

PineBridge Global Funds Application Form

1 Account Registration¹

Forms 1 and 2 as appropriate
Please Print Clearly

REGISTERED NAME

CLIENT ACCOUNT NUMBER (IF KNOWN)

LEGAL/REGISTERED ADDRESS (PO BOX OR CARE OF ADDRESS WILL NOT BE ACCEPTED)

CITY

COUNTRY POSTCODE

TEL (INC. COUNTRY CODE) FAX (INC. COUNTRY CODE)

EMAIL

SHAREHOLDER TYPE²

OCCUPATION (IF INDIVIDUAL OR JOINT ACCOUNT) OR NATURE OR PURPOSE OF ENTITY (IF ENTITY)

CONTACT NAME

MAILING ADDRESS (IF DIFFERENT TO LEGAL/REGISTERED ADDRESS)

CITY

COUNTRY POSTCODE

TEL (INC. COUNTRY CODE) FAX (INC. COUNTRY CODE)

EMAIL

SOURCE OF FUNDS FOR INITIAL INVESTMENT³
(E.G. INHERITANCE, INCOME FROM EMPLOYMENT, INCOME FROM BUSINESS ACTIVITIES)

SOURCE OF WEALTH³
(E.G., INHERITANCE, INCOME FROM EMPLOYMENT, INCOME FROM BUSINESS ACTIVITIES)

Joint Applicant(s)

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

First Additional Applicant

REGISTERED NAME

SOURCE OF FUNDS FOR INITIAL INVESTMENT³
(E.G. INHERITANCE, INCOME FROM EMPLOYMENT, INCOME FROM BUSINESS ACTIVITIES)

SOURCE OF WEALTH³
(E.G., INHERITANCE, INCOME FROM EMPLOYMENT, INCOME FROM BUSINESS ACTIVITIES)

OCCUPATION (IF INDIVIDUAL OR JOINT ACCOUNT) OR NATURE OR PURPOSE OF ENTITY (IF ENTITY)

LEGAL/REGISTERED ADDRESS (PO BOX OR CARE OF ADDRESS WILL NOT BE ACCEPTED)

CONTACT NAME

CITY

COUNTRY POSTCODE

TEL (INC. COUNTRY CODE) FAX (INC. COUNTRY CODE)

EMAIL

Second Additional Applicant

REGISTERED NAME

SOURCE OF FUNDS FOR INITIAL INVESTMENT³
(E.G. INHERITANCE, INCOME FROM EMPLOYMENT, INCOME FROM BUSINESS ACTIVITIES)

SOURCE OF WEALTH³
(E.G., INHERITANCE, INCOME FROM EMPLOYMENT, INCOME FROM BUSINESS ACTIVITIES)

OCCUPATION (IF INDIVIDUAL OR JOINT ACCOUNT) OR NATURE OR PURPOSE OF ENTITY (IF ENTITY)

LEGAL/REGISTERED ADDRESS (PO BOX OR CARE OF ADDRESS WILL NOT BE ACCEPTED)

CONTACT NAME

CITY

COUNTRY POSTCODE

TEL (INC. COUNTRY CODE) FAX (INC. COUNTRY CODE)

EMAIL

1 Correspondence will only be sent to the first named Applicant correspondence address. Additional Applicants will be required to provide confirmation of residential address details for anti-money laundering verification purposes as outlined below.

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

3 Further supporting documentation may be requested if deemed necessary to verify the above information

2 Subscription Details

2.1 Details of expected Investment (please complete this section)

(a) Level of expected total investment

Please tick one of the following boxes:

- Ranging between a currency equivalent to EUR 0 to EUR 15K
- Ranging between a currency equivalent to EUR 15K to EUR 100K
- Ranging between a currency equivalent to EUR 100K to EUR 1M
- Ranging between a currency equivalent to EUR 1M to EUR 100M
- Superior to a currency equivalent to EUR 100M

(b) Declaration of investment

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
(Proceed to Section 2:4)
- On behalf of a Third Party
- On behalf of several non-disclosed Third Parties (omnibus/pooled accounts)

(if investing on behalf of a Third Party, please complete herein after section 2.2 with the appropriate details)

2.2 Ultimate Economic Beneficiary Declaration¹ — To Be Completed Where The Investor(s) Is/Are Not A Natural Person

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

Beneficial Owner 1 (where applicable)

REGISTERED NAME

ENTITY TYPE

LEGAL/REGISTERED ADDRESS (PO BOX OR CARE OF ADDRESS WILL NOT BE ACCEPTED)

DATE OF BIRTH

CITY

COUNTRY

POSTCODE

NATIONALITY

Beneficial Owner 2 (where applicable)

REGISTERED NAME

ENTITY TYPE

LEGAL/REGISTERED ADDRESS (PO BOX OR CARE OF ADDRESS WILL NOT BE ACCEPTED)

DATE OF BIRTH

CITY

COUNTRY

POSTCODE

NATIONALITY

¹ A beneficial owner is considered by the Fund to be an individual or corporate entity which:

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

2 Subscription Details

Continued

Intermediary Details (if applicable)

BROKER ID

BRANCH ID

REPRESENTATIVE ID

BROKER NAME

BROKER ADDRESS

CITY

COUNTRY

POSTCODE

NATIONALITY

TEL (INC. COUNTRY CODE)

EMAIL

2.3 Remitting Bank Details

Please tick box if remitting bank details are as per bank account details provided for redemption and dividend payments (see Section 3), otherwise please complete details below²:

REMITTING BANK NAME

REMITTING BANK ADDRESS

ACCOUNT HOLDER NAME

² If you have more than one remitting bank, please provide details on a separate sheet and send along with this application form.

2 Subscription Details

Continued

PLEASE NOTE

- DC Unit Classes — it should be noted that “DC” Unit Classes, which are offered by certain Sub-Funds, may distribute out of capital, and there is an increased risk that capital will be eroded and the distribution will be achieved by forgoing the potential for future capital growth of the investment made by the Unitholders in these Unit Classes. The value of future returns in such Unit Classes may also be diminished.
- Charging of management fees to capital — Unitholders should note that all or part of fees and expenses including (if applicable) management fees, may be charged to the capital of the UCITS. This will have the effect of lowering the capital value of the Applicant(s) investment.
- Please refer to the Prospectus Unit Description Table in the Fund Prospectus, in conjunction with the relevant Supplement Unit Description Table, for specific Share Class information.

2.4 Please invest on my/our behalf in the following Fund and Unit Class:

FUND NAME

UNIT CLASS NAME

AMOUNT (PLEASE STATE WHETHER UNIT AMOUNT OR CASH AMOUNT. INCLUDE CURRENCY IF CASH AMOUNT)

2.5 Distribution Option

Please select appropriate Distribution Option:

Dividends, if any, will be automatically reinvested if no Box is ticked.

Cash

Reinvest

3 Bank Account Information

IMPORTANT NOTES FOR COMPLETING SECTION 3

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

Subscriptions should be remitted to one of the following bank accounts, according to Share Class currency

	USD Subscriptions	GBP Subscriptions	EUR Subscriptions	JPY Subscriptions	SGD Subscriptions	HKD Subscriptions	CHF Subscriptions	AUD Subscriptions	ZAR Subscriptions	CNY Subscriptions	SEK Subscriptions
Name of Bank	Bank of America N.A. New York	Bank of America N.A. London	Bank of America N.A. London	Bank of America N.A. Tokyo	Bank of America N.A. Singapore	Bank of America N.A. Hong Kong	Bank of America N.A. Zurich	Bank of America N.A. Sydney	Bank of America N.A. London	Bank of America N.A. London	SE Banken, 106 40 Stockholm
SWIFT	BOFAUS3N	BOFAGB22	BOFAGB22	BOFAJPJX	BOFASG2X	BOFAHKHX	BOFACH2X	BOFAAUSX	BOFAGB22	BOFAGB22	ESSESESS
CHAPS		165050									
ABA Number	026009593										
CHIPS	959										
BACS		301635									
IBAN		GB21 BOFA 1650 5071 0640 27	GB43 BOFA 1650 5071 0640 19						GB96 BOFA 1650 5071 0640 35	GB27 BOFA 1650 5071 4520 16	SE54 5000 0000 0581 5102 1764
Account Name	PineBridge Global Funds	PineBridge Global Funds	PineBridge Global Funds	PineBridge Global Funds	PineBridge Global Funds	PineBridge Global Funds	PineBridge Global Funds	PineBridge Global Funds	PineBridge Global Funds	PineBridge Global Funds	PineBridge Global Funds
Sort Code											
Account Number	6550663042	71064027	71064019	23141015	70495019	71494011	50281016	17548016	71064035	71452016	645320039014
Name of Fund											

Redemptions and Distributions

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

CORRESPONDENT NAME

BENEFICIARY BANK NAME

CORRESPONDENT BANK ADDRESS

BENEFICIARY BANK ADDRESS

CITY

CITY

STATE

POSTCODE

STATE

POSTCODE

CORRESPONDENT BANK SORT CODE/SWIFT(BIC)/ABA/FEDWIRE

BENEFICIARY BANK SORT CODE/SWIFT(BIC)/ABA/FEDWIRE

PAYMENT TYPE (PLEASE SELECT)

BENEFICIARY BANK ACCOUNT NAME

MT202

MT103

BENEFICIARY ACCOUNT NUMBER

REFERENCE

CURRENCY

FOR FURTHER CREDIT DETAILS (IF APPLICABLE)

4 Investor Confirmations & Consents

Please tick Boxes A – H as appropriate

IMPORTANT NOTES FOR COMPLETING SECTION 4

- Non-resident Declarations are subject to inspection by the Irish Revenue Commissioners, and it is a criminal offense to make a false declaration.
- To be valid, the Application Form (incorporating the Declaration required by the Irish Revenue Commissioners) must be signed by the Applicant(s). Where there is more than one Application, each Applicant must sign. If the Applicant(s) is a company, it must be signed by the company secretary or other authorized officer.
- If the Application Form (incorporating the Declaration required by the Irish Revenue Commissioners) is signed under power of attorney, a copy of the power of attorney must be furnished in support of the signature.
- In the case of a firm (not a limited company) Applications should be in the name(s) of, and signed by, the proprietor(s).
- Applicant(s) who is/are an Irish Resident or Irish Ordinary Resident should delete and initial Declaration 2, in the Tax Residency Declarations Section below.
- Applicant(s) who is/are an US Person should delete and initial Declaration 1, in the Tax Residency Declarations Section below and contact the manager for further documentation.
- Subject to the Manager's and/or his Delegates regulatory obligations and standard conduct of business, Applicant's details set out in the Application Form may be disclosed to regulators, auditors and other third parties, where this is required.

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

Representations and Warranties

In order for the Specified Companies to consider and accept the subscription under this Application Form, the Applicant(s) agrees to and provides the following representations and warranties to the Specified Companies.

1. General

- 1.1** The Applicant(s) hereby represents that if required, the Applicant(s) shall contact a professional adviser for advice on whether this is a suitable investment for the Applicant(s).
- 1.2** The Applicant(s) hereby represents, having received and read a copy of the Prospectus, and if based in an EU Member State the Key Investor Information Document (the "KIID"), that this Application is based solely on the Prospectus for the Fund current at the date of this Application and the material contracts therein referred to, including the Trust Deed (as amended from time to time), together (where applicable) with the most recent annual report and accounts of the Fund and (if issued after such report and accounts) its most recent unaudited semi-annual report (the "Material Documents").
- 1.3** The Applicant(s) acknowledges that by signing this Application Form, the Applicant has viewed, reviewed and understood the Key Investor Information Document ("KIID") applicable to the relevant Share Class(es) to which this Application Form relates in good time and prior to making an application for Shares of such Class(es).
- 1.4** The Applicant(s) acknowledges that copies of the Material Documents are available free of charge from the Manager and on the Fund's website.
- 1.5** Financial advisers/ intermediaries, hereby confirm that, when necessary, they will provide investors with copies of the KIID before they invest in the Fund.
- 1.6** The Applicant(s) must send requests to 78 Sir John Rogerson's Quay, Dublin 2, Ireland, or alternatively visit www.pinebridge.com.
- 1.7** By executing this Application Form, the Applicant(s) hereby undertakes to observe and be bound by the provisions of the Material Documents and shall apply to be entered in the Register of Unitholder as the Holder(s) of the Units issued in relation to this Application.
- 1.8** The Applicant(s) confirms they are 18 years or over.
- 1.9** The Applicant(s) will indemnify the Fund, the Manager, State Street Custodial Services (Ireland) Limited (the "Trustee") and State Street Fund Services (Ireland) Limited (the "Administrative Agent" and/or the "Transfer Agent") (hereafter "the Specified Companies") and the Unitholders for any loss suffered as a result of the acquisition or holding of Units in the Fund which is in breach of the laws of any competent jurisdiction except where such loss arose solely due to a Specified Company's fraud, gross negligence or willful misconduct.

4 Investor Confirmations & Consents

Continued

1.10 This section 1.10 is only applicable to Joint Applicants. If more than one investor applies, all investors must sign this Application Form. In this case, please select one of the following options:

a) 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 authorized to represent the deceased or incapacitated investor's estate has been received by the Transfer Agent.
OR

b) Collective Account

The Applicants shall only have the right to deal collectively in all matters concerning the collective account.
In case no box is ticked, option b will be the default.

If the subscription is not for the benefit of the named Share Owner of the account, the Transfer Agent needs to be provided with the necessary "Know Your Customer" documentation for the economic beneficiary of the investment.

1.11 The Applicant(s) confirms that all of the warranties and representations contained in this Application Form shall continue to apply in respect of subsequent acquisitions of Units, and that notice will be given to the Fund promptly if the Applicant(s) becomes aware that any of the representations made are no longer accurate and that the Applicant(s) will promptly sell or tender to the Fund for redemption all or such sufficient number of Units which would in such circumstances allow the representations to be made.

1.12 Where the Applicant(s) is applying in its capacity as trustee(s) of a trust, recourse for breach of any and all of the provisions and undertakings and any and all indemnities in the Fund documentation (including without limitation this Application Form and the Prospectus) will be limited to the total value of the assets of the trust.

2. Instructions

2.1 The Applicant(s) hereby authorizes the Specified Companies to accept and execute any instructions, (including but not limited to any instructions regarding subscriptions, switches, transfers or redemptions of Units or any payment in relation to same or otherwise) in respect of Units to which this Application relates, given by the Applicant(s) in written form, by facsimile or by electronic means (the "Instructions"). Please note that the return of the Application Form in physical form is prohibited in some countries. Please reach out to the Transfer Agent for further details, if required.

2.2 The Specified Companies may rely conclusively upon, and shall incur no liability in respect of, any action taken upon any notice, consent, request, instruction or other instrument believed in good faith to be signed by properly authorized persons.

2.3 The Applicant(s) hereby agrees to indemnify each of the Specified Companies and agree(s) to keep each of them indemnified against any loss of any nature whatsoever arising to any/all of them as a result of either of them acting upon Instructions except where such loss arose solely due to a Specified Company's fraud, gross negligence or willful misconduct.
Communication of Notices via email:

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

Box A (Consent to Electronic Communication)

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

3. Common Reporting Standards and Foreign Account Tax Compliance Act

3.1 The Applicant(s) may be required to provide and renew from time to time the necessary documentation and otherwise cooperate with the Administrative Agent and the Manager in order to demonstrate that the Applicant(s) is not subject to withholding under FATCA. The Applicant(s) shall cooperate with the Administrative Agent and the Manager to ensure that the Fund meets all prescribed FATCA compliance requirements in regulations, IRS procedures, agreements, forms and instructions, compliance with which will relieve the Specified Companies of the requirement to withhold.

The Applicant(s) acknowledges that this may require Specified Companies to disclose information about the Applicant(s) and persons holding a direct or indirect interest in the Applicant(s) to the IRS and other tax authorities. The Applicant(s) further acknowledges that this may require the Applicant(s) to register with the Internal Revenue Service or otherwise obtain and maintain a status under the FATCA rules that will enable it to avoid withholding. The Applicant(s) further acknowledges that these measures may require the cooperation of other parties not under Applicant(s)'s control that may hold a direct or indirect interest in the Applicant(s).

4 Investor Confirmations & Consents

Continued

- 3.2** The Applicant(s) will (i) provide such representations to the Manager or its delegates at such times as it/they reasonably considered necessary due to changes in the law, regulations and policies, including the interpretation or enforcement thereof and ongoing due diligence requirements, and (ii) provide on request such certifications, documents or other evidence as it/they may reasonably require to substantiate such representations.
- 3.3** The Applicant(s) understands that it is required to provide, from time to time as required by the Fund, certification and any other information, documentation or verification acceptable to the Specified Companies (i) as a condition to the payment on any Units without, or at a reduced rate of, US withholding or backup withholding tax where applicable, and (ii) to enable each of the Specified Companies to determine their duties and liabilities with respect to any taxes or other charges that they may be required to pay, deduct or withhold from payments in respect of such Units or the Holder of such Units under any present or future law or regulation of the US or any present or future law or regulation of any political subdivision thereof or taxing authority therein or to comply with any reporting or other requirements under any such law or regulation, including but not limited to any applicable provisions of FATCA (as defined below), as may be amended from time to time. Such certification or other documentation requested may include (x) information in order to ascertain the citizenship, residency, ownership, tax status, business or control (both direct and indirect) of any Holder of a Share and (y) self certification or alternative or successor tax authority forms with Conduct of a US Trade or Business or any successors to such IRS forms. In addition, the Specified Companies may require certification, verification and other relevant information acceptable to it or otherwise required of any one of them under any applicable jurisdiction's laws, including but not limited to, a waiver of any non-US law which may prevent the reporting of such certification, verification and other relevant information, to enable the Fund to qualify for a reduced rate of withholding in any jurisdiction from or through which the Fund receives payments on its assets or to comply with any reporting obligations it may have to any taxing authority. The Applicant(s) agrees to provide any certification or other information and take such action required by applicable law or any taxing authority, as may be requested pursuant to this paragraph, and to update or replace any form or certification in accordance with its terms or its subsequent amendments. Without limiting the foregoing, if a payment or other proceeds on or with respect to any Units or with respect to an investment held by the Fund would be subject to the requirements of Sections 1471 through 1474 of the US Federal Tax Code and the regulations and published guidance with respect thereto and any similar requirements under implementing legislation adopted by another taxing jurisdiction or under an intergovernmental agreement with the US ("FATCA") (including those contained in Section 1471(b) or 1472(b), as applicable), the Applicant(s) shall provide any documentation required by law or reasonably requested by the Specified Companies. The Applicant(s) hereby agrees to indemnify and hold harmless each of the Specified Companies from and against any damage, loss, expense or liability (including any liability for taxes, penalties, additions to tax, interest or related out-of pocket expenses) arising out of its failure to comply with any such request made by such parties or the applicable reporting requirements under FATCA. Nothing herein shall be construed or otherwise interpreted so as to obligate or guarantee that the Specified Companies will or can comply with FATCA except where such liability arose solely due to a Specified Company's fraud, gross negligence or willful misconduct.
- 3.4** The Applicant(s) understands that it is required to provide, from time to time as required by the Fund, and regardless of the Applicant(s)'s tax residency, certification and any other information, documentation or verification acceptable to the Specified Companies to enable each of the Specified Companies to comply with any reporting or other requirements under any present or future law or regulations of the Common Reporting Standard ("CRS") as approved by the Organization for Economic Cooperation and Development ("OECD") or any present or future law or regulations of local taxing authorities to implement CRS. Such certification or other documentation requested may include information in order to ascertain the tax residency, ownership, tax status, business or control both direct and indirect of any Holder of a Share. In addition, the Specified Companies may require certification, verification and other relevant information acceptable to it or otherwise required of any one of them under CRS any applicable jurisdiction's laws, including but not limited to, a waiver of any non-US law which may prevent the reporting of such certification, verification and other relevant information, to enable the Fund to comply with any reporting obligations it may have to any taxing authority. The Applicant(s) agrees to provide any certification or other information and take such action required by applicable law or any taxing authority. The Applicant(s) agrees to provide any certification or to update or replace any form or certification in accordance with its terms or its subsequent amendments. The Applicant(s) hereby agrees to indemnify and hold harmless each of the Specified Companies from or against any damage, loss, expense or liability, including any liability for taxes, penalties, additions to tax, interest or related out-of pocket expenses arising out of its failure to comply with any such request made by such parties or the applicable reporting requirements under CRS. Nothing herein shall be construed or otherwise interpreted so as to obligate or guarantee that the Specified Companies will or can comply with CRS except where such liability arose solely due to a Specified Company's fraud, gross negligence or willful misconduct.

4 Investor Confirmations & Consents

Continued

4. Data Protection

- 4.1** In signing this Application Form, the Applicant(s) hereby is/are notified that each of the Specified Companies, its delegates and any of their respective related, associated or affiliated companies and/or duly authorized agents, as well as to any professional advisors, service providers, regulatory bodies, auditors, technology providers, holding, using, disclosing and processing the Applicant(s)'s personal information/data in accordance with the Data Protection Acts 1988 to 2003, the EU Data Protection Directive 95/46/EC, the EU ePrivacy Directive 2002/58/EC (as amended) and any relevant transposition of, or successor or replacement to, those laws (including, when they come into force, the General Data Protection Regulation (Regulation (EU) 2016/679) and the successor to the ePrivacy Directive) (together, the "Data Protection Legislation") in order to (a) administer the Applicant(s)'s holding in the Fund and any related accounts on an ongoing basis, (b) share information with auditors, and regulators and to comply with legal obligations, such as AML and counter terrorist financing legislation, (c) make available financial information of non-Irish investors to participating jurisdictions pursuant to FATCA and CRS for home country taxation purposes (for more information see <http://www.revenue.ie/en/business/aeoi/index.html>), (d) carry out statistical analysis and marketing activities, such as market research or contacting (potential) investors by post, telephone, email, fax or other means regarding the investments and financial needs, as well as for any other specific purposes where the Applicant(s) has given specific consent to do so, and (e) processing and disclosing in countries outside of the European Economic Area (including without limitation the US) which may not have the same data protection laws as Ireland. If such transfer occurs, the Specified Companies are required to ensure that such processing of the Applicant(s)'s personal data is in compliance with Data Protection Legislation and, in particular, that appropriate measures are in place.
- 4.2** Pursuant to the Data Protection Legislation, the Applicant(s) has the right to object to processing of personal data, have access to personal data, amend and rectify any inaccuracies in personal data, erase personal data and request restriction of the processing of personal data held by the Specified Companies. The Applicant(s) has also the right to data portability of personal data held by the Specified Companies. The Applicant(s)'s rights will be exercisable subject to limitations as provided for in the Data Protection Legislation.
- 4.3** The Applicant(s)'s personal data may be retained by the Specified Companies for the duration of its investment and afterwards in accordance with the Specified Companies' legal and regulatory obligations, including but not limited, to the Specified Companies' record retention policy.

The Manager is a data controller within the meaning of the Data Protection Legislation and undertakes to hold any personal information provided by the Applicant(s) in confidence and in accordance with the Data Protection Legislation.

- 4.4** If the Applicant(s) does not wish to receive marketing approaches or has queries, requests or comments in respect of the Data Protection Legislation, please contact the Manager and/or the Administrative Agent at the address below:

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

Note that the Applicant(s) has the right to lodge a complaint with the Office of the Data Protection Commissioner.

Tax Residency Declarations

- 1.** That the Applicant(s) is not a US Person (as defined in the Prospectus) and is not acquiring the Units on behalf of, or for, the benefit of a US Person nor does the Applicant(s) intend transferring any Units purchased to any person who is a US Person.

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

- Form 1 – Individual (Controlling Person's) Self-Certification for FATCA and CRS
- Form 2 – Entity Self-Certification for FATCA and CRS
- US Internal Revenue Service Forms, W-8 BEN, W-8 IMY, W-8 EXP and W-9

Box B

4 Investor Confirmations & Consents

Continued

2. Tax Declaration - Applicant(s) resident outside the Republic of Ireland are required by the Irish Revenue Commissioners to make the following Declaration, which is in a format authorized by them, in order to receive payment without deduction of tax. It is important to note that this Declaration, if it is then still correct, shall apply in respect of any subsequent acquisitions of Units. PLEASE TICK THE APPROPRIATE BOX BELOW.

(a) Declaration on Own Behalf¹;

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

Box C

(b) Declaration as Intermediary²

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

Box D

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

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

4. The Applicant confirms by ticking the Box below that the Applicant is a pension scheme subject to ERISA³.

Box E

Anti-money Laundering Requirements

1. Anti-money Laundering ('AML') Requirements – the Applicant(s) acknowledges that due to applicable AML policies and requirements operating within their respective jurisdictions, the Manager or its delegates may require further identification or Source of Funds material from the Applicant(s) before the Application can be processed. The Applicant(s) agrees to provide the Manager or its delegates with such documentation and hold it/them harmless and indemnify it/them against any loss arising as a result of a failure to process the Application or a delay in processing the Application, if such required information has not been provided by the Applicant(s).
2. The Administrative Agent must have received the original signed Application Form for the initial subscription of Units and have completed all necessary anti-money laundering checks before redemptions can be completed.
3. Changes to the personal details of the Applicant(s) or a change to the bank account details for redemption payments must be provided by the Applicant(s) in writing. The Administrative Agent may require documentation to confirm these changes.
4. In addition, redemption proceeds shall only be made into the account of record specified in the original Application Form submitted and any amendments to the clients' registration details and payment instructions can only be effected upon receipt of original documentation.

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

¹ If the Applicant(s) is an Exempt Irish Investor as defined in the Prospectus, he/she must complete a separate Declaration and should contact the Administrative Agent who will provide it/him/her/them with the appropriate Declaration which must be made to confirm its status.

² Intermediary means a person who:

(a) Carries on a business which consists of, or includes, the receipt of payments from an investment undertaking on behalf of other persons, or

(b) Holds shares/Units in an investment undertaking on behalf of other persons.

³ Includes employee benefit plans and other entities subject to Title I of the US Employee Retirement Income Security Act of 1974, as amended ("ERISA").

4 Investor Confirmations & Consents

Continued

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

- a) Original or certified copy of Applicant(s)'s Authorized Signatory List with specimen signatures on company letterhead;
- b) Proof of registration of Applicant(s) with corresponding regulator in Prescribed Country, e.g., license;
- c) Evidence of name and address.
- d) Original Letter of Assurance (where investing as an intermediary)⁴
- e) Source of funds verification
- f) Source of wealth verification

Box F

OR

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

Box G

OR

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

- a) In the case of Individual Applicants:
 - i Certified true copy of a document verifying name(s) and date of birth (e.g., current valid full passport); AND
 - ii An original document verifying the Applicant(s)'s permanent residential address (e.g., bank statement, recent utility bill) (please note the two documents must be of different types and be no more than six months old); Two are required for individuals who are resident outside the above country list; AND
 - iii A certified copy of tax residency certificate detailing national Tax Identification Number (TIN) (relevant in the case of Applicants resident in one Member State of the European Union whose passport or national identity card is issued by another Member State of the European Union.); OR
- b) In the case of Corporate Applicants:
 - i Full name;
 - ii Registered office address;
 - iii Principal business address;
 - iv Nature and purpose;
 - v Certified true copy of audited financial statements;
 - vi Original or certified true copy of the Certificate of Incorporation or Certificate to Trade (and any certificate following a change of name); AND
 - vii Certified true copy of Memorandum and Articles of Association; AND
 - viii Directors' names and addresses or dates of birth; AND
 - ix Original or certified copy of Applicant(s)'s Authorized Signatory List with specimen signatures on company letterhead;
 - x Verify the identity of all authorized signatories;
 - xi Verify the identity of all beneficial owners beneficially entitled to more than 25% of the entity's share capital or voting rights or otherwise exercises control over the management of the entity;
 - xii Original AML declaration in the form of Appendix A where Applicant(s) is an intermediary;
 - xiii For Applications who are trusts, foundations or charitable organizations, a certified true copy of trust deed or equivalent, documentation of nature and purpose, verify the identity of any settlor and at least two trustees/directors/governors/board members.

⁴ Additional information / documentation may be required subject to intermediary risk assessment, such as information on their AML/CTF policies and the nature of the intermediaries business. Intermediaries from non EU / EEA countries will require an enhanced level of due diligence and further information or documentation, including information on underlying shareholders may also be required.

4 Investor Confirmations & Consents

Continued

- c) In the case of Corporate Entities not quoted on a Stock Exchange in a Prescribed Country and not a subsidiary of a corporate entity quoted on such a Stock Exchange, in addition to the documentation required under b(i) to (xiii):
- i Individual verification in accordance with a) above must be carried out on at least two directors of such corporate entity and all persons authorized to operate the account; AND
 - ii A list of names and addresses of Unitholder(s) holding 10% or more of the issued share capital of the Corporate Entity, and in the case of individual shareholder(s), their occupation(s) and date(s) of birth.

Box H

DEFINED TERMS (please also refer to the Prospectus)

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

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

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

- Notary Public/Practizing Solicitors
- Police Force
- Chartered & Certified Public Accountants
- Embassy/Consular Staff
- Any Designated Person

Politically Exposed Persons

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

A Politically-Exposed Person (“PEP”) is an individual who has at any time in the preceding 12 months been entrusted with a prominent public function. This includes the following individuals (but excluding any middle ranking or more junior official):

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

4 Investor Confirmations & Consents

Continued

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% 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 PREVIOUSLY NOTED DEFINITIONS.

- the Application is being made by a PEP / immediate family member of a PEP / close associate of a PEP, OR
- the Applicant(s) 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

OFFICE OF PEP

CORRESPONDENT BANK ADDRESS

RELATIONSHIP OF APPLICANT OR APPLICANT'S BENEFICIAL OWNER TO PEP

CITY

SOURCE OF WEALTH OF THE PEP (E.G., INCOME FROM EMPLOYMENT, INCOME FROM COMPANY BUSINESS, INHERITANCE, ETC.)⁵

STATE

POSTCODE

Section B: PLEASE TICK BOX BELOW IF THE PEP RULES DO NOT APPLY WITH REFERENCE TO THE PREVIOUSLY NOTED DEFINITIONS.

- 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(s) does not have a beneficial owner who is a PEP / immediate family member of a PEP / close associate of a PEP, AND
- the Application is NOT being made for the benefit of a PEP / immediate family member of a PEP / close associate of a PEP, AND
- it is NOT intended to transfer the shares to a PEP / immediate family member of a PEP / close associate of a PEP.

Notes

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

⁵ Further supporting documentation may be requested if deemed necessary to verify the above information

5 Signatories

- I/We agree to be bound by the representations, warranties and declarations set out in this Application Form.
- I/We agree and acknowledge that no redemption payment may be made and any income generated will be automatically reinvested until the Application Form and all necessary original anti-money laundering documentation has been provided.

DATE

AUTHORIZED SIGNATORY

PRINT NAME

CAPACITY OF AUTHORIZED SIGNATORY (IF APPLICABLE)

DATE

ADDITIONAL AUTHORIZED SIGNATORY (IF APPLICABLE)

PRINT NAME

CAPACITY OF AUTHORIZED SIGNATORY (IF APPLICABLE)

DATE

ADDITIONAL AUTHORIZED SIGNATORY (IF APPLICABLE)

PRINT NAME

CAPACITY OF AUTHORIZED SIGNATORY (IF APPLICABLE)

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

Postal Address:

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

Tel Number:

+353 1 776 8036

Fax Number:

+353 1 523 3712

A Appendix AML Confirmation for Nominees/Intermediaries

(Please print this form onto your company headed paper)

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

RE: PineBridge Global Funds (the "Funds")

Verification of Investor Identity & Compliance with Applicable Laws and Regulations

Dear Sir/Madam,

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

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

We have performed the anti-money laundering and counter-terrorist financing identification of the above Shareholders and underlying beneficial Shareholders.

1. We confirm, we have access to and have verified the true name, permanent address and other relevant customer due diligence (CDD) of the above Shareholders and underlying beneficial Shareholders as appropriate.
2. The evidence we have obtained to verify the identity of the above Shareholders and underlying beneficial Shareholders meets the requirements of our national anti-money laundering and counter-terrorist financing legislation and regulations that implement the "5th EU Anti-Money Laundering Directive" [name relevant legislation and regulations].
3. We are aware that you are placing reliance upon the anti-money laundering and counter-terrorist financing identification carried out by us for the above Shareholders and underlying beneficial Shareholders and that such reliance may result in detriment to you if there is a deficiency in the anti-money laundering and counter-terrorist financing identification carried out by us.
4. We will provide you with all documents and information, which we may have on our files relating to the identity of each Shareholder and underlying beneficial Shareholders upon reasonable written request. We will also provide a competent authority with all documents and information which we may have on our files relating to the identity of each Shareholder and underlying beneficial Shareholders as soon as practicable upon the competent authority's request.
5. We will retain these documents and information for a period of at least 5 years after the relationship with a Shareholder has ended.
6. We will inform you immediately if we are unable to verify the identity of the above Shareholders or underlying beneficial Shareholders.
7. We will inform you immediately if we are aware that the above Shareholders or underlying beneficial Shareholders are engaging in activities which lead us to suspect that the above Shareholders or underlying beneficial Shareholders are involved in money laundering or terrorist financing, subject to such disclosure not being prohibited under our regulatory requirements.
8. We will inform you if we identify that any of the above Shareholders or underlying beneficial Shareholders should be considered to be Politically Exposed Persons or are immediate family members or close associates of Politically Exposed Persons.
9. We will take measures to ensure that the Shareholders and underlying beneficial Shareholders are neither individuals nor institutions against whom sanctions have been imposed by the EU or United Nations or persons or entities that are included on the List of Specially Designated Nationals and Blocked Persons maintained by the US Treasury Department's Office of Foreign Asset Control ("OFAC").

Yours faithfully,

NAME

NAME

TITLE AUTHORIZED SIGNATORY

TITLE AUTHORIZED SIGNATORY

B Appendix Subsequent Dealing Form

(Please print this form onto your company headed paper)

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

DATE _____

CLIENT NAME _____

CLIENT NUMBER _____

Dear Sir/Madam,

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

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

FUND NAME	UNIT CLASS	ISIN	CURRENCY	AMOUNT	UNITS	SUB	RED
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Switch Transaction

Switch from

_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Switch to

_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

B Appendix Subsequent Dealing Form

Continued

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

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

Yours faithfully,

AUTHORIZED SIGNATORY

AUTHORIZED SIGNATORY

Such email attachments must take the form of PDFs and must be signed by the correct number of agreed signatories currently held on file with the Administrative Agent. All of the trading information must be clearly outlined and contained in the PDF and no instruction will be taken from the body of the email i.e., the PDF must contain all relevant information. Information in the body of the email will not be taken into account in executing the trade instruction. For the avoidance of doubt, in the case of initial Application for Units, the original Application Form and supporting documentation in relation to money laundering prevention checks must be received promptly by the Administrative Agent.

Investors should note that the email address to which queries should be addressed remains PineBridgeQueriesTA@statestreet.com and only trade instructions should be sent to EmailTradingPinebridge@StateStreet.com

Please send any subscription, redemption or other trade requests to EmailTradingPinebridge@StateStreet.com or to fax number +353 1 523 3712.

IMPORTANT NOTES FOR COMPLETING SUBSEQUENT DEALING FORM

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

C Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standards (CRS) Forms

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

FORM 1 IS FOR INDIVIDUALS AND FORM 2 IS FOR ORGANIZATIONS

INSTRUCTIONS FOR COMPLETION OF BOTH FORMS

- We are obliged under Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each investor's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's interests in the Fund, with relevant tax authorities. This form is intended to request information only where such request is not prohibited by Irish law.
- If you have any questions about this form or defining the investor's tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser.
- For further information on FATCA or CRS, please refer to the Irish Revenue website at <http://www.revenue.ie/en/business/aeoi/index.html> or the following link to the OECD CRS Information Portal at: <http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.
- If any of the information below about the investor's tax residence or FATCA/CRS classification changes in the future, please advise of these changes promptly.

FORM 1 INDIVIDUAL (CONTROLLING PERSON'S) SELF-CERTIFICATION FOR FATCA AND CRS

INSTRUCTIONS FOR COMPLETION

- Please note that where there are joint or multiple account Holders, each investor is required to complete a separate Self-Certification form.
- Sections 1, 2, 3 and 5 must be completed by all investors.
- Section 4 should only be completed by any individual who is a Controlling Person of an entity investor which is a Passive Non-Financial Entity.
For further guidance see.
- <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>
- Mandatory fields are marked with an *

Section 1: Investor Identification

Investor Name*: _____

Current Residential Address*:

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing Address (if different from above):

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Place Of Birth*

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

Date of Birth*: _____

Legal name of the relevant Passive NFE(s) of which you are a Controlling Person*

LEGAL NAME OF ENTITY 1

LEGAL NAME OF ENTITY 2

LEGAL NAME OF ENTITY 3

Section 2: FATCA Declaration of US Citizenship or US Residence for Tax purposes*:

C Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standards (CRS) Forms

Continued

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

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

OR

(b) I confirm that [**I am not**]/[the investor is not] a US citizen or resident in the US 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 ¹

¹ Provision of a Tax ID Number (TIN) is required unless you are tax resident in a Jurisdiction that does not issue a TIN. If applicable, please specify the reason for non-availability of a Tax ID Number:

C Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standards (CRS) Forms

Continued

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.

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

Section 5: Declaration and Undertakings

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

I acknowledge 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 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 Form to be incorrect.

I certify that I am the Individual Account Holder identified above, or am authorized to sign for the Individual Account Holder, for all the account(s) to which this form relates.

Authorized Signature*: _____

Print Name*: _____

Date:{dd/mm/yyyy}*: _____

Capacity in which declaration is made*: _____

FORM 2 ENTITY SELF-CERTIFICATION FOR FATCA AND CRS

INSTRUCTIONS FOR COMPLETION

- Mandatory fields are marked with an *
- Please note that where there are joint or multiple account Holders, each investor is required to complete a separate Self-Certification Form.
- 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" (Form 1).

Section 1: Investor Identification

Investor Name*: _____ (the "Entity")

Country of Incorporation or Organization: _____

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 US Person

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

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

U.S. TIN: _____

Or

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

Or

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

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

3.1 Financial Institutions under FATCA

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

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

C Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standards (CRS) Forms

Continued

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> : _____	<input type="checkbox"/>
II.	Exempt Beneficial Owner	<input type="checkbox"/>
III.	Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)	<input type="checkbox"/>
IV.	Non-Participating Foreign Financial Institution	<input type="checkbox"/>
V.	Excepted Foreign Financial Institution	<input type="checkbox"/>

3.4 Non-Financial Institutions under FATCA:

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

I.	Active Non-Financial Foreign Entity	<input type="checkbox"/>
II.	Passive Non-Financial Foreign Entity (If this Box is ticked, please include Self-Certification Forms for each of your Controlling Persons)	<input type="checkbox"/>
III.	Excepted Non-Financial Foreign Entity	<input type="checkbox"/>

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

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

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

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

Country of Tax Residency	Tax ID Number

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

For more information, please see the CRS Standard and associated commentary at: <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

5.1 Financial Institutions under CRS

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

I.	Financial Institution under CRS (other than (II) below)	<input type="checkbox"/>
II.	An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (If this Box is ticked, please indicate the name of any Controlling Person(s) of the Entity and complete a separate individual Self-Certification forms for each of your Controlling Persons). Please refer to Section 5.3.	<input type="checkbox"/>

C Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standards (CRS) Forms

Continued

5.2 Non Financial Institutions under CRS

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

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

Controlling Person's:

5.3 Controlling Person's under CRS:

Please note that each Controlling Person must complete a Separate Individual Self-Certification Form (Form 1).

If there is/are no natural person(s) who exercise(s) control of the Entity, then the Controlling Person will be the natural person(s) who hold(s) 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 authorized 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 within 30 days 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.

Authorized Signature(s)*:

Print Name(s)*:

Capacity in which declaration is made*:

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