2013**

## RW MULTI-STRATEGY UCITS PLATFORM ICAV (the "ICAV")

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The ICAV must collect additional information in order to satisfy Return of Values (Investment Undertakings) Regulations 2013(S.I. 245 of 2013). Therefore any individual, company or any unincorporated body of persons which is Irish resident or ordinarily Irish resident and is not an Exempt Investor (as defined in the Prospectus) must provide the following additional information and documentation:

Tax Identification Number (TIN) / PPS Number and any one of the following additional documents are required to verify the TIN or PPS Number (either a copy or the original is sufficient): P60, P45, P21 Balancing Statement, Payslip (where employer is identified by name or tax number), Drug Payment Scheme Card, European Health Insurance Card, Tax Assessment, Tax Return Form, PAYE Notice of Tax Credits, Child Benefit Award Letter /Book, Pension Book, Social Services Card or Public Services Card. In addition, any printed documentation issued by the Revenue Commissioners or by the Department of Social Protection which contain your name, address and tax reference number will also be acceptable. In the case of joint account holders, the additional documentation is required for each applicant.

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

## 12. SIGNATURE AND DECLARATION

By signing here, the Applicant is applying for Shares in the Rudolf Wolff Global Income Fund on the terms of the Prospectus and this Application Form.

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

I / We agree that the representations set forth above are continuous and will be deemed to be repeated in connection with all further purchases of Shares. I / We further agree to advise the Fund promptly of any violations of the representations set forth herein.

I / We declare that I / we will promptly notify the ICAV and the Administrator of any changes in the information, documentation or representations provided and in particular, any changes in the information or documentation provided in relation to AML/CFT.

I / We declare that I am authorised to sign this Application Form on my/our own behalf or on behalf of the intermediary, agent or nominee (if applicable) and to make the representations and give the indemnities referred to herein.

In the case of Individual Applicants, simply sign the top line; in the case of Joint Applicants all applicants must sign.

| Name of Authorised Signatory | Title | Signature | Date  |
|------------------------------|-------|-----------|-------|
| _____                        | _____ | _____     | _____ |
| _____                        | _____ | _____     | _____ |
| _____                        | _____ | _____     | _____ |

**Reminder in regard to what needs to be completed and filled in:**

- **ALL investors must complete sections 1 to 6 and section 12**
- **Individuals only must complete section 7**
- **Entities for Corporations/Partnerships/Trusts or Foundations must complete section 8**
- **Non-Irish residents only must complete section 9**
- **Irish residents only must complete section 10**
- **Irish residents who are not Exempt Irish Residents only (as defined in the Prospectus) must complete section 11**

# RW Multi-Strategy UCITS Platform ICAV (the "ICAV") Application Form for Rudolf Wolff Global Income Fund (the "Fund")

## DATA PRIVACY NOTICE

In accordance with the General Data Protection Regulation (697/2016/EU) (the "**GDPR**") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2018) (collectively, "**Data Protection Legislation**"), the ICAV being the data controller for the purposes of this application to subscribe for Shares in the ICAV, must provide you with information on how the personal data that you provide as part of your application to subscribe for Shares will be processed.

Where your details are provided to the ICAV as a consequence of your investment in the ICAV, then the ICAV, acting as a data controller may itself (or through a third party such as Apex Fund Services (Ireland) Limited (the "**Administrator**") acting in its capacity as the ICAV's administrator) process your personal information or that of your directors, officers, employees and/or beneficial owners. When processing your personal information, there may also be times where the Administrator will act as a data controller. In connection with this, please note the following:

### 1. Contact details

The ICAV, as data controller, has appointed the Administrator as a data processor. The ICAV can be contacted via the Administrator at the following address:

Apex Fund Services (Ireland) Limited  
2nd Floor, Block 5 Irish Life Centre, Abbey Street Lower, Dublin, D01 P767, Ireland

**Telephone:** + 353 1411 2949  
**Fax:** + 353 1 4112948  
**Email:** rudolfwolff@apexfunds.ie

### 2. Purposes of processing and legal basis for processing

The personal data collected from you or provided by you or on your behalf in connection with your application for Shares may be processed by the ICAV or the Administrator (or any of their affiliates, agents, employees, delegates or sub-contractors) for the following purposes:

#### *Performance of the contract*

- (a) to facilitate the opening of your account with the ICAV, the management and administration of your holdings in the ICAV and any related account on an on-going basis (the "**Services**") which are necessary for the performance of your contract with the ICAV, including without limitation the processing of redemption, conversion, transfer and additional subscription requests and the payment of distributions;
- (b) to update and maintain records and fee calculation;
- (c) circulating periodic reports relating to the ICAV.

#### *Compliance with a legal obligation*

- (a) in order to carry out anti-money laundering checks and related actions which the ICAV considers appropriate to meet any legal obligations imposed on the ICAV relating to the prevention of fraud, money laundering, terrorist financing, bribery, corruption, tax evasion and to prevent the provision of financial and other services to persons who may be subject to economic or trade sanctions, on an on-going basis, in accordance with the ICAV's and the Administrator's anti-money laundering procedures;
- (b) to report tax related information to tax authorities in order to comply with a legal obligation.

#### *Pursuing the legitimate interests of the ICAV including:*

- (a) in relation to the prevention of fraud, money laundering, terrorist financing, bribery, corruption, tax evasion and to prevent the provision of financial and other services to persons who may be subject to economic or trade sanctions, on an on-going basis, in accordance with the ICAV's and the Administrator's anti-money laundering procedures;
- (b) carrying out statistical analysis and market research;

## **RW Multi-Strategy UCITS Platform ICAV (the "ICAV") Application Form for Rudolf Wolff Global Income Fund (the "Fund")**

- (c) recording, maintaining, storing and using recordings of telephone calls that you make to and receive from the ICAV, the Administrator, or the Investment Manager and their delegates or duly appointed agents and any of their respective related, associated or affiliated companies for (i) processing and verification of instructions, (ii) investigation and fraud prevention purposes, (iii) for crime detection, prevention, investigation and prosecution, (iv) to enforce or defend the ICAV and its affiliates' rights itself or in order to comply with any legal obligation imposed on the ICAV, (v) to pursue the ICAV's legitimate interests in relation to such matters or (vi) where the processing is in the public interest;
- (d) to monitor and record calls for quality, business analysis, training and related purposes in order to pursue the legitimate interests of the ICAV to improve its service delivery;
- (e) to disclose information to other third parties such as service providers of the ICAV, auditors, regulatory authorities and technology providers;
- (f) to retain AML and other records of individuals to assist with the subsequent screening of them by the Administrator including in relation to other funds or clients of the Administrator in pursuance of the Administrator's and its clients' legitimate interests.

**Please note that where personal data is processed for purposes of legitimate interests, you have a right to object to such processing and the ICAV will no longer process the personal data unless the ICAV can demonstrate compelling legitimate grounds for the processing which override your interests, rights and freedoms or for the establishment, exercise or defence of legal claims.**

### *Consent*

Your consent is not required to process your personal data for the purposes referenced above. However, in order to process your personal data for the purposes of direct marketing, the ICAV seeks your consent. Please see the section below which deals exclusively with consent for that purpose.

### **3. Consent to Direct Marketing**

From time to time, one or more of the ICAV and/or its delegates (which may include, without limitation, the Administrator, the Investment Manager and the Depositary) may send you information about other products and services that they offer by letter, by telephone, by email or by other reasonable means of communication. You have a right not to receive such information.

If you consent to receive such information and/or marketing material, **please tick (☐) here**

☐

You have a right to withdraw this consent at any time. However, your withdrawal of consent will not affect the lawfulness of processing based on consent before its withdrawal. You can withdraw your consent by contacting the ICAV c/o the Administrator at the address above. You also have a right to object to the processing of your personal data for direct marketing purposes.

### **4. Profiling and Screening**

The ICAV and its appointed data processors engage in OFAC and politically exposed person screening for the purposes of complying with anti-money laundering and counter terrorist financing legislation and with the UN, EU and other applicable sanctions regimes.

### **5. Disclosures to Data Processors and / or Third Parties**

The ICAV may disclose your personal information as follows:

- (a) to third parties identified in the Prospectus and to entities that are companies within the same group of companies as such third parties in order to process the data for the above mentioned purposes. These third parties will handle your information in accordance with applicable Data Protection Legislation;
- (b) to other third parties such as the auditors to the ICAV or agents of the Administrator who process the information for anti-money laundering purposes or for compliance with foreign regulatory requirements; and
- (c) to competent authorities (including tax authorities), courts and bodies as required by law or requested or to affiliates for internal investigations and reporting.

### **6. Transfers Abroad**

## **RW Multi-Strategy UCITS Platform ICAV (the "ICAV") Application Form for Rudolf Wolff Global Income Fund (the "Fund")**

The disclosure of personal information to the third parties set out above may involve the transfer of data to India and other jurisdictions outside the European Economic Area (EEA) in accordance with the requirements of the GDPR. Such countries may not have the same data protection laws as your jurisdiction. The ICAV has authorised the Administrator as its agent to put in place Standard Contractual Clauses with relevant parties to whom personal data will be transferred. Please contact the Administrator for copies of the Standard Contractual Clauses that have been entered into on behalf of the ICAV.

### **7. Retention period**

The ICAV and the Administrator will retain your personal information for as long as required for the ICAV or the Administrator to perform the Services or perform investigations in relation to same depending on whether additional legal/regulatory obligations mandate that the ICAV retains your personal information.

### **8. Your data protection rights**

Please note that you have the following rights under the GDPR in relation to your personal information. In each case, the exercise of these rights is subject to the provisions of the GDPR:

- (a) You have a right of access to and the right to amend and rectify your personal data.
- (b) You have the right to have any incomplete personal data completed.
- (c) You have a right to lodge a complaint with a supervisory authority, in particular in the Member State of your habitual residence, place of work or place of the alleged infringement if you consider that the processing of personal data relating to you carried out by the ICAV infringes the GDPR.
- (d) You have a right to request that your personal information is erased (in certain specific circumstances).
- (e) You have a right to restrict processing (in certain specific circumstances).
- (f) You have a right to data portability (in certain specific circumstances).
- (g) You also have the right to object to processing where personal data is being processed for marketing purposes and also where the ICAV is processing personal data for legitimate interests.

### **9. Failure to provide personal data**

The provision by you of personal data, as outlined in the section above titled "Purposes of processing and legal basis for processing" is required for us to accept your subscription application and manage and administer your holdings in the ICAV and so that we can comply with the legal, regulatory and tax requirements referenced above. Where you fail to provide such personal data we will not be able to accept your application or to the extent that we do accept your application and the required personal data is not provided within the specified timeframe we may be required to discontinue our business relationship with you.

**RW Multi-Strategy UCITS Platform ICAV (the "ICAV") Application Form for Rudolf  
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**APPENDIX 1 - UBO LETTER**

"LETTERHEAD"

"DATE"

**Apex Fund Services (Ireland) Limited**

2nd Floor, Block 5  
Irish Life Centre  
Abbey Street Lower  
Dublin D01 P767  
Ireland

**Ultimate Beneficial Owner Declaration (UBO Declaration)**

We confirm the below in regards to the "*Name of Investor*" :

*\* Please indicate by ticking the correct answer in regards to this Investor.*

☐ **NO** Natural Person (Individual) owns/controls directly or indirectly 25% or more of the investment, as Beneficial Owner.

☐ One or more Natural Person(s) (Individual) owns/controls directly or indirectly 25% or more of the investment as beneficial owner, required details listed below:

*\* If you require more space, please provide the same information as detailed below on a separate sheet.*

**Natural Person**

Full Legal Name:  
Date of Birth:  
Nationality:  
Occupation:  
Source of Wealth/Funds:

**Natural Person**

Full Legal Name:  
Date of Birth:  
Nationality:  
Occupation:  
Source of Wealth/Funds:

*\* Further information on Ultimate Beneficial Ownership information may be requested.*

☐ One Natural Person (Individual) with significant responsibility for managing the legal entity Investor (e.g. a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer) or any other individual who regularly performs similar functions, required details listed below:

**Natural Person**

Full Legal Name:  
Date of Birth:  
Nationality:  
Occupation:  
Source of Wealth/Funds:

☐ **NO** Beneficial Owner who owns/controls 25% or more of the investment are considered Politically Exposed Persons as defined below.



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In relation to the above, should there be any subsequent changes to the ownership or control structure; the beneficial ownership will be declared voluntarily and immediately. We will supply Apex with any documentation and information in order to establish and prove the submitted details.

Furthermore, we confirm that we are not aware of any activities on the part of the investors that lead us to suspect that the Owners are or have been involved in criminal conduct of money laundering. Should we subsequently become suspicious of any such activity then, subject to any legal constraints, we shall inform the AML Officer at Apex/the relevant regulatory authorities accordingly. We further confirm that in the event of an enquiry, copies of the relevant customer details will be made available to Apex.

The undersigned declares that the details given are true and correct in regards to the beneficial ownership and control structure of "*Name of Investor*".

**Signed:** \_\_\_\_\_  
**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Name:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Contact Details:** \_\_\_\_\_

*\*\* Please note that the declaration must be completed by an authorized individual(s) from the Entity.  
It must be completed on company letter headed paper.*

*\*\* Further information on Ultimate Beneficial Ownership information m be requested.*

*\*\* Definition of a Politically Exposed Person - applies to persons who perform important public functions or senior political figures. Including but not limited to Heads of State, government and Cabinet Ministers, Judges, Senior Party functionaries, military leaders, ruling members of Royal Families, government officials and those directly related to them.*

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**APPENDIX 2**

**AML Letter**

Letterhead of the Regulated Entity

{Date}

Apex Fund Services (Ireland) Limited

2nd Floor, Block 5  
Irish Life Centre  
Abbey Street Lower  
Dublin D01 P767  
Ireland

**Re: [Name of Investor]**

“Introductory section of the company, its regulated status and registration number”

“Name of the Entity” hereby confirms the following in accordance with the standards of a prudent professional and the applicable laws and regulations:

1. We maintain Anti Money Laundering & Counter Terrorist Financing (**“AML/CTF”**) policies applicable to all employees and an on-going training program. We have implemented **related procedures** and controls including a procedure on suspicious activity reports;
2. We perform a **risk assessment of the underlying investor, mandates and proxy holders** using a combination of relevant risk factors prior entering into a business relationship and obtain information on the purpose of the business relationship (**Risk Based Approach**);
3. We perform the **identification and verification** of the identity of the underlying investor based on the initial risk assessment. Where applicable, the identification and verification of the **identity of our clients, beneficial owners, controlling parties and proxy holders** is performed, such that the ownership and control structure of the underlying investors in particular legal persons, trusts and similar legal arrangements are understood and risks are assessed;
4. We confirm the underlying investor is \_\_\_\_\_ and the underlying beneficial owner/s is/are \_\_\_\_\_.
5. We perform **enhanced due diligence on higher risk** underlying investors and their beneficial owners, where applicable, including **politically exposed persons** and, where a relationship is established with countries or territories which do not or insufficiently apply AML-CTF measures;
6. We perform **on-going monitoring** of the business relationship to maintain KYC information current including detection of unusual transactions which are not consistent with the expected business activity, and where necessary, the origin of funds and origin of wealth;
7. We perform **sanctions screening prior the account opening and on an on-going basis** of the underlying investors, their beneficial owners, mandate and proxy holders where applicable. The sanctions lists are amongst others, the resolutions of the United Nations Security Council as well as acts adopted by the European Commission regarding CTF/EU sanction list. *[In addition where applicable, we are required to comply with OFAC sanctions programs and perform sanctions screening against the listings of the US Department of Treasury, Office of Foreign Asset Control (“OFAC”) ]*;
8. We **retain investor due diligence documentation during a period of at least five years** following the end of the business relationship and **will make it available upon written request to Apex Ireland** notwithstanding any applicable rules on confidentiality or local secrecy laws.
9. We confirm that screening is performed on all of our employees and we will provide Apex with information relating to individuals such as full name, date of birth, place of birth, if required.
10. We will inform you immediately if we become aware of any introduced investor(s) engaging in activities which lead us to believe that such introduced investor(s) is involved in money laundering or terrorist activities to the extent permitted by law;

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11. We **do not enter into business relationship with shell banks** or accept shell banks as underlying investors or beneficial owners;
12. We acknowledge that Apex Fund Services (Ireland) Limited is relying on us to satisfy their investor due diligence requirements with respect to **[Name of Investor]**.

Yours sincerely,

\_\_\_\_\_  
Authorized Signatory

Print Name:

\_\_\_\_\_  
Authorized Signatory

Print name:

**RW Multi-Strategy UCITS Platform ICAV (the "ICAV") Application Form for Rudolf  
Wolff Global Income Fund (the "Fund")  
APPENDIX 3 - SOURCE OF WEALTH DECLARATION**

[Place on the letterhead entity]

Apex Fund Services (Ireland) Limited  
2nd Floor, Block 5  
Irish Life Centre  
Abbey Street Lower  
Dublin 1

**Re: Investor name ; Fund name**

Dear Sir, Madam,

I/We hereby confirm that investments made into the above-named Fund:

- Are not made on behalf of a third party;
- the funds made available to the above-named Fund are not from criminal origin, of whatsoever nature, and in particular do not constitute the proceeds of money laundering or terrorism;
- originate from the following source:

- |                                                                                             |                                              |
|---------------------------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Capital of company/business,                                       | <input type="checkbox"/> Savings,            |
| <input type="checkbox"/> Inheritance,                                                       | <input type="checkbox"/> Professional salary |
| <input type="checkbox"/> Other. Please specify (source of wealth definitions as per below): |                                              |

.....

Current profession/occupation/line of business/Company

.....

If retired, please provide your profession/occupation/Company during your working life:

.....

This includes investments expected/made in the future.

Regular annual income (including professional income and recurrent income from your assets such as rent, interest, dividends)?

Total annual income: ☐ <100K EUR   ☐ 100K EUR to 250K EUR   ☐ >250K EUR

Estimated total assets ☐ <1M EUR   ☐ 1M EUR to 5M EUR   ☐ 5M and 10M EUR   ☐ >10M EUR

Name of the investor/ authorized signatory: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**RW Multi-Strategy UCITS Platform ICAV (the "ICAV") Application Form for Rudolf  
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**APPENDIX 4 – CERTIFICATION REQUIREMENTS**

- Certification must be made by independent 3rd party (self-certification is not acceptable)
- The certifying body must perform the certification in presence of the original documentation and must meet the client personally when certifying the documents
- Certification can only be made by a competent authority:
  - Notary Public
  - Embassy/Consular Staff
  - Commissioner of Oaths (which register number is available)
  - Justice of the Peace
  - A director or authorised signatory of a regulated financial institution in an approved jurisdiction
  - Lawyer or solicitor
  - Chartered & Certified Public Accountants
  - Police Officer/An Garda Siochana
- Certification must be dated within 6 months
- Certification wording should state:
  - That the document is a true copy of the original document
  - That the document has been seen and verified by the certifier
  - Where an ID document, that the photo is a true likeness of the individual
  - Date of Certification

Name, Title, signature, registration number and contact details of the Certifier (i.e. if is a financial institution – name of bank, person, title, phone, etc.)