

Initial Application Form
Yuki Mizuho Umbrella Fund (the "Fund")

Please complete this form in blue or black ink using BLOCK CAPITALS, and return together with applicable documentation required in connection with Anti-Money Laundering procedures detailed in Section 4 to:

Yuki Mizuho Umbrella Fund
BNY Mellon Fund Services (Ireland) Designated Activity Company
Transfer Agency Department
Wexford Business Park
Rochestown, Drinagh, Wexford,
Ireland Y35 VY03
Facsimile: +44 (0) 20 7964 2831
Telephone: (00) 353 1 900 4590
E-mail: Yuki@bnymellon.com

Please note that the original fully signed Application Form must be returned to the AIFM appointed by the Fund at the above address if this is your first investment in the Units of the Fund. No redemption or conversion or transfer requests will be processed prior to receipt of this original form and supporting documentation.

Instructions for completion of Application Form

Please refer to the application form Notes when completing this form. Applicants should complete **all relevant** sections in full and ensure that the application is signed by the applicant(s) and/or appropriate authorised signatories on page 12. **N.B. It is mandatory to also complete and sign the applicable Form following after Page 12 (either Entity Self-Certification for FATCA and CRS, or Individual (Controlling Person's) Self-Certification for FATCA and CRS.**

1. Investment Details

I/We hereby apply to invest in the Fund, as indicated in the table below:

The minimum initial investment, minimum holding and minimum subsequent investments per Unitholder in Yuki Japan Low Price Fund and Yuki Japan Value Select Fund are *JPY 1, 000,000 or equivalent in no of units.*

The AIFM may, at its sole discretion, waive or reduce the minimum initial investment, minimum holding and minimum subsequent investment.

Sub-Fund Name	Cash Amount	Number of Units	Payment* Currency
Yuki Japan Low Price Fund ISIN Number IE0034216428			JPY
Yuki Japan Value Select Fund ISIN Number IE00B0L53M62			JPY

*Subscription monies for the Units of each Sub-Fund should be remitted in the designated currency of the relevant Sub-Fund or Class, unless otherwise agreed with the AIFM.

Dividend Option	Cash <input type="checkbox"/>	Reinvest <input type="checkbox"/>
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Failure to complete this section will result in automatic re-investment of dividends.

2. Details of Applicant(s)

First Applicant

a) Please indicate whether you are an existing investor in the Fund.

Yes: No:

If you are an existing investor, please provide your account number:

b) Complete your full name and address below

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
Surname:	
Forename(s) in full:	
Nationality:	
Registered name (If not an individual e.g. company):	
Registered address**:	
House number/name:	
Street:	
City/Town:	
Post Code:	
Country:	
Email Address:	
Tel No:	
Fax No:	
Account Designation	
Source of Wealth	

** This address should be the address of the registered holder e.g. the nominee's address if Units are held by a nominee. In the case of individual applicants in their own name this address will appear on the share register and should therefore be a residential address. The applicant will be required to provide proof of this address in Section 4. PO Boxes or 'care of' addresses should not be provided.

Joint Applicant(s)

Details of up to 3 additional holders may be added to the application. Please complete details in block capitals below.

First additional applicant details	
Surname:	
Forename(s) in full:	
Nationality:	
Address***:	
City/Town:	
Post Code:	
Country:	

Second additional applicant details	
Surname:	
Forename(s) in full:	
Nationality:	
Address***:	
City/Town:	
Post Code:	
Country:	

Third additional applicant details	
Surname:	
Forename(s) in full:	
Nationality:	
Address***:	
City/Town:	
Post Code:	
Country:	

*** Correspondence will be sent to the first named applicant of joint holders.

3. Bank Details

Subscription monies – for Settlement of Purchase of Units

All payments must be made by bank transfer to the relevant account(s) detailed below for settlement within five Business Days from and including the relevant Dealing Day or such other shorter period as may be specified by the AIFM/Administrator. Settlement must be made in the designated currency of the underlying Fund in which you are investing.

For Securities in Japanese Yen	
Correspondent Bank:	The Bank of Tokyo-Mitsubishi UFJ Ltd, Tokyo
SWIFT Code:	BOTKJPJT
Corres. A/c No.:	653-0431-656
Beneficiary Bank -	The Bank of New York Mellon SA/NV, Brussels
Swift Code:	IRVTBEBB
Beneficiary Account Details - IBAN	BE14515682020183
Account Number:	6820203921
Account Name:	YUKI MIZUHO UMBRELLA FUND SUBS REDS

Redemption monies – for Redemptions

Bank Account Details for Redemption and Distribution Payments	
<p>Please list the details of the account to which redemption proceeds, and/or dividend distributions should be paid. Payments will only be made to a bank account held in the name of the registered shareholder. No Third Party Payments will be made. <u>Redemptions will not be processed on non cleared/verified accounts.</u></p> <p><u>Both</u> IBANS & SWIFT (BIC) Codes should be quoted for all banks within the EU/EEA.</p> <p>Amendments to investors' payment instructions will only be effected upon receipt of an original instruction which has been duly authorised. In the case of joint accounts, instructions will only be made upon receipt of instruction duly signed by all applicants.</p> <p><i>The Administrator does not accept any responsibility for the bank account details quoted and any payments made using these details will be at your risk.</i></p>	
Correspondent Bank Name	
Correspondent Bank Address	
Correspondent Bank Sort Code/ SWIFT (BIC)/ ABA/Fedwire	
Beneficiary Bank Name	
Beneficiary Bank Address	
Beneficiary Bank Sort Code/ SWIFT (BIC)/ ABA/Fedwire	
Beneficiary Account Name	
Beneficiary Account Number / Currency	
Payment Type (please select)	MT202 <input type="checkbox"/> / MT103 <input type="checkbox"/>
Reference	

Redemption proceeds will be returned to an account held in the name of the registered Unitholder(s).

ANTI-MONEY LAUNDERING – KNOW YOUR CUSTOMER REQUIREMENTS

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

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

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

Documentation which may be required for all Retail Applicants

1. Personal Verification¹ - ONE official photographic document (Certified¹)
2. Address Verification² - TWO different address verification documents (Original or Certified)

Documentation which may be required for Designated Bodies in certain Countries³

1. Confirmation of Name and Address
2. Confirmation of Regulatory Body
3. Original Authorised Signatory List
4. Original Letter of Assurance (where investing as an intermediary)

Documentation which may be required for Non Designated Bodies

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

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

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

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

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

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

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

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

Acceptable Address Verification documents are any TWO of the following: electricity bill, gas bill, water bill, telephone bill, cable television bill, bank statement or credit card statement, social insurance documents, household/motor insurance certificates. Documents must originate from a different source, show the full name and residential address of the applicant and must be dated within 6 months of submission. Address verification requires an English translation and then should be certified in English.

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

Documentation which may required for a Nominee Company

1. Confirmation of Name and Address of Nominee Company
2. Original Authorised Signatory List for the Nominee Account
3. Confirmation of Name and Address of Parent of Nominee
4. Confirmation of Regulatory Body of Parent of Nominee
5. Original Authorised Signatory List of Parent
6. Proof of regulation (nominee / parent)
7. Original Letter of Assurance from Parent

Documentation which may required for a Trust/Foundation/Charity

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

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

5.

AML CONFIRMATION FOR NOMINEES / INTERMEDIARIES

This confirmation can only be completed by designated bodies regulated for anti money-laundering purposes by the appropriate regulator in one of the following countries: Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Guernsey, Hong Kong, Iceland, Ireland, Italy, Jersey, Luxembourg, Isle of Man, Netherlands, Norway, Portugal, Singapore, Spain, Sweden, Switzerland, United Kingdom, United States (please note this list is subject to change).

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

Name of Regulated Entity _____

Name of Regulator _____

Address of Regulated Entity _____

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

1. We / the investor* has performed the anti-money laundering and counter-terrorist financing identification for any parties on whose behalf the investor is purchasing shares ("underlying investors").
2. The evidence we / the investor* has obtained to verify the identity of the underlying investors, and where appropriate, their beneficial shareholders, meets the requirements of our national anti-money laundering and counter-terrorist financing legislation and regulations.
3. We confirm that all documents and information, which we / the investor* may have on our / the investor's* files relating to the identity of each underlying investor will be sent to a competent authority as soon as practicable upon the competent authority's request.

4. We confirm that all documents and information, which we / the investor* may have on our / the investor's files relating to the identity of each underlying investor will be sent to the Administrator of the Fund as soon as practicable upon its request, subject to applicable rules and regulations.
5. We / the investor* will retain these documents and information for a period of at least 5 years after the relationship with an underlying investor has ended.
6. We / the investor* will take measures to ensure that the underlying investors are neither individuals nor institutions against whom sanctions have been imposed by the EU or United Nations or persons or entities that are included on the List of Specially Designated Nationals and Blocked Persons maintained by the U.S. Treasury's Department's Office of Foreign Asset Control ("OFAC").

Yours faithfully

Name: _____

Title: _____
 Authorised Signatory of Regulated Entity.

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

* delete as applicable

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

We have noted below any beneficiary owner* of the registered investor

Beneficiary Owner 1 (where applicable)	
Registered Name	
Address	
Entity Type ¹	
Date of Birth (if individual)	

Beneficiary Owner 2 (where applicable)	
Registered Name	
Address	
Entity Type ¹	
Date of Birth	

7.

Politically Exposed Persons

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

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

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

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

- a. a head of state, head of government, government minister or deputy or assistant government minister;
- b. a member of a parliament;
- c. a member of a supreme court, constitutional court or other high level judicial body whose decisions, other than in exceptional circumstances, are not subject to further appeal;
- d. a member of a court of auditors or of the board of a central bank;
- e. an ambassador, chargé d'affaires or high-ranking officer in the armed forces

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

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

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

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

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

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

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

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

OR

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

OR

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

OR

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

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

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

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

I/we confirm that the application is NOT being made by a PEP / immediate family member of a PEP / close associate of a PEP
AND

the applicant does not have a beneficial owner who is a PEP / immediate family member of a PEP / close associate of a PEP
AND

the application is NOT being made for the benefit of a PEP / immediate family member of a PEP / close associate of a PEP
AND

it is NOT intended to transfer the shares to a PEP / immediate family member of a PEP / close associate of a PEP

8.

US Person Confirmation

Please complete EITHER SECTION A OR SECTION B as applicable

SECTION A: PLEASE TICK BOX AND DELETE AS APPLICABLE IF THE STATEMENT BELOW IS CORRECT

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

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

SECTION B: PLEASE TICK BOX AND DELETE AS APPLICABLE IF THE STATEMENT BELOW IS CORRECT

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

9. Declarations and Signatures

By signing below:

1. I/We hereby acknowledge that I/we have received and considered a Prospectus and Supplement relating to the Fund and/or Sub Fund in which investment is proposed to be made and this Application is made on the terms thereof and subject to the provisions of the Trust Deed of the Fund as amended from time to time.
2. I/We confirm that I am/we are 18 years of age or over and I/we have the authority to make the investment pursuant to this Application Form whether this investment is in my/our own name or is made on behalf of another person or institution.
3. I/We have made arrangements for payment to be made to the relevant bank account(s) specified above for subscriptions and acknowledge that the AIFM/the Administrator reserves the right to reject any application in whole or part without assigning any reason therefor.
4. I/We agree to provide to the AIFM/the Administrator with any additional documentation that it or they may require to verify my/our identity in accordance with current anti-money laundering legislation. I/We acknowledge that any delay by me/us in providing such documentation may result in delayed processing of my/our application and/or delayed payment of any future redemption payments to me/us or processing of share transfer requests on my/our behalf. I/We hereby hold the Fund and the AIFM/the Administrator harmless and indemnify them against any loss arising as a result of a failure to process the application if such information has been required and has not been provided by me/us. I/We also warrant and declare that the monies being invested pursuant to this application do not represent directly or indirectly the proceeds of any criminal activity and the investment is not designed to conceal such proceeds so as to avoid prosecution for an offence or otherwise.
5. I/We declare that I/we am/are not a US Person and certify that the Units applied for are not being acquired for the benefit of, directly or indirectly, any US Person nor in violation of any applicable law or regulation, and I/we will not, [subject to the conditions set forth in the Prospectus,] sell or offer to sell or transfer Units to a US Person or any person in violation of any applicable law or regulation.

6. The AIFM/the Administrator are hereby authorised to accept and execute any instructions in respect of the Units to which this application relates or which may in future be acquired by me/us which are given by me/us in written form or by facsimile or by telephone or such other means as may from time to time be specified by the AIFM/the Administrator ("Instructions"). If the instructions are given by me/us by facsimile, I/we undertake to confirm them in writing. I/We hereby agree to indemnify each of the Fund, the AIFM/the Administrator and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them as a result of any of them acting upon facsimile instructions. The Fund, the AIFM /the Administrator may rely conclusively upon and shall incur no liability in respect of any action taken upon any Instructions or any other instrument believed in good faith to be genuine or to be signed by properly authorised persons.
 7. I/We hereby agree to indemnify and hold harmless each of the AIFM/the Administrator and the Fund and their respective directors, officers and employees against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document delivered by me/us to the AIFM/the Administrator and shall notify the AIFM/the Administrator immediately if any of the representations herein made are no longer accurate and complete in all respects.
 8. I/We agree to provide to the AIFM/the Administrator, at such times as each of them may request and to provide on request such declarations, certificates or documents as each of them may reasonably require in connection with this investment. Should any information furnished to any of them become inaccurate or incomplete in any way, I/We hereby agree to notify the Administrator and the AIFM/the Administrator immediately of any such change and further agree to request the redemption of Units in respect of which such confirmations have become incomplete or inaccurate.
 9. I/We understand that the confirmations, representations, declarations and warranties made herein are continuous and apply to all subsequent purchases of Units by me/us in the Fund.
 10. I/We hereby agree that any notice or document may be served by the AIFM/the Administrator on me/us either personally or by sending it through the post in a prepaid letter addressed to me/us at my/our address as appearing in the register or by sending it electronically to the address previously identified to the AIFM or its delegate or by posting or by sending such notice electronically to an address previously identified to the AIFM /the Administrator or its delegate or by such other method as may be agreed between the AIFM/the Administrator and me/us from time to time.
 11. I/We have such knowledge and experience in business and financial matters that I/we am/are capable of evaluating the merits and risks of an investment by me/us in the Units.
 12. We confirm that the persons listed below on the attached authorised signatories list and whose specimen signatures appear under the heading "Authorised Persons" on that list are duly authorised to give Instructions with respect to Units held by us in the Fund. (For corporate applicants only.)
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10.

Data Protection

I/We hereby acknowledge that my/our personal information will be handled by the Administrator (as data processor on behalf of the Fund) in accordance with the Irish Data Protection Acts 1988 to 2003, as amended from time to time. I/We also acknowledge that this information will be processed by the Administrator for the purposes of carrying out the services of administrator, registrar and transfer agent of the Fund and to comply with legal obligations including legal obligations under company law and anti-money laundering legislation. I/We acknowledge that the Administrator or Fund will disclose my/our information to third parties where necessary or for legitimate business interests. This may include disclosure to third parties such as the auditors, the Irish Revenue Authorities pursuant to the EU Savings Directive and the Irish Financial Regulator or agents of the Administrator who process the data for anti-money laundering purposes or for compliance with foreign regulatory requirements. I/We hereby consent to the processing of my/our information, which may include (1) the recording of telephone calls with the Administrator for the purpose of confirming data, (2) the disclosure of my/our information as outlined above to the AIFM, the Investment Manager or the International Placing Agent (3) the disclosure of my/our information where necessary, or in the Fund's or the Administrator's legitimate interests, to the MLRO and/or any company in the Administrator's and/or the International Placing Agent and/or the Investment Manager's and/or the International Placing Agent's group of companies, or (4) the disclosure of my/our information to agents of the Administrator, including companies situated in countries outside of the European Economic Area which may not have the same data protection laws as in Ireland. *I/we acknowledge my/our right of access to and the right to amend and rectify my/our personal data, as provided herein.* For the avoidance of doubt the Fund shall be considered a data controller in accordance with the Irish Data Protection Acts and the Administrator shall be considered a Data Processor.

11. Qualifying Investor Declaration

I/We* certify that I am/we are Qualifying Investors as defined in the Prospectus.

I/We* hereby certify that I am/we are aware of the risk involved in this proposed investment and of the fact that inherent in such investment is the potential to lose all the sum invested.

* delete as applicable

12. Revenue Declarations**EU Savings Directive**

Council Directive 2003/48/EC of 3 June 2003 (the "EU Savings Directive"), which deals with the taxation of savings income in the form of interest payments, seeks to ensure that an individual who is resident in a member state of the European Union (an "EU Member State") and who receives savings income from another EU Member State⁵, is taxed in the EU Member State in which he/she is resident for tax purposes. In this regard the Fund is obliged to establish the identity and residence of such individuals.

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

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

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

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

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

Section 2: This Section 2 is to be completed by natural person Applicants (i.e., an individual, an unincorporated

body, an unincorporated partnership, or any of the foregoing acting as a trustee of a trust) residing in an EU Member State or who, in completing the Trust's money laundering verification requirements, have verified his/her identity by

use of an EU Member State passport/official identity:

- A. Specify the EU Member State in which Applicant is tax resident:

Please insert the Tax Identification Number ("TIN") issued to Applicant by that EU Member State:

- B. Is Applicant's EU passport or official identity issued by the same EU Member State that appears in Applicant's address in section 1. YES or NO (strike out as applicable)
- C. Applicant's date, place, and country of birth:

If Applicant answered Yes to Section 1(c)(ii) above, Applicant must provide a certified copy of the certificate. If Applicant answered NO to Section 2(b) above, then Applicant must provide a "certificate of residence for tax" issued by Applicant's local taxation authority, otherwise Applicant's EU residency will be decided and reported upon the basis of information contained in Applicant's passport/official identity card and/or other documentation provided for the purposes of satisfying the Company's money laundering verification requirements.

Declaration of Residence Outside the Republic of Ireland

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

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

A - Declaration on Own Behalf

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

*Delete as appropriate

B - Declaration as Intermediary

- i. I/ We* declare that I am/we are* applying for Units on behalf of persons who will be beneficially entitled to the Units, and who to the best of my/our* knowledge and belief, are neither an Irish Resident or Irish Ordinary Resident, and
- ii. I/ we* also declare that unless I/we* specifically notify you to the contrary at the time of application, all applications for Units made by me/us* from the date of this application will be made on behalf of such persons; and I/we* will inform you in writing if I/we* become aware that any person, on whose behalf I/we* hold Units, becomes an Irish Resident.

*Delete as appropriate

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

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

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

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

13. Signatures and Date of Application

1. _____
First Applicant (or Authorised Signatory, if applicable):

Capacity of Authorised Signatory, if applicable

2. _____
First Additional Applicant (or authorised signatory, if applicable)

Capacity of Authorised Signatory, if applicable

3. _____
Second Additional Applicant (or authorised signatory, if applicable)

Capacity of Authorised Signatory, if applicable

4. _____
Third Additional Applicant (or authorised signatory, if applicable)

Capacity of Authorised Signatory, if applicable

Date: _____

Notes to assist in completion

1. Copies of the Prospectus and Supplements and the most recently published annual and semi-annual reports of the Fund are freely available from BNY.
2. The Fund is regulated in Ireland by the Central Bank of Ireland
3. "Intermediary" means a person who:
 - (a) carries on a business which consists of, or includes, the receipt of payments from an investment undertaking resident in Ireland on behalf of other persons, or
 - (b) hold units in an investment undertaking on behalf of other persons.
4. If any of the details provided by the applicant(s) in this application form change during the lifetime of this investment, please advise the Administrator immediately, in order to avoid any possible settlement delays at some future date.

Entity Self-Certification for FATCA and CRS

Instructions for completion

We are obliged under Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each investor's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's interests in the Fund with relevant tax authorities. This form is intended to request information only where such request is not prohibited by Irish law.

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

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

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

(Mandatory fields are marked with an *)

Investors that are individuals should not complete this form and should complete the form entitled "Individual Self-Certification for FATCA and CRS".

Section 1: Investor Identification

Investor Name*: _____ (the "Entity")

Country of Incorporation or Organisation: _____

Current Registered Address*:

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

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

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

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

U.S. TIN: _____

Or

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

Or

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

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

3.1 Financial Institutions under FATCA:

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

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

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

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

I.	The Entity has not yet obtained a <i>GIIN</i> but is sponsored by another entity which does have a <i>GIIN</i> Please provide the sponsor's name and sponsor's <i>GIIN</i> : Sponsor's Name: _____ Sponsor's <i>GIIN</i> : _____	
II.	<i>Exempt Beneficial Owner</i>	
III.	<i>Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)</i>	
IV.	<i>Non-Participating Foreign Financial Institution</i>	
V.	<i>Excepted Foreign Financial Institution</i>	

3.4 Non-Financial Institutions under FATCA:

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

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

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

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

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

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

Country of Tax Residency	Tax ID Number

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

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

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

5.1 Financial Institutions under CRS:

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

I.	<i>Financial Institution under CRS (other than (II) below)</i>	
II.	<i>An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity and complete a separate individual self-certification forms for each of your Controlling Persons **)</i>	

5.2 Non Financial Institutions under CRS:

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

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

****Controlling Person's:**

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

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

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

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

Section 6: Declarations and Undertakings

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

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

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

Authorised Signature(s)*:

Print Name(s)*:

Capacity in which declaration is made*:

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

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

Instructions for completion

We are obliged under Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each investor's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's interests in the Fund with relevant tax authorities. This form is intended to request information only where such request is not prohibited by Irish law.

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

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

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

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

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

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

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

(Mandatory fields are marked with an *)

Section 1: Investor Identification

Investor Name*: _____

Current Residential Address*:

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Place Of Birth*

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

Date of Birth*: _____

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

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

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

OR

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

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

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

Country of Tax Residency	Tax ID Number

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

Section 4 – Type of Controlling Person

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

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

<i>Please Confirm what type of Controlling Person applicable under CRS that applies to you/the investor by ticking the appropriate box.</i>	<i>Please Tick</i>	<i>Entity Name</i>
Controlling Person of a legal person – control by ownership		
Controlling Person of a legal person – control by other means		
Controlling Person of a legal person – senior managing official		
Controlling Person of a trust - settlor		
Controlling Person of a trust – trustee		
Controlling Person of a trust – protector		
Controlling Person of a trust – beneficiary		
Controlling Person of a trust – other		
Controlling Person of a legal arrangement (non-trust) – settlor-equivalent		
Controlling Person of a legal arrangement (non-trust) – trustee-equivalent		
Controlling Person of a legal arrangement (non-trust) – protector-equivalent		
Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent		
Controlling Person of a legal arrangement (non-trust) – other-equivalent		

Section 5: Declaration and Undertakings:

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

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

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

Authorised Signature*: _____

Print Name*: _____

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

Capacity*: _____
