



A collective investment fund, organized under the laws of the Grand Duchy of Luxembourg (the "Company" of "Fund")

# APPLICATION FORM

Please complete this application form in capital letter, date it and send it first by fax then by post, together with all relevant documentation requested under section 2, 3, 10 and/or 11, to the following address:

# Registrar and Transfer Agent

State Street Bank International GmbH, Luxembourg Branch

Attention: IFDSL Registration Team

49, Avenue J.F. Kennedy L-1855 Luxembourg

Fax number: (+352) 24529285

Please contact Shareholder Services on Tel: (+352) 464010600 for any queries or alternatively, email to ssbquerydesk@statestreet.com.

Before you sign this form you must read an up-to-date version of the Key Investor Information Document(s) for each Sub Fund in which you want to invest. These documents can be found on <a href="https://www.ottoapiusicav.eu">www.ottoapiusicav.eu</a> or via your financial advisor.

This application form should be read in conjunction with the most recent consolidated prospectus of the Company (the "Prospectus"). All terms not defined herein shall have the meaning given to them in the Prospectus.



# 1. REGISTRATION DETAILS

If you are an existing shareholder/unit holder please provide us with your Account Number (if known):	

# A. INDIVIDUAL INVESTOR

Title Last namer(s) Name   First name(s) (Given name(s)	1 <sup>st</sup> Account Holder					
First name(s)/Given name(s)  Gender  G	Title					
Gender Date of birth Date of birth (city & country)  Professional Status Self Employed Student Others (please specify) Job Title  Name of Employer and Country  Best Estimate of annual regular income Up to € 1000 000 Up to € 200 000 Up to € 500 000  Thereby declare that I am or I have been entrusted with prominent political or public function, or I am an immediate relative of a person that holds or has held any political or public function (e.g. Head of States Governor, politicians, senior government/judicial/military officers, senior executives), please tick this box Up (Politically Exposed Person "PEP")  If yes, please specify: Source of wealth (please gives details of how you acquired/generated the assets and in case the money you invest is not part of your wealth, please indicate the economic origin of money) Inheritance Inheritance Pension Inheritance Pension Inheritance Call Savings Pension Investment income Savings Pension Investment income Call Call Savings Pension Investment income Call Call Savings Pension	Last name/Family Name					
Date of birth Place of birth (city & country)    Professional Status	First name(s)/Given name(s)					_
Professional Status   Self Employee   Retired	Gender	□М				□F
Professional Status  □ Self Employed □ Chers (please specify)  Job Title  Name of Employer and Country  Best Estimate of annual regular income □ up to € 100 000 □ up to € 200 000 □ up to € 200 000 □ up to € 500 000 □ up to € 100 000 □ up to € 1000 000 □ up to € 100	Date of birth	d	d	m	m	у у у
□ Self Employed □ Cothers (please specify)    State   Self Employer and Country	Place of birth (city & country)					
Student □ Others (please specify)    Sest Estimate of annual regular income   up to € 1 000 000   up to € 200 000   Up	Professional Status					
Job Title	☐ Self Employed	☐ Emplo	yee			☐ Retired
Name of Employer and Country  Best Estimate of annual regular income  □ up to € 100 000 □ up to € 1000 000 □ up to € 200 000 □ Other (please specify) □ up to € 500 000  □ up to € 500 000  □ thereby declare that I am or I have been entrusted with prominent political or public function, or I am an immediate relative of a person that holds or has held any political or public function (e.g. Head of States Governor, politicians, senior government/judicial/military officers, senior executives), please tick this box □ (Politically Exposed Person "PEP")  If yes, please specify: □ Source of wealth (please gives details of how you acquired/generated the assets and in case the money you invest is not part of your wealth, please indicate the economic origin of money) □ Inheritance □ □ Gift □ □ Sale of Business □ Savings □ Pension □ Investment income □ Sale of assets (please specify) □ Lottery □ Insurance Policy □ Other (please specify) □ Lottery □ Insurance Policy □ Other (please specify) □ Lottery □ Insurance Policy □ The Transfer Agent reserves the right to request further supporting documentation if deemed necessary to verify the above information.  Tax I Identification number (TIN) (If available) Nationality □ Passport/National ID number(s) Expiry date □ Dual Nationality(ies) (please specify) □ Country of Residence for Tax Purposes Registered Address (no PO Box allowed)  Telephone Number □ Fax Number	☐ Student	☐ Others	s (please sp	ecify)		
Best Estimate of annual regular income    up to € 100 000	Job Title					
□ up to € 100 000 □ up to € 200 000 □ Other (please specify) □ up to € 500 000 □ Other (please specify) □ up to € 500 000 □ Other (please specify) □ up to € 500 000 □ Other (please specify) □ up to € 500 000 □ Other (please specify) □ Other (please specify) □ Other (please specify: □ □ Other (please specify) □ Other (please specify) □ Other (please specify: □ Other (please specify) □ Other (please specify) □ Other (please specify: □ Other (please specify) □ Ot	Name of Employer and Country					
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□ up to € 200 000 □ up to € 500 000 □ up to € 500 000 □ ther (please specify) □ up to € 500 000 □ ther (please specify) □ up to € 500 000 □ ther (please specify) □ thereby declare that I am or I have been entrusted with prominent political or public function, or I am an immediate relative of a person that holds or has held any political or public function (e.g. Head of States Governor, politicians, senior government/judicial/military officers, senior executives), please tick this box □ (Politically Exposed Person "PEP")  If yes, please specify: □ Source of wealth (please gives details of how you acquired/generated the assets and in case the money you invest is not part of your wealth, please indicate the economic origin of money) □ Inheritance □ □ Gift □ □ Sale of Business □ Savings □ Pension □ Investment income □ Sale of assets (please specify) □ Lottery □ Insurance Policy □ Other (please specify) □ Lottery □ Insurance Policy □ Other (please specify) □ Lottery □ Insurance Policy □ The Transfer Agent reserves the right to request further supporting documentation if deemed necessary to verify the above information.  Tax Identification number (TIN) (If available)  Nationality □ Pessport/National ID number(s) □ Savings □ Pension □ Investment income □ Savings □ Pension	□ up to € 100 000		<u> </u>			
□ up to € 500 000  I hereby declare that I am or I have been entrusted with prominent political or public function, or I am an immediate relative of a person that holds or has held any political or public function (e.g. Head of States Governor, politicians, senior government/judicial/military officers, senior executives), please tick this box □ (Politically Exposed Person "PEP")  If yes, please specify:  Source of wealth (please gives details of how you acquired/generated the assets and in case the money you invest is not part of your wealth, please indicate the economic origin of money)  □ Inheritance □ □ Gift □ Sale of Business □ Savings □ Pension □ Investment income □ Sale of assets (please specify) □ Lottery □ Insurance Policy □ Other (please specify) □ Lottery □ Insurance Policy □ Other (please specify) □ Lottery □ Insurance Policy □ The Transfer Agent reserves the right to request further supporting documentation if deemed necessary to verify the above information.  Tax Identification number (TIN) (If available)  Nationality □ Passport/National ID number(s) □ Expiry date □ Dual Nationality(ies) (please specify) □ Country of Residence for Tax Purposes   Registered Address (no PO Box allowed) □ Telephone Number □ Fax Number □ Pass Number □ Pass Number □ Pass Possport/National ID number □ Pass Pass Pass Pass Pass Pass Pass Pa	·	•				
I hereby declare that I am or I have been entrusted with prominent political or public function, or I am an immediate relative of a person that holds or has held any political or public function (e.g. Head of States Governor, politicians, senior government/judicial/military officers, senior executives), please tick this box   (Politically Exposed Person "PEP")  If yes, please specify:	·		(p.ou.oo op o			
person that holds or has held any political or public function (e.g. Head of States Governor, politicians, senior government/judicial/military officers, senior executives), please tick this box    (Politically Exposed Person "PEP")  If yes, please specify:    Source of wealth (please gives details of how you acquired/generated the assets and in case the money you invest is not part of your wealth, please indicate the economic origin of money)    Inheritance	'					
your wealth, please indicate the economic origin of money)    Inheritance	government/judicial/military officers, senior	executives	), please tio	k this box		
your wealth, please indicate the economic origin of money)    Inheritance						
□ Savings □ Pension □ Investment income □ Sale of assets (please specify) □ Lottery □ Insurance Policy □ Other (please specify) □ The Transfer Agent reserves the right to request further supporting documentation if deemed necessary to verify the above information.  Tax Identification number (TIN) (If available) Nationality Passport/National ID number(s) Expiry date Dual Nationality(ies) (please specify) Country of Residence for Tax Purposes Registered Address (no PO Box allowed) Telephone Number Fax Number				rated the a	issets and i	n case the money you invest is not part of
□ Sale of assets (please specify) □ Other (please specify) □ Other (please specify)  The Transfer Agent reserves the right to request further supporting documentation if deemed necessary to verify the above information.  Tax Identification number (TIN) (If available)  Nationality  Passport/National ID number(s)  Expiry date  Dual Nationality(ies) (please specify)  Country of Residence for Tax Purposes  Registered Address (no PO Box allowed)  Telephone Number  Fax Number	☐ Inheritance	☐ Gift				☐ Sale of Business
□ Sale of assets (please specify) □ Other (please specify) □ Other (please specify)  The Transfer Agent reserves the right to request further supporting documentation if deemed necessary to verify the above information.  Tax Identification number (TIN) (If available)  Nationality  Passport/National ID number(s)  Expiry date  Dual Nationality(ies) (please specify)  Country of Residence for Tax Purposes  Registered Address (no PO Box allowed)  Telephone Number  Fax Number	☐ Savings	☐ Pension	on			☐ Investment income
Tax Identification number (TIN) (If available) Nationality Passport/National ID number(s) Expiry date Dual Nationality(ies) (please specify) Country of Residence for Tax Purposes Registered Address (no PO Box allowed) Telephone Number Fax Number		☐ Lottery	/			☐ Insurance Policy
Tax Identification number (TIN) (If available) Nationality Passport/National ID number(s) Expiry date Dual Nationality(ies) (please specify) Country of Residence for Tax Purposes Registered Address (no PO Box allowed) Telephone Number Fax Number	☐ Other (please specify)					<u>-</u>
available)  Nationality  Passport/National ID number(s)  Expiry date  Dual Nationality(ies) (please specify)  Country of Residence for Tax Purposes  Registered Address (no PO Box allowed)  Telephone Number  Fax Number	The Transfer Agent reserves the right to request	further supp	oorting docun	nentation if o	deemed nece	essary to verify the above information.
Passport/National ID number(s)  Expiry date  Dual Nationality(ies) (please specify)  Country of Residence for Tax Purposes  Registered Address (no PO Box allowed)  Telephone Number  Fax Number	1					
Expiry date  Dual Nationality(ies) (please specify)  Country of Residence for Tax Purposes  Registered Address (no PO Box allowed)  Telephone Number  Fax Number	Nationality					
Dual Nationality(ies) (please specify) Country of Residence for Tax Purposes Registered Address (no PO Box allowed) Telephone Number Fax Number	Passport/National ID number(s)					
Country of Residence for Tax Purposes Registered Address (no PO Box allowed)  Telephone Number Fax Number						
Registered Address (no PO Box allowed)  Telephone Number  Fax Number	Dual Nationality(ies) (please specify)					
Telephone Number Fax Number	Country of Residence for Tax Purposes					
Fax Number	Registered Address (no PO Box allowed)					
Fax Number	Telephone Number					
Email Address	·					
	Email Address					



# 2<sup>nd</sup> Account Holder

Z Account Holder								
Title								
Last name/Family Name								
First name(s)/Given name(s)								
Gender	□М				□F			
Date of birth	d	d	m	m	У	У	У	У
Place of birth (city & country)								
Professional Status								
☐ Self Employed	☐ Emplo	yee			□ Retire	d		
☐ Student	☐ Others	s (please sp	ecify)					
Job Title								
Name of Employer and Country								
Best Estimate of annual regular income								
□ up to € 100 000	□unto∉	€ 1 000 000	1					
□ up to € 200 000	•	(please spe						
□ up to € 500 000			,, <u></u>					
·								
I hereby declare that I am or I have been experson that holds or has held any property government/judicial/military officers, senior If yes, please specify:	oolitical or executives	public fus), please tid	nction (e.	g. Head o □ (Political	of States	Governor	, politicia	
Source of wealth (please gives details of he your wealth, please indicate the economic			rated the a	ssets and i	n case the	money yo	u invest is	not part of
□ Inheritance	☐ Gift				□ Sale o	of Business	•	
☐ Savings	□ Pensi	on				ment incor		
☐ Sale of assets (please specify)	□ Lotter	у			☐ Insura	nce Policy		
☐ Other (please specify)								
The Transfer Agent reserves the right to request	The Transfer Agent reserves the right to request further supporting documentation if deemed necessary to verify the above information.							
Tax Identification number (TIN) (If available)								
Nationality								
Passport/National ID number(s)								
Expiry date								
Dual Nationality(ies) (please specify)								
Country of Residence for Tax Purposes								
Registered Address (no PO Box allowed)								
Telephone Number								
	1							
Fax Number								

For additional account holder(s), please complete Addendum A.



# **B. CORPORATE INVESTOR**

Full company Name							
Date of Incorporation							
Country of Incorporation							
Type of company							
☐ Corporation (S.A., Ltd., etc.) ☐ Insura	ance □ Appointed Distributor □ Credit Institutional/Bank						
☐ Other (please specify)	(Charity; Foundation, Pension Fund, etc.)						
O Nominee							
Where possible and appropriate simplified [	Oue Diligence will be considered, please provide below information for this purpose:						
Are you a regulated entity:							
☐ NO ☐ YES; by Local Supervisory	Authority:						
	,						
Are you fully listed on ad recognized Stock	Exchange (which country applies AML-CTF regulations equivalent to Luxembourg)						
□ NO □ YES; by Stock Exchange:_							
Tax identification number (if applicable)							
Country of residence for tax purposes (if ap	plicable)						
Registered Address							
Registered Address (no PO Box and no c/o address allowed)							
Telephone							
Fax							
Email							
Internet website							
Mailing Address & Contact							
Address							
Contact person for daily business Title							
Name							
Telephone							
Fax							
Email							



# 2. THE INVESTMENT IS MADE

Please tick one of the following boxes to confirm whether you invest for your own account or on behalf of another person

On my/our own behalf (please tick the box if applicable)						
I/We declare that I/we am/are investing the units/shares for my/our own account and am/are beneficially entitled to the units/shares						
Level of expected investment:						
Ranging between a currency equivalent to USD 0 to USD 15K						
Ranging between a currency equivalent to USD 15k to USD 100K						
Superior to a currency equivalent to USD 100K						
On behalf of a Designated and Disclosed Third Party (please tick the box if applicable and, please complete hereinafter section 2.1 with the appropriate details)						
I/We declare am/are investing the units/shares for and on behalf of persons (third parties or investors) who are beneficially entitled to the units/shares. Such person or institutions are not subject to Financial Sanctions regimes imposed by United Nations, the US office of Foreign Asset Control (OFAC), or the relevant regulatory authorities in the territory in which they are located. I/ we have verified the identity of the persons, including the ultimate beneficiary and any ultimate economic beneficiaries of the investment, as well as the origin and source of money/wealth invested in the fund on whose behalf I/we are making the investment. I/We have retained the documentary evidence of this verification procedure and I/We shall make this documentation available to the Central Administration of the Company and/or its appointed Transfer Agent upon request.						
On behalf of several non-disclosed Third Parties (omnibus/pooled accounts) (please tick the box if applicable and, please complete hereinafter section 2.1 with the appropriate details)  - Intermediary from EU, EEA, EU Common Understanding List (July 2012) will need to provide under Enhanced Due Diligence additional information to the basic KYC standard:  o Information on the nature of the intermediary's business;  o Provide insight into AML/CTF policies (sharing of Policies or completing Wolfsberg/Fund Due Diligence Questionnaire);  - Intermediary from Non-Equivalent countries will only be accepted under following Enhanced Due Diligence standards that need to be provided by the Fund/Management Company in addition to KYC on the intermediary:  o Information on the nature of the intermediary's business;  o Provide insight into AML/CTF policies (sharing of Policies or completing Wolfsberg/Fund Due Diligence Questionnaire);  o Clearly understand the respective responsibilities of the Intermediary (Distribution Agreement) and obtain written confirmation from the Management Company/Fund on the successful performance of Due Diligence on the Intermediary.						
I/We declare am/are investing the units/shares for and on behalf of persons (third parties or investors) who are beneficially entitled to the units/shares. Such person or institutions are not subject to Financial Sanctions regimes imposed by United Nations, the US office of Foreign Asset Control (OFAC), or the relevant regulatory authorities in the territory in which they are located. I/ we have verified the identity of the persons, including the ultimate beneficiary and any ultimate economic beneficiaries of the investment, as well as the origin and source of money/wealth invested in the fund on whose behalf I/we are making the investment. I/We have retained the documentary evidence of this verification procedure and I/We shall make this documentation available to the Central Administration of the Company and/or its appointed Transfer Agent upon request.						



# 2.1. Ultimate Economic Beneficiary Declaration

An ultimate economic beneficiary is any natural person who ultimately owns or controls the investor and/or any natural person on whose behalf a transaction or activity is being conducted.

In case of entity structures with several ownership layers, duly dated and signed structure chart is required to ensure assessment of final beneficial owner through the ownership chain. (structure chart needs to indicate full legal names of the entities and the percentage of ownership)

If you invest on behalf of more than one ultimate economic beneficiary, please indicate his/her/their full details below:

I/we declare that the final beneficiary of my/our investment is:

Last name/ Family name								
First name(s)/								
Given name(s)								
Date of birth	d	d	m	m	У	У	У	У
Nationality								-
Dual Nationality								
Address of residence								
(PO box not allowed)								
Percentage of ownership								

Please enclose a certified true copy of the ID of the above-referenced individual.

Last name/								
Family name								
First name(s)/								
Given name(s)								
Date of birth	d	d	m	m	У	У	У	У
Nationality								
Dual Nationality								
Address of residence								
(PO box not allowed)								
Percentage of ownership								

Please enclose a certified true copy of the ID of the above-referenced individual.

Last name/ Family name								
First name(s)/								
Given name(s)								
Date of birth	d	d	m	m	У	У	У	У
Nationality								
Dual Nationality								
Address of residence								
(PO box not allowed)								
Percentage of ownership								

Please enclose a certified true copy of the ID of the above-referenced individual.



# 3. IF YOU ARE APPLYING VIA A FINANCIAL ADVISOR/DEALER

If you invest through a financial advisor or dealer, please have it complete and sign the below section accordingly.

If you are applying directly, please skip this section and go to section 4.

a) I/We certify that the identity of the above named investor(s) has/have been verified by me/u s in accordance with the requirements of AML-CTF regulations in place in Luxembourg or in countries with AML-CTF regulations equivalent to Luxembourg					
b) I/We further declare that the documentary evide on demand.	ence to support the identification is held by me/us and can be produced				
Name of financial advisor/dealer					
Stamp					
(containing Registered address of financial advisor /					
dealer)					
Name of regulatory body (if any)					
Country of regulatory body					
Signature of financial advisor/dealer					
Date					

# IMPORTANT NOTE TO THE ATTENTION OF THE FINANCIAL ADVISOR/DEALER: \*

In order to act as intermediary for the Fund, please contact 8a+ Investimenti SGR (the "Management Company") - P. +39 0332 251411; e-mail: <a href="mailto:lnfo@ottoapiu.it">lnfo@ottoapiu.it</a> - and ensure you sign a dealer/intermediary agreement with the Fund or the Management Company accordingly.

In addition, please send together with this application form and related documentation for the shareholder the following documents for your entity/company:

- an original self-certified authorized signatories list with signature specimen stating who will operate the account, current and dated on company letterhead, not more than one year old
- a proof of regulation by a competent national supervisory authority

# 4. VALUATION DAY (TRADE DATE)

Please indicate below the valuation day you would like to apply to your investment.

Note: Acceptance of applications received after the cut-off time of 2.00 pm CET of the requested valuation day will be deferred until the next valuation day.

# 5. INVESTMENT DETAILS

Please enter your investment details below.

Note: Minimum holdings in any sub-fund are as set out in the current version of the Prospectus.

Sul	b-Fund Name(s)	Class	ISIN	Currency	Amount	Shares/Units
	8a+ SICAV – EIGER	R	LU0715610621	EUR		
	8a+ SICAV – EIGER	ı	LU0715616404	EUR		
	8a+ SICAV - MONVISO	R	LU1492713174	EUR		
	8a+ SICAV - MONVISO	I	LU1492713414	EUR		
	8a+ SICAV – ETICA	R	LU2243055592	EUR		

7/27

<sup>\*</sup> Please note that the Company and/or the Management Company and/or its appointed Transfer Agent (State Street Bank Luxembourg S.C.A. - IFDSL Registration Team) reserve the right to ask for complementary identification documents upon receipt of the above documentation



# 6. SUBSCRIPTION PAYMENT (Please indicate where the money will be wired from) Mandatory

The subscription payment MUST come from a Bank account in the name of the registered shareholder/unit holder account only.

Bank Name	
Bank Address	
Country or emitting Bank/Party	
BIC/SWIFT	
Account Name	
Account Number/IBAN	

# 7. REDEMPTION PAYMENT Mandatory

(Please indicate where you wish to receive the proceeds of your redemption)

Please note that all payments will be made in the name of the registered shareholder/unit holder only, no third party payment will be effected. Any omission to complete these details for redemption request could result in late or non-payment of redemption proceeds.

Bank Name	
Bank Address	
Country or emitting Bank/Party	
BIC/SWIFT	
Account Name	
Account Number/IBAN	

Changes to initially provided bank details can only be instructed to The Transfer Agent by the relevant authorized signatory(ies) via Fax/Original

# **8. THE PAYMENT OF INVESTMENT**

(Please use the following banking details to pay out your subscription)

The subscription price in EUR for all EUR Funds will be paid in favor of 8a+ SICAV to:

Bank Name	Bank of America N.A. 2 King Edward Street London EC1A 1HQ
SWIFT	BOFAGB22
IBAN	GB65 BOFA 1650 5022 1760 11
For Credit to	8A+SICAV
Account number	22176011

# 9. IDENTIFICATION FOR INDIVIDUAL INVESTORS

Originals or certified copies of all the following documents in or translated into English, German or French, Italian or Spanish must be attached to this Application Form. All translations or copies are to be certified in English, German or French, Italian or Spanish as a true translation or copy by one of the following competent Authorities: Embassy, Consulate, Solicitor, Licensed Lawyer, Notary (Empowered Public Authority) or bank regulated in a jurisdiction which has implemented anti money laundering and terrorist financing regulations equivalent to Luxembourg standards. The certification must show the official stamp of the competent Authority, the persons' name and signature, date and where possible their position.

- Original application form completed, dated and signed
- Certified copy of valid ID (certified copies of valid ID documents must be obtained for all investors named on the application form and should contain the following: Full name; Investor's signature; Photo of the investor; ID number; Expiry date of the ID; Signature Specimen).
- Original confirmation whether acting on own behalf or on behalf of third party, see above section 2.
- Original Information on the origin of wealth (profession is not sufficient), see above section 1A.
- Original Information on the source of funds from incoming and outgoing payment, see above section 7&8.

In case of Enhanced Due Diligence, additional documentation will be requested on top of the documentation already listed above under Standard Due Diligence.



# 10. IDENTIFICATION FOR CORPORATE INVESTORS

Originals or certified copies of all the following documents in or translated into English, German, French, Italian or Spanish must be attached to this Application Form. All translations or copies are to be certified in English, German, French, Italia n or Spanish as a sworn translation or copy by one of the following competent Authorities: Embassy, Consulate, Solicitor, Licensed Lawyer, Notary (Empowered Public Authority) or bank regulated in a jurisdiction which has implemented anti money laundering and terrorist financing regulations equivalent to Luxembourg standards. The certification must show the official stamp of the competent Authority, the persons' name and signature, date and where possible their position

You are a regulated entity in a jurisdiction which has implemented AML-CTF regulations equivalent to Luxembourg\*:

- Original application form completed, dated and signed.
- Original confirmation whether acting on own behalf or on behalf of third party, see above section 2.
- Copy of the authorized signatories list with signature specimen stating who will operate the account, dated on company letterhead, not more than 12 months old.
- **Proof of regulation** by a competent national supervisory authority.
- Original Information on the source of funds from incoming and outgoing payment, see above section 7&8.

You are a listed entity on a stock exchange in a jurisdiction equivalent to Luxembourg:

- Original application form (fully completed, signed and dated).
- Original confirmation whether acting on own behalf or on behalf of third party, see above section 2.
- Proof of listing on a recognize stock exchange.
- Evidence that shareholding is fully quoted and if not fully quoted, identification of any shareholder holding equal to 25% of more of shares, in line with the identification requirements for the relevant investor type.
- Copy of the authorized signatories list with signature specimen stating who will operate the account, dated on company letterhead, not more than 12 months old.
- Original Information on the source of funds from incoming and outgoing payment, see above section 7&8.

You are an entity covered by a comfort letter from a regulated mother company in a jurisdiction which has implemented AML-CTF regulations equivalent to Luxembourg\*:

- Original application form completed, dated and signed.
- Original confirmation whether acting on own behalf or on behalf of third party, see above section 2.
- Original comfort letter completed (as per appendix), dated and signed by the MLRO or Board member of your mother company.
- Copy of the authorized signatories list with signature specimen stating who will operate the account, dated on company letterhead, not more than 12 months old.
- **Proof of regulation** by a competent national supervisory authority.
- Original Information on the source of funds from incoming and outgoing payment, see above section 7&8.

You are a non-regulated and non-listed entity\*:

- Original application form completed, dated and signed.
- Certified true copy of articles of incorporation or equivalent constitutive documentation of the entity.
- Certified true copy of extract of commercial register or certificate of incorporation.
- Copy of latest annual audited report or financial statements describing the nature and purpose of the business of the entity.
- Original or self-certified true copy of the authorized signatories list with signature specimen stating who will
  operate the account, dated on company letterhead, not more than 12 months old.
- List of company Representatives/Board of Directors and their certified true copy of IDs (or as a minimum certified true copy list of IDs of authorized signatories).
- **List of shareholders** and certified true copy list of IDs of those owning or controlling more than 25% of the shareholders' capital or voting **rights**.
- Original Information on the source of funds from incoming and outgoing payment, see above section 7&8.

<sup>\*</sup> If your entity type does not correspond to any of these sections above, please be advised that our Registration Services will provide you with a list of their AML/KYC requirements necessary to perform the due diligence in accordance with the Luxembourg Law in force. In case of Enhanced Due Diligence, additional documentation will be requested on top of the documentation already listed above under Standard Due Diligence.



# 11. PROTECTION AGAINST MONEY LAUNDERING/TERRORISM FINANCING

Pursuant to the Luxembourg legal framework on countering money laundering and the financing of terrorism, the Central Administration of the Company and/or its appointed Transfer Agent may inquire for more details concerning the financial institutions from which the transfer payments are to be made. If such financial institution is not based in a jurisdiction which has implemented AML-CTF regulations equivalent to Luxembourg, the Central Administration of the Company and its service providers may also ask you for complementary documents (duly certified by the local authorities of your country of residence) in order to verify the facts listed in this application form.

If you are not able to provide the required details or other necessary documents, the Central Administration of the Company and/or its appointed Transfer Agent reserves the right to refuse the subscription and/or to block the accounts.

The Central Administration of the Company and/or its appointed Transfer Agent reserves the right to reject any incomplete Form, provided without signature or necessary information of identification.

The Central Administration of the Company and/or its appointed Transfer Agent reserves the rights to terminate the business with the investor in the best interest of the fund and deposit the investor's assets with the "Caisse de Consignation" (public trustee office) without prior notice and with immediate effect.

I/ We confirm that all assets are not criminal origin and are not linked to activities which infringe any applicable laws or regulations and in particular, but without limitation law on countering money laundering and the financing of terrorism.

I/We agree that the Transfer Agent and its service providers in its absolute discretion, reserves the right not to open, operate or maintain any account for me/us and in particular, but without limitation, if I/We fail to provide any documents or information which may be required from time to time.

I/We confirm that I/We shall immediately inform the Central Administration of the Company and/or its appointed Transfer Agent of any change in relation to his legal capacity, permanent address, tax status or personal situation. The Central Administration of the Company and/or its appointed Transfer Agent shall not be liable for any prejudice by or in connection with the legal incapacity of the investor, his agents, natural heirs, legatees and/or other entitled person.

### 1. Key Investor Information Document (KIID)

The Undersigned has taken note of the applicable KIID at the time of the signature of this application form related to the share/unit/classes, sub-funds and or funds of the SICAV/Funds.

The Undersigned also declares that he/she/they will read further potential issuances of such KIID before any subsequent investment that he/she/they wishes to make in the relevant share/unit classes, sub-funds and / or Funds of the SICAV/Funds. Whenever the Undersigned acts as an intermediary, he/she/they hereby undertakes that he/she/they will provide the KIID for the respective share classes to their Clients in good time before any subscription in the SICAV/Funds.

# 12. DECLARATION

The Undersigned declare(s) that he/she/they is/are:

- Over 18 years old and have full capacity to subscribe, to hold and to deal in shares.
- Any further application for shares by shall be made or be deemed to be made in accordance with the currently relevant documentation.
- That the money or assets invested are neither directly nor indirectly the proceeds of any criminal act within the meaning of applicable Luxembourg law.
- Agree(s) to provide the necessary supporting identification documentation as per requested by Luxembourg laws.
- The information contained in this application form is correct at the time of completion and I/we hereby undertake to promptly inform the Central Administration of the Company and/or its appointed Transfer Agent of any change in my/our details contained herein.
- Where a Power of Attorney Form is required, a certified copy must be provided, and such Power of Attorney Form shall form an integral part of these Terms and Conditions.

The Undersigned declare(s) that he/she/thev is/are aware that:

- Subscriptions received by the Company on the transaction date no later than the cut-off time stated in the Prospectus shall be treated at the issue price calculated on that same day.
- This contract will be legally binding when it is signed and the sums paid to the Fund are received.



- Correspondence will be sent to our correspondence address noted above unless otherwise notified by us in writing from time to time.
- If more than one investor applies, all investors must sign this application form.

In this case, please select one of the following options:

□ 1) Joint Account

Each holder shall individually dispose of the assets in the joint account. In the case of death or incapacity of one of the investors, the surviving investor(s) may continue to freely dispose of the assets in the joint account, unless formal opposition to the contrary from the parties authorised to represent the deceased or incapacited investor's estate has been received by the Central Administration

Or

☐ 2) Collective Account

The investors shall only have the right to deal collectively in all matters concerning the collective account.

In case no box is ticked, option 2 will default.

• The Central Administration of the Company and/or its appointed Transfer Agent will need to be provided with the necessary "Know Your Customer" documentation prior to the account opening (exceptions will only be possible in case the money laundering risk is considered as LOW).

The Undersigned declare(s) that he/she/they:

- is/are NOT a <u>United States Person</u> {hereinafter a U.S. Person} and that this application is not made for, or on behalf of a U.S. Person or a person who is deemed to be a U.S. Person under the U.S. Investment Company Act of 1940, as amended.
- will notify the Fund and the Administrator, and the Transfer Agent immediately in the event that he/she/they
  are/become(s) a U.S. Person or a person who is deemed to be a U.S. Person under the U.S. Investment Company Act of
  1940, as amended.

# 13. INDEMNITY CLAUSE

All investors will hold harmless and indemnify the Fund, Management Company, Custodian, (Sub-)Distributors and Transfer Agent of the Fund in relation to any actions, proceedings, claims, losses, damages, costs and expenses which may be brought against, suffered or incurred either directly or indirectly out of or in connection with the operation of the investor unless due to fraud, the willful misconduct or gross negligence of the Transfer Agent. The indemnity is governed by and shall be interpreted in accordance with Luxembourg law. The courts of the Grand-Duchy of Luxembourg will have exclusive jurisdiction of all disputes arising from this indemnity.

# 14. Tax Obligations

# 1. Tax reporting obligations: CRS & FATCA

We, the Fund, are obliged under local laws and regulations to collect and report to the Luxembourg tax authorities and the relevant foreign tax authorities certain information about financial accounts held by some of our Account Holder. Without this information no account may be opened.

If you are an individual, please complete Appendix I – Individual Self-Certification Form for FATCA and CRS, Attached.

If you are an entity, please complete Appendix II - Entity Self-Certification Form for FATCA and CRS, attached.

For joint or multiple Account Holders, please complete a separate Self-Certification Form for each Account Holder.

If you are completing the Self-Certification Form on behalf of the Account Holder's, then you should indicate the capacity in which you have signed in Section 4. For example you may be the custodian or nominee of an account on behalf of the account holder, or you may be completing the Self-Certification Form under a signatory authority or power of attorney.

We are also obliged to collect and report to the Luxembourg tax authorities and the relevant foreign tax authorities certain information about financial accounts held by some of the Controlling Persons of Account Holders that are Passive Non-Financial Entities (NFEs). For all Controlling Persons, please complete Appendix III – Controlling Person Self-Certification Form for FATCA and CRS, attached.



If you are completing the Self-Certification Form on the Controlling Person's behalf, then you should indicate the capacity in which you have signed in Section V. For example you may be the custodian or nominee of an account on behalf of the Controlling Person, or you may be completing the form under a signatory authority or power of attorney.

# 2. Tax compliance Obligation

It is the Investor responsibility to undertake to comply with their tax obligations (declaration and payment of taxes) towards the authorities of the country/countries in which the Investor is required to pay taxes in respect of the assets deposited with the Bank or managed by the latter. This condition also applies, where applicable, to the ultimate beneficiary, whom the Investor undertakes to inform. The Investor should be aware that holding certain assets may have tax implications irrespective of their tax residence. Any failure by the Investor to comply with their tax obligations may render them liable, depending on the applicable laws of the country or countries in which the Investor is required to declare/pay taxes, to financial penalties and criminal penalties.

Furthermore, the Investor should be aware that pursuant to international agreements, the name of the contracting party and that of the ultimate beneficiary may be transmitted, on request and provided that the conditions of the said international agreements are satisfied, to the competent foreign authorities, including the tax authorities.

☐ By ticking the box, I/We declare that the Investor is compliant with his/her Tax compliance obligation as described above.

# 15. Personal data: processing, disclosing, sharing and transfer personal data

#### PRIVACY NOTICE

This Privacy Notice contains the information which we are required to provide you on how the Fund, its service providers and delegates will collect, process and store and personal data that you provide to us in connection with your application and any resulting investment in the Fund. This privacy notice explains how that personal data is used and your rights.

For the purposes of this privacy notice, the Fund's service providers include as applicable any administrator, depository, custodian and manager of the Fund, any local paying agents and, in each case, their affiliates, delegates and third party outsourced service providers (together the "Service Providers").

#### Whose Personal Data Is Processed?

The Fund and its Service Providers may collect and use your personal data or, if you are not an individual, that of your directors, officers, employees, intermediaries and/or beneficial owners. Unless explicitly stated otherwise, references in this privacy notice to "you" or "your" in the context of processing personal data include, where applicable, the personal data of your directors, employees, intermediaries and/or beneficial owners as the context requires.

If you are providing other peoples' personal data to the Fund or its Service Providers, you need to provide these individuals with the information required under Data Protection Law on their data protection rights and you should seek their authorisation to provide us with their personal data as appropriate.

#### How Your Personal Data Is Used

The Fund and its Service Providers collect and use your personal data to enable them to manage their relationship with you effectively, lawfully and appropriately and to comply with applicable laws and regulations. This includes using your personal data to:

- perform services in connection with (i) your application for shares in the Fund and (ii) any ongoing investment you make into the Fund. These activities include account opening and managing and administering your holdings in the Fund and any related accounts. They also may include making disclosures to third parties such as auditors, regulatory, data protection and tax authorities, outsourced service providers and their delegates and technology providers as appropriate in order to manage and administer your holdings in the Fund and any related accounts;
- · comply with any legal, regulatory or tax requirements applicable to the Fund or its Service Providers;
- pursue the legitimate business interests of the Fund or its Service Providers. This may include recording, maintaining and
  using recordings of telephone calls and electronic communications that you make and receive from the Fund and its Service
  Providers for matters relating to your investment in the Fund, dispute resolution, record keeping, security and/or training
  purposes. This may also include disclosing your personal data to third parties, for example technology providers and other
  vendors: and
- protect the Fund and its Service Providers' legal position in the event of any legal proceedings.
- Your consent is not required to process your personal data for the purposes referenced above.

# **Profiling and Screening**

The Fund and its Service Providers may conduct activities required to comply with anti-money laundering requirements (such as "know your customer" checks and PEP, negative news, financial sanctions and other financial crime related screening programmes for the purposes of complying with applicable regulatory and legal requirements, including applicable sanctions regimes. The implementation of these activities and programmes may result in the Fund or its Service Providers refusing an application for shares in the Fund or delaying or refusing to make any redemption payment or distribution payment to you if you,



your directors or any beneficial owner of your shares appear on such screening programmes or if the documentation provided does not satisfy applicable anti-money laundering requirements.

In the event that you are identified as a PEP as a result of the screening process, you may be required to provide additional information and/or documentation to the Fund or its Service Providers. Such processing, which may reveal your political opinions or any trade union memberships, is considered lawful on the grounds of substantial public interest permitted under GDPR.

#### Types of personal data used

The types of personal data collected by the Fund and its Service Providers include: name, date of birth, civil status, nationality, contact details (including postal or email address), banking details, passport or other identification document, invested amount and holdings in the Fund. The Fund and its Service Providers may also collect special categories of personal data in order to perform the activities and to conduct the screening programmes specified in the prior paragraph. Such special categories of personal data may include your political opinions or any trade union memberships. The Fund and its Service Providers shall only process any such special categories of personal data as permitted under applicable laws and regulations.

# **Transfers Abroad**

Personal data collected from you or provided by you or on your behalf may be transferred outside of the jurisdiction of the Fund and its Service Providers, including to countries located outside the European Economic Area ("EEA") which may not have the same data protection laws as the jurisdiction in which the Fund and/or its Service Providers are located. These countries include (but are not limited to) the United States of America, India, Hong Kong, Thailand, Canada, Australia and Japan.

If the Fund or its Service Providers transfers personal data outside the EEA, we will take the necessary steps to ensure that appropriate safeguards required by GDPR and other applicable laws and regulations, are put in place to protect the privacy and integrity of such personal data, such as the implementation of EU model contract clauses. Please contact <a href="mailto:dpo@ottoapiu.it">dpo@ottoapiu.it</a> if you wish to obtain information concerning such safeguards.

# **Data Retention Period**

The Fund and its appointed Service Providers will retain all information and documentation provided by you in relation to your investment in the Fund for such period of time as may be required to provide services to you and as required by applicable legal and regulatory requirements.

# You have the following rights in respect of your personal data:

- to be informed about the personal data the Fund and its Service Providers hold about you;
- · to access the personal data the Fund and its Service Providers hold about you;
- to have your personal data rectified where it is inaccurate or incomplete;
- to have your personal data erased in certain circumstances (e.g. where the personal data is no longer required for the purposes for which we have collected it or to comply with applicable legal and regulatory requirements or in circumstances where you object to processing and the Fund or its Service Provider (as applicable) has no overriding legitimate grounds for such processing);
- to obtain restriction of processing in certain circumstances (e.g. where you have contested the accuracy of the personal data, for the period required for us to verify the accuracy of that personal data);
- to object to the processing in certain circumstances (e.g. to automated processing or profiling);
- to data portability (i.e. to receive your personal data in a structured, commonly used and machine readable format and to have that personal data transmitted directly to another controller);
- to lodge a complaint to the relevant Data Protection Authority if you consider that the processing of your personal data infringes GDPR or other applicable Data Protection Law;
- The right to judicial remedy or, where relevant, compensation against the relevant data controller or processor in case of infringement of your rights as a result of processing of your personal data in non-compliance with GDPR;
- If you wish to exercise any of the above rights against the Fund or its Service Providers, please contact us using the details provided below (see the section headed "Contact Us").

The Fund or, where appropriate, its Service Provider will respond to your request to exercise any of your rights in writing, as soon as practicable and in any event within one month of receipt of your request, subject to the provisions of the GDPR. The Fund or its Service Provider may request proof of identification to verify your request.

# Failure to provide personal data

As set out above, we require you to provide certain personal data in order for us to process your application, to manage and administer your holdings in the Fund and to comply with the Fund and Service Provider's legal and regulatory requirements. If you fail to provide such personal data, in certain circumstances we may be prohibited from making redemption or any applicable dividend payments to you **and/or** may be required to discontinue our business relationship with you by compulsorily redeeming your shareholding in the Fund.

Contact us If you have any questions about the Fund's use of your personal data, please contact dpo@ottoapiu.it

# **CONSENT TO TRANSFER AND DELEGATION OF DATA**

The Fund and its Service Providers are bound by either professional secrecy requirements and/or a common law or contractual duty of confidentiality and may not disclose data that you or, if you are not an individual, your directors, officers, employees, intermediaries and/or beneficial owners provide to the Fund and/or its Service Providers unless:



- · such disclosure is permitted by applicable law or regulation; or
- you have consented (either on your own behalf or on behalf of the relevant entity) to any such disclosure.

Please sign below to evidence your consent to the following:

In consideration of my/our application for investment into the Fund, I/we consent to the Fund and its Service Providers (as applicable):

- 1. processing, sharing and storing data for the purposes of:
- processing my application for shares in the Fund;
- administering any ongoing investment in the Fund, including account opening and managing and administering holdings in the Fund and any related accounts and making disclosures to third parties such as auditors, regulatory, data protection and tax authorities, outsourcing Service Providers and their delegates and technology providers as appropriate in order to manage and administer any such holdings in the Fund and any related accounts;
- fighting financial crime and terrorism, including complying with applicable anti-money laundering, PEP, negative news and sanctions screening programmes;
- complying with any Foreign Account Tax and Compliance Act (FATCA) requirements (including any requirements arising from local implementation of FATCA;
- · Common Reporting Standard (CRS) purposes (including any local implementation); and
- enabling the Fund and its Service Providers to comply with other legal and regulatory requirements applicable to them;
- 2. transferring data to and delegating and outsourcing certain tasks, activities or services (including those listed above) to third party service providers, both regulated and unregulated and located in jurisdictions within and outside the European Union;
- 3. providing data included in money transfers to specialist service providers such as the Society for Worldwide Interbank Financial Telecommunication (SWIFT), located both in and outside the European Union. I/we acknowledge that this may result in U.S. or other regulatory or public authorities requesting access to data held by such service providers for the purpose of assessing compliance with applicable laws and regulations;
- 4. telephone conversations being recorded for the primary purpose of providing evidence in the event of a dispute. Any such recordings shall be retained in compliance with applicable laws and regulations.

#### 16. Use of fax

The Transfer Agent and its service providers are authorized to accept and execute any future instructions received by fax. In this context, I /We accept full responsibility of any all risks, e.g. those arising from an error in communication or comprehension as well as those arising from fraud, resulting from the use of this communication shall mean considering that it may prove difficult or impossible to detect forgery, and I/We relieve the Transfer Agent and services providers from any and all responsibilities in this respect.

I/We hereby agree to receive electronic documents (e.g. contract note) from the Transfer Agent and its service providers to the same extent and with the same legal validity as paper based. I/We accept full responsibility for opening, reading and checking electronic mail just as carefully as if I/we had received the mail in paper format.

# 17. SIGNATURES

The Undersigned declare(s) that he/she/they is/are duly authorized to sign the present application form and that he/she/they has/have received a copy of the Prospectus (and where relevant a current Annual or Semi -Annual Report) which he/she/they accept(s) in full.

He/she/they further declare(s) that all information contained in this application form is accurate to the best of their knowledge and belief.

Location and date:

Investor's name	Signature
Investor's name	Signature



# Appendix I - Individual Self-Certification Form for FATCA and CRS

# Instructions for completion

We, the Fund, are obliged under local laws and regulations to collect and report to the Luxembourg tax authorities and the relevant foreign tax authorities certain information about financial accounts held by some of our Account Holders.

For joint or multiple Account Holders, please complete a separate Self-Certification Form for each Account Holder.			
If you are completing the Self-Certification Form on behalf of the Account Holder's, then you should indicate the capacity in which you have signed in Section 4. For example you may be the custodian or nominee of an account on behalf of the account holder, or you may be completing the Self-Certification Form under a signatory authority or power of attorney.			
If you have any questions about this Self-Cer adviser or local tax authority.	tification Form or defining your FATCA or CRS status, please speak to your	tax	
For further information on CRS please refer to http://www.oecd.org/tax/automatic-exchange/	the OECD automatic exchange of information portal:		
(Mandatory fields are marked with an *)			
Section 1: Account Holder Identification (pl	ease refer to glossary)		
Name*			
Residential Address*:			
Address			
City, Town, State, Province or County			
Postal/ZIP Code			
Country			
Mailing address (if different from above):			
Address			
City, Town, State, Province or County			
Postal/ZIP Code			
Country			
Place of Birth*:			
Town or City of Birth*:			
County of Birth*:			
Date of Birth*(dd/mm/yyyy):			
Section 2: FATCA Declaration of U.S. Citize	nship 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:  U.S. TIN:			

Plea	se 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:  U.S. TIN:	
(p)	I confirm that I am not a U.S. citizen or resident in the U.S. for tax purposes.	



Please indicate your country of Tax Residence (if Residence and associated Tax Identification Numbers	resident in more than one country please detail all countries of Tax s).
Country of Tax Residence	Tax ID Number
Section 4: Declaration and Undertakings:	
I declare that the information provided in this Self-Ce complete.	ertification Form is, to the best of my knowledge and belief, accurate and
	and provide an updated Self-Certification Form, where any change in nation contained in this Self-Certification Form to be incorrect.
information disclosed in this Self-Certification Form described in Annex I Section I of the Luxembourg déclaration (NCD)") will be reported to the Luxembour	Residence listed in section 3 is/are CRS Reportable Jurisdiction(s), the together with required information related to my financial account (as CRS law: "Loi du 18 décembre 2015 relative à la Norme commune de rg tax authorities or any other authorized delegates under Luxembourg law he tax authorities of the CRS Reportable Jurisdiction(s) listed in section 3, ancial account information
déclaration (NCD)"), answering questions related to the	urg CRS law ("loi du 18 décembre 2015 relative à la Norme commune de ne information disclosed in this Self Certification Form is mandatory. Upon e that are disclosed to the Luxembourg tax authorities, and I will be in a
The data collected will not be kept longer than neces commune de déclaration (NCD)".	sary for the purpose of the "loi du 18 décembre 2015 relative à la Norme
Authorised Signature*:	
Print Name*:	
Capacity*:	
Date: (dd/mm/yyyy)*:	<del></del>



# **GLOSSARY CRS**

Note: These are selected definitions provided to assist you with the completion of this Self-Certification Form. Further details can be found in the Directive 2014/107/EU of 9 December 2014 "as regards mandatory automatic exchange of information" and in the OECD Standard for Automatic Exchange of Financial Account Information ("OECD Common Reporting Standard, CRS").

#### "Account Holder"

The "Account Holder" in 8a+ Sicav is the person listed or identified as the holder of the Equity Interest in 8a+ Sicav. This is regardless of whether such person is a flow-through Entity.

A person, other than a Financial Institution, holding an Equity Interest in 8a+ Sicav for the benefit or account of another person as agent, custodian, nominee, signatory, investment advisor, or intermediary, is not treated as holding the account, and such other person is treated as holding the account.

# "Financial Institution"

The term "Financial Institution" means a "Custodial Institution", a "Depository Institution", an "Investment Entity", or a "Specified Insurance Company". Please see the relevant domestic guidance and the CRS for further classification definitions that apply to Financial Institutions.

# "Resident for tax purposes"

Generally, a Person will be resident for tax purposes in a jurisdiction if, under the laws of that jurisdiction (including tax conventions), it pays or should be paying tax therein by reason of his domicile, residence, place of management or incorporation, or any other criterion of a similar nature, and not only from sources in that jurisdiction.

# "TIN" (including "functional equivalent")

The term "TIN" means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction.

Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include, for individuals, the social security number.



# Appendix II - Entity Self-Certification Form for FATCA and CRS

# Instructions for completion

We, the Fund, are obliged under local laws and regulations to collect and report to the Luxembourg tax authorities and the relevant foreign tax authorities certain information about financial accounts held by some of our Account Holders.

For joint or multiple Account Holders, please complete a separate Self-Certification Form for each Account Holder.

If you are completing the Self-Certification Form on behalf of the Account Holder's, then you should indicate the capacity in which you have signed in Section 4. For example you may be the custodian or nominee of an account on behalf of the account holder, or you may be completing the Self-Certification Form under a signatory authority or power of attorney.

If you have any questions about this Self-Certification Form or defining your FATCA or CRS status, please speak to your tax adviser or local tax authority.

For further information on CRS please refer to the OECD automatic exchange of information portal: <a href="http://www.oecd.org/tax/automatic-exchange/">http://www.oecd.org/tax/automatic-exchange/</a>

(Mandatory fields are marked with an \*)

Account Holders that are individuals should not complete this Self-Certification Form but should complete the Self-Certification Form entitled "Individual Self-Certification Form for FATCA and CRS".

Secti	on 1: Account Holder Identification (please refer to glossary)	
Nan	e* (the "Entity)	
	ntry of Incorporation or	
Org	anisation	
Resid	ential Address*:	
Add	ress	
City	Town, State, Province or County	
Pos	al/ZIP Code	
Cou	ntry	
Maili	ng address (if different from above):	
Add	ress	
Add	ress Town, State, Province or County	
Add City Pos	ress Town, State, Province or County	
Add City Pos	ress Town, State, Province or County	
Add City Pos	ress Town, State, Province or County	
Add City Pos Cou	ress Town, State, Province or County	
Add City Pos Cou	ress Town, State, Province or County sal/ZIP Code ntry	
Add City Pos Cou	ress Town, State, Province or County cal/ZIP Code ntry  on 2: FATCA Declaration Specified U.S. Person*:	
Add City Pos Cou	ress Town, State, Province or County cal/ZIP Code ntry  on 2: FATCA Declaration Specified U.S. Person*: e tick either (a) or (b) and complete as appropriate.  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	



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

# 3.1 Financial Institutions under FATCA:

3.1.1	If the Entity is a Financial Institution, please tick one of the below categories and provide the Entity's GIIN at 3.1.2	
I.	Luxembourg Financial Institution or a Partner Jurisdiction Financial Institution	
II.	Registered Deemed Compliant Foreign Financial Institution	
III.	Participating Foreign Financial Institution	
3.1.2	Please provide the Entity's Global Intermediary Identification Number (GIIN):	

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

3.1.1	If the Entity is a <i>Financial Institution</i> but unable to provide a <i>GIIN</i> , please tick one of the below reasons:	
I.	Partner Jurisdiction Financial Institution and has not yet obtained a GIIN	
II.	The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN Please provide the sponsor's name and sponsor's GIIN:	
	Sponsor's Name:	
	Sponsor's GIIN:	
III.	Exempt Beneficial Owner	
IV	Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)	
V	Non-Participating Foreign Financial Institution	
VI	Excepted Foreign Financial Institution	
VII	U.S. Person but not a Specified U.S. Person	

# 3.2 Non Financial Institutions under FATCA:

If the Entity is not a Financial Institution, please tick one of the below categories			
a.	Active Non-Financial Foreign Entity		
b.	Passive Non-Financial Foreign Entity (If this box is ticked, please include Controlling Person Self-Certification forms for each of your Controlling Persons that is a Specified U.S.		
C.	Excepted Non-Financial Foreign Entity		
d.	The Entity is a U.S. Person but not a Specified U.S. Person		

# Section 4: CRS Declaration of Tax Residency\* (please refer to the glossary)

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).

Country of Tax Residence	Tax ID Number



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

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

(the information provided in this section is for CRS, please note your CRS classification may differ from your FATCA classification in Section 3) (please refer to the glossary):

0.0.00		
a.	Custodial Institution, Depository Institution, Specified Insurance Company or Investment Entity other than an Investment Entity under A(6)(b) of Section VIII of the CRS resident in a Non-Participating Jurisdiction	
b.	An Investment Entity under A(6)(b) of Section VIII of the CRS resident in a Non-Participating Jurisdiction (If this box is ticked, please include Controlling Person Self-Certification Forms for each of your Controlling Persons)	
C.	Active Non-Financial Entity  (i) a corporation, the stock of which is regularly traded on an established securities market.  If you fall under this definition, please provide the name of the established securities market on which the corporation is regularly traded:	
	(ii) a corporation which is a related entity of such a corporation  If you fall under this definition, please provide the name of the regularly traded corporation that the entity identified in section I of this form is a Related Entity of:	
d.	Active Non-Financial Entity – a Government Entity or a Central Bank	
e.	Active Non-Financial Entity – an International Organisation	
f.	Active Non-Financial Entity – other than (c)-(e) (for example a start-up NFE or a non-profit NFE)	
g.	Passive Non-Financial Entity (If this box is ticked, please include Controlling Person Self- Certification Forms for each of your Controlling Persons)	
	n 6: Declaration and Undertakings:	
	eclare (as an authorised signatory of the Entity) that the information provided in this Self-Certification Form is, to the low knowledge and belief, accurate and complete	best
	indertake to advise the recipient within 30 days and provide an updated Self-Certification Form where any char Imstance occurs, which causes any of the information contained in this Self-Certification Form to be incorrect.	nge
he infornex I S CRS la subseq	cknowledge that, in case the Country(ies) of Tax Residence listed in section 4 is/are CRS Reportable Jurisdiction(s rmation disclosed in this Form together with required information related to my/our financial account (as described in section I of "Loi du 18 décembre 2015 relative à la Norme Commune de Déclaration (NCD)" hereafter "the Luxembo aw") will be reported to the Luxembourg tax authorities or any other authorized delegates under Luxembourg law, a quently exchanged with the tax authorities of the CRS Reportable Jurisdiction(s) listed in Section 4, pursuant tional agreements to exchange financial account information.	An ourg and
disclose Upon re I/we wil	acknowledge that, as per Article 5 of the Luxembourg CRS law, answering questions related to the informat ed in this Self Certification Form is mandatory.  The equest I/we will have access to the data concerning me/us that are disclosed to the Luxembourg tax authorities, and II be in a position to rectify any of my/our personal data. The data collected will not be kept longer than necess purpose of the Luxembourg CRS law.	and
Author	rised Signature (s)*:	
Print N	 lame*:	
Capaci	ity in which declaration is made*:	



# **GLOSSARY CRS**

**Note:** These are selected definitions provided to assist you with the completion of this Self-Certification Form. Further details can be found in the Directive 2014/107/EU of 9 December 2014 "as regards mandatory automatic exchange of information" and in the OECD Standard for Automatic Exchange of Financial Account Information ("OECD Common Reporting Standard, CRS").

#### "Account Holder"

The "Account Holder" in 8a+ Sicav is the person listed or identified as the holder of the Debt or Equity Interest in 8a+ Sicav. This is regardless of whether such person is a flow-through Entity.

A person, other than a Financial Institution, holding a Debt or Equity Interest in 8a+ Sicav for the benefit or account of another person as agent, custodian, nominee, signatory, investment advisor, or intermediary, is not treated as holding the account, and such other person is treated as holding the account.

#### "Active NFE"

An entity will be classified as Active NFE if it meets any of the following criteria:

- a) less than 50% of the NFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50% of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;
- b) the stock of the NFE is regularly traded on an established securities market or the NFE is a Related Entity of an Entity the stock of which is regularly traded on an established securities market;
- c) the NFE is a Governmental Entity, an International Organisation, a Central Bank, or an Entity wholly owned by one or more of the foregoing;
- d) substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an Entity does not qualify for this status if the Entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
- e) the NFE is not yet operating a business and has no prior operating history, (a "start-up NFE") but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE does not qualify for this exception after the date that is 24 months after the date of the initial organisation of the NFE;
- f) the NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganising with the intent to continue or recommence operations in a business other than that of a Financial Institution;
- g) the NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution; or
- h) the NFE meets all of the following requirements (a "non-profit NFE"):
  - i. it is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organisation, business league, chamber of commerce, labour organisation, agricultural or horticultural organisation, civic league or an organisation operated exclusively for the promotion of social welfare;
  - ii. it is exempt from income tax in its jurisdiction of residence;
  - iii. it has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
  - iv. the applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and
  - v. the applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organisation, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision.

#### "Control"

"Control" over an Entity is generally exercised by the natural person(s) who ultimately has a controlling ownership interest (typically on the basis of a certain percentage (e.g. 25%)) in the Entity. Where no natural person(s) exercises control through ownership interests, the Controlling Person(s) of the Entity will be the natural person(s) who exercises control of the Entity through other means. Where no natural person(s) is/are identified as exercising control of the Entity through ownership interests, then under the CRS the Reportable Person is deemed to be the natural person who hold the position of senior managing official.

# "Controlling Person(s)"

"Controlling Persons" are the natural person(s) who exercise control over an entity. Where that entity is treated as a Passive Non-Financial Entity ("Passive NFE") then a Financial Institution is required to determine whether or not these Controlling Persons are Reportable Persons. This definition corresponds to the term "beneficial owner" described in Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012).

In the case of a trust, the Controlling Person(s) are the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, or any other natural person(s) exercising ultimate effective control over the trust (including through a chain of control or ownership). Under the CRS the settlor(s), the trustee(s), the protector(s) (if any), and the beneficiary(ies) or class(es) of beneficiaries, are always treated as Controlling Persons of a trust, regardless of whether or not any of them exercises control over the activities of the trust.



Where the settlor(s) of a trust is an Entity then the CRS requires Financial Institutions to also identify the Controlling Persons of the settlor(s) and when required report them as Controlling Persons of the trust.

In the case of a legal arrangement other than a trust, "Controlling Person(s) means persons in equivalent or similar positions.

#### "Financial Institution"

The term "Financial Institution" means a "Custodial Institution", a "Depository Institution", an "Investment Entity", or a "Specified Insurance Company". Please see the relevant domestic guidance and the CRS for further classification definitions that apply to Financial Institutions.

#### "Investment Entity"

The term "Investment Entity" includes two types of Entities:

- (i) an Entity that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer:
  - Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading;
  - · Individual and collective portfolio management; or
  - Otherwise investing, administering, or managing Financial Assets or money on behalf of other persons.

Such activities or operations do not include rendering non-binding investment advice to a customer.

(ii) The second type of "Investment Entity" ("Investment Entity managed by another Financial Institution" – as defined under §A(6)(b) of Section VIII of the CRS) is any Entity the gross income of which is primarily attributable to investing, reinvesting, or trading in Financial Assets where the Entity is managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or the first type of Investment Entity.

# "Investment Entity managed by another Financial Institution"

An Entity is "managed by" another Entity if the managing Entity performs, either directly or through another service provider on behalf of the managed Entity, any of the activities or operations described in clause (i) above in the definition of 'Investment Entity'. An Entity only manages another Entity if it has discretionary authority to manage the other Entity's assets (either in whole or part).

#### "NFF

An "NFE" is any Entity that is not a Financial Institution.

# "Non-Participating Jurisdiction"

A "Non-Participating Jurisdiction" means a jurisdiction with which no agreement is in place pursuant to which it will provide the information set out in the CRS.

# "Participating Jurisdiction Financial Institution"

The term "Participating Jurisdiction Financial Institution means (i) any Financial Institution that is tax resident in a Participating Jurisdiction, but excludes any branch of that Financial Institution that is located outside of that jurisdiction, and (ii) any branch of a Financial Institution that is not tax resident in a Participating Jurisdiction, if that branch is located in such Participating Jurisdiction.

#### "Passive NFE"

Under the CRS a "Passive NFE" means any: (i) NFE that is not an Active NFE; and (ii) Investment Entity as defined under §A(6)(b) of Section VIII of the CRS resident in a Non-Participating Jurisdiction.

#### "Related Entity"

An Entity is a "Related Entity" of another Entity if either Entity controls the other Entity, or the two Entities are under common control. For this purpose control includes direct or indirect ownership of more than 50% of the vote and value in an Entity.

# "Resident for tax purposes"

Generally, an Entity will be resident for tax purposes in a jurisdiction if, under the laws of that jurisdiction (including tax conventions), it pays or should be paying tax therein by reason of his domicile, residence, place of management or incorporation, or any other criterion of a similar nature, and not only from sources in that jurisdiction. Dual resident Entities may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for determining their residence for tax purposes. An Entity such as a partnership, limited liability partnership or similar legal arrangement that has no residence for tax purposes shall be treated as resident in the jurisdiction in which its place of effective management is situated. A trust is treated as resident where one or more of its trustees is resident.

# "TIN" (including "functional equivalent")

The term "TIN" means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction.

Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include, for Entities, a Business/company registration code/number.



# Appendix III - Controlling Person Self-Certification Form for FATCA and CRS

# Instructions for completion

We, the Fund, are obliged under local laws and regulations to collect and report to the Luxembourg tax authorities and the relevant foreign tax authorities certain information about financial accounts held by some of the Controlling Persons of Account Holders that are Passive Non Financial Entities (NFEs).

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

If you are completing the Self-Certification Form on the Controlling Person's behalf, then you should indicate the capacity in which you have signed in Section V. For example you may be the custodian or nominee of an account on behalf of the Controlling Person, or you may be completing the form under a signatory authority or power of attorney.

If you have any questions about this Self-Certification Form or defining your FATCA or CRS status, please speak to your tax adviser or local tax authority.

For further information on CRS please refer to the OECD automatic exchange of information portal:

http://www.oecd.org/tax/automaticexchange/

County of Birth\*:

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

(Mandatory fields are marked with an \*)

Section 1: Controlling Person Identification	Section 1: Controlling Person Identification (please refer to the glossary)					
Name*						
Residential Address*:						
Address						
City, Town, State, Province or County						
Postal/ZIP Code						
Country						
Mailing address (if different from above):						
Address						
City, Town, State, Province or County						
Postal/ZIP Code						
Country						
Place of Birth*:						
Town or City of Birth*:						
County of Birth*:						
Date of Birth*(dd/mm/yyyy):						
Legal name of the relevant Passive NFE (s) of which you are a Controlling Person*:						
Town or City of Birth*:						



Secti	on 2: FATCA Declaration of U.S. Citizenship or U.S. Resi	dence for Tax purposes*:				
Plea	se tick either (a) or (b) and complete as appropriate.					
(a)	I confirm that I am a U.S. citizen and/or resident in the Identifying Number (U.S. Tin) is as follows:  U.S. TIN:	U.S. for tax purposes and my U.S. federal Taxpayer				
(b)	I confirm that I am not a U.S. citizen or resident in the U.S.	for tax purposes.				
Section 3: CRS Declaration of Tax Residence (please note you may choose more than one country)*:						
1	se indicate your country of Tax Residence (if resident in dence and associated Tax Identification Numbers).	n more than one country please detail all countries of	Tax			
	Country of Tay Basidanas	Tay ID Number				

# Section 4: – Type of Controlling Person (to be completed by any individual who is a Controlling Person of an Entity:

For Joint or multiple Controlling Person's please use a separate Self-Certification Form for each Controlling Person (please refer to the glossary).

Please provide the Controlling Person's Status by ticking the appropriate box.		Please tick	Entity Name
a.	Controlling Person of a legal person – control by ownership		
b.	Controlling Person of a legal person – control by other means		
C.	Controlling Person of a legal person – senior managing official		
d.	Controlling Person of a trust - settlor		
e.	Controlling Person of a trust – trustee		
f.	Controlling Person of a trust – protector		
g.	Controlling Person of a trust – beneficiary		
h.	Controlling Person of a trust – other		
i.	Controlling Person of a legal arrangement (non-trust) – settlor-equivalent		
j.	Controlling Person of a legal arrangement (non-trust) – trustee-equivalent		
k.	Controlling Person of a legal arrangement (non-trust) – protector- equivalent		
I.	Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent		
m.	Controlling Person of a legal arrangement (non-trust) – other-equivalent		



# Section 5: Declaration and Undertakings:

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

I undertake to advise the recipient within 30 days and provide an updated Self-Certification Form, where any change in circumstances occurs, which causes any of the information contained in this Self-Certification Form to be incorrect.

I acknowledge that, in case the Country(ies) of Tax Residence listed in section 3 is/are CRS Reportable Jurisdiction(s), the information disclosed in this Self-Certification Form together with required information related to my financial account (as described in Annex I Section I of the Luxembourg CRS law: "Loi du 18 décembre 2015 relative à la Norme commune de déclaration (NCD)") will be reported to the Luxembourg tax authorities or any other authorized delegates under Luxembourg law for tax purposes, and subsequently exchanged with the tax authorities of the CRS Reportable Jurisdiction(s) listed in section 3, pursuant to international agreements to exchange financial account information.

I acknowledge that, as per Article 5 of the Luxembourg CRS law ("loi du 18 décembre 2015 relative à la Norme commune de déclaration (NCD)"), answering questions related to the information disclosed in this Self Certification Form is mandatory. Upon request I will have access to the data concerning me that are disclosed to the Luxembourg tax authorities, and I will be in a position to rectify any of my personal data.

The data collected will not be kept longer than necessary for the purpose of the Luxembourg CRS law ("loi du 18 décembre 2015 relative à la Norme commune de déclaration (NCD)").

Authorised Signature*:		
Print Name*:		
Capacity*:		
Date: (dd/mm/yyyy)*:		



#### **GLOSSARY CRS**

**Note:** These are selected definitions provided to assist you with the completion of this Self-Certification Form. Further details can be found in the Directive 2014/107/EU of 9 December 2014 "as regards mandatory automatic exchange of information" and in the OECD Standard for Automatic Exchange of Financial Account Information ("OECD Common Reporting Standard, CRS").

#### "Account Holder"

The "Account Holder" in 8a+ Sicav is the person listed or identified as the holder of the Debt or Equity Interest in 8a+ Sicav. This is regardless of whether such person is a flow-through Entity.

A person, other than a Financial Institution, holding a Debt or Equity Interest in 8a+ Sicav for the benefit or account of another person as agent, custodian, nominee, signatory, investment advisor, or intermediary, is not treated as holding the account, and such other person is treated as holding the account.

#### "Active NFE"

An entity will be classified as Active NFE if it meets any of the following criteria:

- i) less than 50% of the NFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50% of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;
- j) the stock of the NFE is regularly traded on an established securities market or the NFE is a Related Entity of an Entity the stock of which is regularly traded on an established securities market;
- k) the NFE is a Governmental Entity, an International Organisation, a Central Bank, or an Entity wholly owned by one or more of the foregoing;
- I) substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an Entity does not qualify for this status if the Entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
- m) the NFE is not yet operating a business and has no prior operating history, (a "start-up NFE") but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE does not qualify for this exception after the date that is 24 months after the date of the initial organisation of the NFE;
- n) the NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganising with the intent to continue or recommence operations in a business other than that of a Financial Institution;
- o) the NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution; or
- p) the NFE meets all of the following requirements (a "non-profit NFE"):
  - I. it is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organisation, business league, chamber of commerce, labour organisation, agricultural or horticultural organisation, civic league or an organisation operated exclusively for the promotion of social welfare;
  - II. it is exempt from income tax in its jurisdiction of residence;
  - III. it has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
  - IV. the applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and
  - V. the applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organisation, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision.

#### "Control"

"Control" over an Entity is generally exercised by the natural person(s) who ultimately has a controlling ownership interest (typically on the basis of a certain percentage (e.g. 25%)) in the Entity. Where no natural person(s) exercises control through ownership interests, the Controlling Person(s) of the Entity will be the natural person(s) who exercises control of the Entity through other means. Where no natural person(s) is/are identified as exercising control of the Entity through ownership interests, then under the CRS the Reportable Person is deemed to be the natural person who hold the position of senior managing official. "Controlling Person(s)"

"Controlling Persons" are the natural person(s) who exercise control over an entity. Where that entity is treated as a Passive Non-Financial Entity ("Passive NFE") then a Financial Institution is required to determine whether or not these Controlling Persons are Reportable Persons. This definition corresponds to the term "beneficial owner" described in Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012).

In the case of a trust, the Controlling Person(s) are the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, or any other natural person(s) exercising ultimate effective control over the trust (including through a chain of control or ownership). Under the CRS the settlor(s), the trustee(s), the protector(s) (if any), and the beneficiary(ies) or class(es) of beneficiaries, are always treated as Controlling Persons of a trust, regardless of whether or not any of them exercises control over the activities of the trust.



Where the settlor(s) of a trust is an Entity then the CRS requires Financial Institutions to also identify the Controlling Persons of the settlor(s) and when required report them as Controlling Persons of the trust.

In the case of a legal arrangement other than a trust, "Controlling Person(s) means persons in equivalent or similar positions.

#### "Financial Institution"

The term "Financial Institution" means a "Custodial Institution", a "Depository Institution", an "Investment Entity", or a "Specified Insurance Company". Please see the relevant domestic guidance and the CRS for further classification definitions that apply to Financial Institutions.

#### "Investment Entity"

The term "Investment Entity" includes two types of Entities:

- (i) an Entity that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer:
  - Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading;
  - Individual and collective portfolio management; or
  - Otherwise investing, administering, or managing Financial Assets or money on behalf of other persons.

Such activities or operations do not include rendering non-binding investment advice to a customer.

(ii) The second type of "Investment Entity" ("Investment Entity managed by another Financial Institution" – as defined under §A(6)(b) of Section VIII of the CRS) is any Entity the gross income of which is primarily attributable to investing, reinvesting, or trading in Financial Assets where the Entity is managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or the first type of Investment Entity.

# "Investment Entity managed by another Financial Institution"

An Entity is "managed by" another Entity if the managing Entity performs, either directly or through another service provider on behalf of the managed Entity, any of the activities or operations described in clause (i) above in the definition of 'Investment Entity'. An Entity only manages another Entity if it has discretionary authority to manage the other Entity's assets (either in whole or part).

### "NFE"

An "NFE" is any Entity that is not a Financial Institution.

# "Non-Participating Jurisdiction"

A "Non-Participating Jurisdiction" means a jurisdiction with which no agreement is in place pursuant to which it will provide the information set out in the CRS.

# "Participating Jurisdiction Financial Institution"

The term "Participating Jurisdiction Financial Institution means (i) any Financial Institution that is tax resident in a Participating Jurisdiction, but excludes any branch of that Financial Institution that is located outside of that jurisdiction, and (ii) any branch of a Financial Institution that is not tax resident in a Participating Jurisdiction, if that branch is located in such Participating Jurisdiction.

# "Passive NFE"

Under the CRS a "Passive NFE" means any: (i) NFE that is not an Active NFE; and (ii) Investment Entity as defined under §A(6)(b) of Section VIII of the CRS resident in a Non-Participating Jurisdiction.

#### "Related Entity"

An Entity is a "Related Entity" of another Entity if either Entity controls the other Entity, or the two Entities are under common control. For this purpose control includes direct or indirect ownership of more than 50% of the vote and value in an Entity.

# "Resident for tax purposes"

Generally, an Entity will be resident for tax purposes in a jurisdiction if, under the laws of that jurisdiction (including tax conventions), it pays or should be paying tax therein by reason of his domicile, residence, place of management or incorporation, or any other criterion of a similar nature, and not only from sources in that jurisdiction. Dual resident Entities may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for determining their residence for tax purposes. An Entity such as a partnership, limited liability partnership or similar legal arrangement that has no residence for tax purposes shall be treated as resident in the jurisdiction in which its place of effective management is situated. A trust is treated as resident where one or more of its trustees is resident.

# "TIN" (including "functional equivalent")

The term "TIN" means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction.

Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include, for individuals, the social security number.