

**KYC FORM B FOR LEGAL ENTITIES
(COMPANIES, PARTNERSHIPS, TRUSTS AND OTHER ENTITIES)**

E-mail: accountopeningta@bbpp.lu

Entity name			
Legal form			
Registered office ¹	Attn		
	Street/N°		
	City/Town		
	Post Code		
	Country		
Correspondence address (if different)	Attn / Company		
	Street/N°		
	City/Town		
	Post Code		
	Country		
Tax residence (country)		Tax identification number	
Trade Register		Registration number	
Tel		Fax	
E-mail ²			
Contact Person		Position	

1.1. POWERS OF ATTORNEY (IF APPLICABLE)

This power of attorney authorizes Banque de Patrimoines Privés and the Fund to execute any future instructions received from the following person and for:

Transactions concerned	<input type="checkbox"/> all dealing instructions <input type="checkbox"/> subscriptions only <input type="checkbox"/> redemptions only <input type="checkbox"/> other (please specify): _____
------------------------	---

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Sex	<input type="checkbox"/> M <input type="checkbox"/> F
First name		Last name	
Residential Address ³	Street/N°		
	City/Town		
	Post Code		
	Country		

¹ PO Boxes or 'care of' addresses are not accepted.

² This Email address will be used to send you the drawdown notices (if applicable) and the convening notices to the general meetings of the Fund.

³Evidence of such address may be requested. PO Boxes or 'care of' addresses are not accepted.

Correspondence Address (if different)	Attn / Company	
	Street/N°	
	City/Town	
	Post Code	
	Country	
Tel:		Fax:
E-mail		
Nationality		
Date of birth		Place of birth (city and country)
ID or passport	N°	
	Issued by	
	Issue Date	
	Expiration Date	
Politically Exposed Person	I declare that I am or I have been entrusted with prominent public functions (or to be closely connected to a politically exposed person): <input type="checkbox"/> Yes, please specify: _____ <input type="checkbox"/> No	

1.2. **CORRESPONDANCE**

Please enter your preferred address for all correspondence (if different from the mailing address provided in Clause 1). P.O. Box can be accepted only if a residential address is provided in Clause 1.

This address will be used to send you confirmation of your holding(s) in the Fund.

Correspondence Address	Attn / Company	
	Street/N°	
	City/Town	
	Post Code	
	Country	
Tel:		Fax:

1.3. **BANK ACCOUNT DETAILS**

Please provide your bank account details from **which the subscription amount will be transferred:**

Account holder ⁴			
Bank's details	Bank's name		
	Street/N°		
	City/Town		
	Post Code		

⁴ The bank account must be in your name. Payments to a third party other than the investor are not permitted.

	Country	
IBAN		
BIC/SWIFT Code		
National Code (e.g. BLZ, BC, Sort code)		
Account number		
Account currency		
Settlement Currency ⁵		

Please provide your bank account details below for the receipt of redemption proceeds, dividends or other payments you may be entitled to, **if different from the bank account mentioned in the previous §**

Account holder ⁶		
Bank's details	Bank's name	
	Street/N°	
	City/Town	
	Post Code	
	Country	
IBAN		
BIC/SWIFT Code		
National Code (e.g. BLZ, BC, Sort code)		
Account number		
Account currency		
Settlement Currency ⁵		

*For settlement via clearing:

Clearing system	<input type="checkbox"/> Clearstream	<input type="checkbox"/> Euroclear
Clearing account number		

1.4. DIVIDENDS

Dividends (if applicable) should be:

<input type="checkbox"/> reinvested
<input type="checkbox"/> paid on the bank account provided in Clause 1.3

1.5. REPORTING

Please specify to whom the following reporting should be sent:

Contract note for each transaction	<input type="checkbox"/> to the applicant at his/her correspondence address
	<input type="checkbox"/> to a third party at the address below
Holding confirmation	<input type="checkbox"/> to the applicant at his/her correspondence address
	<input type="checkbox"/> to a third party at the address below
On the following basis:	

⁵ Payments will be made in the settlement currency for which **you may bear exchange rate expenses** if different from the reference currency of the Class of Shares (or Sub-Fund in the absence of Class of Shares) invested or from the currency selected by the Fund or from your bank account's currency.

⁶ The bank account must be in your name. **Payments to a third party other than the investor are not permitted.**

	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> yearly
--	----------------------------------	------------------------------------	---------------------------------

*Third party details: (if applicable)

Name of entity			
Relation with applicant			
Address	Street/N°		
	City/Town		
	Post Code		
	Country		
Contact person			
Tel:		Fax:	
E-mail			

The investor declares by ticking this box that he consents to receive reports (statements of holdings, contract notes, convening notices and drawdown notices, if applicable) by non-encrypted e-mail from BPP. He acknowledges that this information will be sent on a non-secured basis through the internet network and BPP will not be held responsible about potential interception of this information for harmful or fraudulent use.

The following e-mail address(es) should be used in that purpose:

	@	
--	---	--

By signing hereunder, I declare that:

- I have full legal capacity
- the funds invested do not come from a criminal or unlawful origin and in particular do not constitute the proceeds of money laundering;
- **I acknowledge that Banque de Patrimoines Privés, acting as data controller, shall process the personal data provided to fulfill this document, in accordance with the Data Protection regulations that and the CRS Law, has been informed that Banque de Patrimoines Privés shall process the personal data provided in this KYC form, only for the purpose of complying with legal obligations in regards of Anti-Money Laundering and Terrorism Financing;**
- all the information provided is true, correct and complete and undertake to provide a new declaration if any information becomes incorrect or changes, within 30 days, even if are data referring to a third person different from the provider, for which has obtained the correspondent consent.

Name / Denomination	Title	Date (dd/mm/yy)	Signature

1.6. **AML/KYC DOCUMENTS TO BE PROVIDED:**

A. Institutional regulated in an equivalent country :

- Original application Form duly signed by two authorised signatories
- Original Letter of Representation (signed by 2 legal representatives) (if acting for own behalf of third parties) - see section below 1.9.
- Proof of regulation
- List of Authorized Signatories (powers & specimens)
- AML comfort letter
- Copy of the WOLFSBERG questionnaire duly completed (if acting for own behalf of third parties)
- https://www.wolfsberg-principles.com/sites/default/files/wb/Wolfsberg%27s_CBDDQ_140618_v1.2.pdf
- FATCA documentation (i.e. GIIN or W8 form or W9 form) see tax section here below
- CRS Certification document see tax section here below
- Last 3 annual audited reports

B. Institutional regulated in a non-equivalent country :

- Original application Form duly signed by two authorised signatories
- Original Letter of Representation (signed by 2 legal representatives) (if acting for own behalf of third parties) - see section below 1.9.
- Proof of regulation
- List of Authorized Signatories (powers & specimens)
- Certified Copy of Articles of Incorporation & Memorandum of Association
- Recent Extract from trade register / Recent certified copy of certificate of incorporation or equivalent document
- Certified Copy of a valid ID Document of the authorised individuals who sign the application form - with first name, name, address, date of birth, nationality
- A full ownership structure up to date & signed of "name of the investor" with the complete names and percentages up to the Ultimate Beneficial Owner(s) (UBO(s)) (Individual holding directly or indirectly 10% or more of the capital/voting rights/control in "name of the investor")
 - * Identification of the intermediaries (legal entities) up to the ultimate beneficial owner if any -> please send us the certified** true copy of the following documents: Extract from trade register/ constitutional documents / shareholder register or equivalent document confirming the ownership
 - * Identification of each ultimate beneficial owner (natural person) who holds more than 10% of the capital / voting rights / control in the company -> please provide:
 - the signed declaration of ultimate beneficial owner
 - a copy of the identification document (Certified Copy of valid ID Documents with first name, name, address, date of birth, nationality)
 - recent address' proof ie utility bill
 - W8ben
- FATCA documentation (i.e. GIIN or W8 form or W9 form) see tax section here below
- CRS Certification document see tax section here below
- Last 3 annual reports

C. FI with a parent company located/Regulated in a EQUIVALENT COUNTRY:

- Original application Form duly signed by two authorised signatories

- Certified Copy of Articles of Incorporation & Memorandum of Association
- Recent Extract from trade register / Recent certified copy of certificate of incorporation or equivalent document
- List of Authorized Signatories (powers & specimens)
- Certified Copy of a valid ID Document of the authorised individuals who sign the application form - with first name, name, address, date of birth, nationality
- Original Comfort Letter (signed by 2 Directors of the equivalent Regulated parent Company)
- Certified Copy of List of Authorized Signatories of the parent Company
- Proof of Regulation of the parent Company
- Copy of the WOLFSBERG questionnaire duly completed (if acting for own behalf of third parties)
- FATCA documentation (i.e. GIIN or W8 form or W9 form) see tax section here below
- CRS Certification document see tax section here below
- Last 3 annual reports

D. Other type of investors:

- Original application Form duly signed by two authorised signatories
- Original Letter of Representation (signed by 2 legal representatives) (if acting for own behalf of third parties) - see section below 1.9.
- List of Authorized Signatories (powers & specimens)
- Certified Copy of Articles of Incorporation & Memorandum of Association
- Recent Extract from trade register / Recent certified copy of certificate of incorporation or equivalent document
- Certified Copy of a valid ID Document of the authorised individuals who sign the application form - with first name, name, address, date of birth, nationality
- A full ownership structure up to date & signed of "name of the investor" with the complete names and percentages up to the Ultimate Beneficial Owner(s) (UBO(s)) (Individual holding directly or indirectly 10% or more of the capital/voting rights/control in "name of the investor")
 - * Identification of the intermediaries (legal entities) up to the ultimate beneficial owner if any -> please send us the certified** true copy of the following documents: Extract from trade register/ constitutional documents / shareholder register or equivalent document confirming the ownership
 - * Identification of each ultimate beneficial owner (natural person) who holds more than 10% of the capital / voting rights / control in the company -> please provide:
 - the signed declaration of ultimate beneficial owner
 - a copy of the identification document (Certified Copy of valid ID Documents with first name, name, address, date of birth, nationality)
 - recent address' proof ie utility bill
 - W8ben
- FATCA documentation (i.e. GIIN or W8 form or W9 form) see tax section here below
- CRS Certification document see tax section here below
- Last 3 annual reports

Any additional document might be asked on a case by case basis

The certification must include the following information: name of certifying entity/person; Date of certification; company stamp of the certifier, statement confirming following " I hereby certify, that this is a true copy of the original"

Document Certification: must be applied and dated by a National or Local Authority, a Police Office, a Post Office, a Notary, a recognized Financial Institution or regulated Financial Intermediary (provided it is submitted to Equivalent identification rules as those applied in Equivalent member countries).

Only regulated Equivalent PSF could act as nominee.

SOURCE OF WEALTH DECLARATION

Professional of the Financial Sector	<input type="checkbox"/> Yes, as regulated by the financial authority of Luxembourg <input type="checkbox"/> Yes, as regulated by the financial authority of an equivalent country ⁷ Financial authority: _____ <input type="checkbox"/> Yes, as covered by a comfort letter from a parent company subject to equivalent AML/KYC requirements as those applied in Luxembourg Name of parent company: _____ Financial authority of parent company: _____ <input type="checkbox"/> None of the above, please complete: Business activity description ((if not disclose in your constitutional document): _____
--------------------------------------	--

Business Activity Description	Please specify _____
-------------------------------	----------------------

	<input type="checkbox"/> Reinvestment (provide assets sale or certificate sale of securities) <input type="checkbox"/> Benefits (provide supporting documents) <input type="checkbox"/> Own funds (For institutional/private company only) Please add a precise source: _____ <input type="checkbox"/> Other (Please add a precise source) _____ <input type="checkbox"/> I declare that the money invested does not come from a third party and is drawn from my own / the Company's bank account and originates from the following source: _____
--	---

Best estimate of annual regular income	<input type="checkbox"/> up to EUR 50,000 <input type="checkbox"/> up to EUR 100,000 <input type="checkbox"/> up to EUR 250,000 <input type="checkbox"/> up to EUR 500,000 <input type="checkbox"/> up to EUR 1,000,000 <input type="checkbox"/> more than EUR 1,000,000
--	--

Planned frequency of future investment	<input type="checkbox"/> Lump sum <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other (please specify) _____
--	--

Expected total amount to invest	<input type="checkbox"/> up to EUR 125,000 <input type="checkbox"/> up to EUR 300,000 <input type="checkbox"/> up to EUR 500,000 <input type="checkbox"/> more than EUR 500,000 (please specify): _____
---------------------------------	--

⁷ Equivalent countries are deemed to be EU countries, EEA countries and third countries that are subject to requirements to fight money laundering or terrorist financing consistent with EU standards and supervised for compliance with such requirements.

Expected period of investment

Short term

Middle term

Long term

By signing hereunder, I declare that:

- I have full legal capacity
- I confirm that the monies invested do not originate directly or indirectly from illegal or criminal activities and more generally do not contravene to applicable anti-money laundering laws and regulations.
- I acknowledge that Banque de Patrimoines Privés, acting as data controller, shall process the personal data provided to fulfill this document, in accordance with the Data Protection regulations that and the CRS Law, has been informed that Banque de Patrimoines Privés shall process the personal data provided in this KYC form, only for the purpose of complying with legal obligations in regards of Anti-Money Laundering and Terrorism Financing.
- All the information provided is true, correct and complete and undertake to provide a new declaration if any information becomes incorrect or changes, within 30 days.

Name / Denomination	Title	Date (dd/mm/yy)	Signature

1.7. BENEFICIAL OWNER FORM& FATCA-CRS SELF CERTIFICATION

From an AML/CFT perspective, the request for a Beneficial Owner Form is based on a dual legal obligation :

- * Banks must identify their customers' Beneficial Owner(s) and take appropriate risk-based measures to verify their identity.
- * Companies, other legal entities and legal constructions are obliged to communicate the identity of their Beneficial Owner(s) to the banks they wish to enter in a business relationship with. They are also obliged to inform the banks of any changes. Without this information, a bank may not enter into or maintain a business relationship with a customer.

In the context of the Automatic Exchange of Financial Account Information (FATCA and CRS), Account Holders are also requested to complete this FATCA-CRS Self Certification. If the Account Holder or any of its Beneficial Owner(s) has a tax residence outside Luxembourg, the personal and financial information may be reported to the Luxembourg tax authorities and the corresponding foreign tax authorities.

Failure to complete this self-certification form or filling it out in an erroneous or incomplete manner may lead to an inaccurate exchange of information.

If the Account Holder is acting as an intermediary or is holding US securities, please also fill in a W8 or W9 Form.

How will the information provided in this document be used by the Bank ?

- Identifying the Beneficial Owner is a legal obligation that helps to prevent money laundering and combat the financing of terrorism ;
- Depending of the FATCA-CRS self-certified status, the information provided in this form can also be used for the reporting obligations the Bank must fulfill ;
- For this reason, it is of the utmost importance to complete this Beneficial Owner Form accurately and keep the bank informed in case of any change related to date required in this document.

What are the main points of attention when filling in the form ?

- Complete all the requested sections of the form and enclose a certified copy of both sides of the identity documents of the persons mentioned and enclose a structure chart of your Beneficial Owner(s) as defined in the hereafter ;
- When identifying the Beneficial Owner(s), it is necessary to continue the chain of ownership: identification should only cease when the Beneficial Owner is identified as a private individual.
- Please note that there may be one or more Beneficial Owner(s) ;
- As a financial institution, we are not allowed to give tax advice. Your tax advisor may assist you in completing this form or in determining your tax residence.

I. TAX RESIDENCE&US PERSON

A. Tax Residence

Please provide below ALL countries in which the entity is a resident for tax purposes and the associated Taxpayer Identification Number.

Country of Tax Residence	Taxpayer Identification Number (TIN)*

**In case a TIN is 'Applied For', it must be provided within 90 days.*

B. US Person

- The Account Holder is a U.S. Person according to the FATCA Agreement. Please complete the following fields:
- The Account Holder is not a U.S. Person according to the FATCA Agreement.

I. FATCA AND CRS STATUSES (one box per column)

FATCA CRS

- Reporting Financial Institution
For FATCA - Global Intermediary Identification Number(GIIN):*
- Non-Reporting Financial Institution – *Please specify:*
If you are a FATCA Sponsored Entity, please indicate your Sponsoring GIIN
- Investment entity resident in a non-CRS jurisdiction and managed by another FI
- Active NFE/NFFE – Operating company
- Active NFE/NFFE – Non-financial group entity
- Active NFE/NFFE – Other . *Please specify :*
- Passive NFE/NFFE
- Government Entity or International Organisation or Central Bank
- Corporation that is regularly traded or its related entity
Name of the traded company :
- In any other case, please also complete a W8 or W9 form.

** If a GIIN has been "Applied for", it must be provided within 90 Days*

III. IDENTIFICATION OF THE BENEFICIAL OWNER

3.1. - Identification of the Beneficial Owner(s) (incl. Shareholder(s)/Controlling Person(s)/Senior Managing Official(s)) (excl. trusts, foundations or similar legal

N°	Name, First Name, Date, Place and Country of Birth (private individual)	1/Legal Residence & Email Address 2/Occupation	Type of Control	All Countries of Tax Residence and US Person	Taxpayer Identification Number (TIN) (*) <small>(*) Please indicate "N/A" if your country of tax residence does not issue a TIN or "Applied for" if you have applied for a TIN</small>
1.		1/ 2/	<input type="checkbox"/> Total direct & indirect ownership of _____ % <input type="checkbox"/> Control through other means. <i>Nature of the control</i> : _____ <input type="checkbox"/> Senior Managing Officials <i>Function in the Company</i> : _____		
2.		1/ 2/	Total direct & indirect ownership of _____ % Control through other means. <i>Nature of the control</i> : _____ Senior Managing Officials <i>Function in the Company</i> : _____		
3.		1/ 2/	Total direct & indirect ownership of _____ % Control through other means. <i>Nature of the control</i> : _____ Senior Managing Officials <i>Function in the Company</i> : _____		

In my capacity as Beneficial Owner (including the 3 categories as defined in the "Type of control"), by signing this form, I expressly confirm having read and approved the data protection provisions provided on **section VI** this form and I undertake to promptly inform the Bank within 30 days of any change that might occur to the information contained in this form.

In my capacity as Beneficial Owner (excluding the category "Senior Managing Officials"), I acknowledge that I am the only person responsible for the analysis of the reporting requirements in terms of declarations made to the tax authorities in my country of residence and in all jurisdictions in general, with regard to the income or assets held on the account. In order to determine the scope of my obligations, it is therefore my responsibility to obtain any assistance from qualified independent advisor if I believe this to be necessary. I hereby certify to be fully compliant with those reporting requirements. I understand that in accordance with the General terms and Conditions of the Bank, any failure in the reporting requirements relating to the abovementioned assets or income can result in the bank unilaterally terminating the present business relationship.

The personal data provided to the Bank will be processed in accordance with the Bank's applicable General Terms and Conditions.

Signature n° 1	Signature n° 2	Signature n° 3
----------------	----------------	----------------

3.2. - Identification of the Beneficial Owner(s) of trusts, foundations or similar legal arrangements

N°	Name, First Name, Date, Place and Country of Birth (private individual)	1/Legal Residence & Email Address 2/Occupation	Type of Control (one type per box)	All Countries of Tax Residence and US Person	Taxpayer Identification Number (TIN) (*) <small>(*) Please indicate "N/A" if your country of tax residence does not issue a TIN or "Applied for" if you have applied for a TIN and provide it</small>
1.		1/ 2/	<input type="checkbox"/> Settlor or founder (or equivalent) <input type="checkbox"/> Trustee(s) (or equivalent) represented by Protector (or equivalent) Beneficiary (or equivalent) Other. <i>Nature of the control</i> :		
2.		1/ 2/	<input type="checkbox"/> Settlor or founder (or equivalent) <input type="checkbox"/> Trustee(s) (or equivalent) represented by Protector (or equivalent) Beneficiary (or equivalent) Other. <i>Nature of the control</i> :		
3.		1/ 2/	<input type="checkbox"/> Settlor or founder (or equivalent) <input type="checkbox"/> Trustee(s) (or equivalent) represented by Protector (or equivalent) Beneficiary (or equivalent) Other. <i>Nature of the control</i> :		

In my capacity as Beneficial Owner (including the 3 categories as defined in the "Type of control"), by signing this form, I expressly confirm having read and approved the data protection provisions provided on this form and I undertake to promptly inform the Bank within 30 days of any change that might occur to the information contained in this form.

In my capacity as Beneficial Owner (excluding the category "Protector"), I acknowledge that I am the only person responsible for the analysis of the reporting requirements in terms of declarations made to the tax authorities in my country of residence and in all jurisdictions in general, with regard to the assets held in the account. In order to determine the scope of my obligations, it is therefore my responsibility to obtain any assistance from qualified independent advisors if I believe this to be necessary. I hereby certify to be fully compliant with those reporting requirements. I understand that in accordance with the General terms and Conditions of the Bank, any failure in the reporting requirements relating to the abovementioned assets or income can result in the bank unilaterally terminating the present business relationship.

In addition, the personal data provided to the Bank will be processed in accordance with the Bank's applicable General Terms and Conditions.

Signature n° 1	Signature n° 2	Signature n° 3
----------------	----------------	----------------

IV. IDENTIFICATION OF THE POLITICALLY EXPOSED PERSON(S) (“PEP”)

- Tick this box if one of the people mentioned on this form is a “Politically Exposed Person” (PEP)

Name and first name	Status (refer to “a-b-c” categories as described in	Mandate

CONTACT PERSON WHO IS FAMILIAR WITH THE BENEFICIAL OWNER(S) WITH THE BENEFICIAL OWNER(S)

Depending on the answers provided on this form, we may contact you for further information concerning your Beneficial Owner(s)

Name and first name of the	Telephone number	E-mail Address

V. DECLARATION & SIGNATURES

Data protection provisions

All signatories on this form declare and warrant to the Bank to consent and/or to have obtained the prior consent from each individual mentioned in this form to have their personal data processed as provided hereunder.

The signatories, acting on their behalf and for the account of the other individuals mentioned in the form, declare to be informed by the Bank that pursuant to FATCA1 and/or the CRS (AEOI)2 laws:

- the Bank is responsible for collecting the personal data and financial information provided in this form; you are therefore required to fill this form correctly and completely, and to answer any additional related question; a default of answer might trigger the reporting to the competent foreign tax authorities of a country to which a declaration is mandatory;
- this information and data will be processed in accordance with these laws and for the appropriate period of time applicable under these laws and under the relevant data protection legislation in force in Luxembourg;
- these data and financial information are likely to be disclosed by the Bank to the Luxembourg tax authorities which may in their turn continue this data and financial information to the competent foreign tax authorities of a country to which a

declaration is mandatory, including the relevant US tax authorities; and

- each individual has a right of access and rectification of the data transmitted to the Luxembourg tax authorities.

In addition, the personal data provided to the Bank will be processed in accordance with the Bank's applicable General Terms and Conditions. Individuals have a right of access, rectification, blocking, and deletion that may be used as provided therein and in the Privacy Statement of the Bank available on its website.

As a representative(s) authorized to sign on behalf of the Account Holder, I/we declare that, to the best of (my)(our) knowledge and belief, the information on this form is correct and complete. In particular (I)(we) confirm that the entity and its Beneficial Owner(s) mentioned in the present form are not tax resident in any other country than the one(s) here listed. The undersigned personally undertake(s) to notify the Bank in writing within 30 days of any change of circumstances occurring, which may cause any of the declarations in this form to be inaccurate or incomplete. Failing to do so, the undersigned may be held personally liable by the Bank for any and every consequence of such changes.

The signator(y)(ies) acting as account holder(s) or as legal representative(s) in the name of and on behalf of the company and/or in (his)(their) personal capacity as the above-mentioned beneficial owner(s), undertake(s), vis-à-vis the Bank, to respect all (his) (their) declarative tax obligations to the relevant authorities in the countr(y)(ies) in which the entity is present, and, where required, commit(s) to paying all taxes and fees relating to all and any assets and incomes deposited at and/or held at and/or managed by the Bank.

If the representative authorized to sign is jointly authorized, please have this form signed by at least two of the jointly authorized representatives.

Signature(s) of authorized representative(s)

Place _____ Date : _____

First name and last name : _____

Signatures:

1 FATCA law dated 24 July 2015, published in the Mémorial A - N° 145 on July 29, 2015, as amended from time to time

2 Automatic Exchange of Financial Account Information in Tax Matters law dated 18 December 2015, published in the Mémorial A - N° 244 on December 24, 2015, as amended from time to time, known as well as CRS (Common Reporting Standard)

GLOSSARY

1. BENEFICIAL OWNER

Beneficial owner means any natural person(s) who ultimately owns or controls the account holder or any natural person(s) on whose behalf a transaction or an activity is being conducted and includes at least:

IF THE ACCOUNT HOLDER IS A COMPANY, A LEGAL ENTITY OR A LEGAL CONSTRUCTION (EXCLUDING TRUST AND SIMILAR LEGAL ARRANGEMENTS) -> please complete part 3.1. Of this document

A) direct & indirect ownership (examples 1 & 2 in the glossary)

Any natural person(s) who ultimately owns a legal entity through direct or indirect ownership of more than 25 % of the shares or through an ownership interest of more than 25 % in that entity including through bearer shareholdings.

B) control through other means (examples 3 & 4 in the glossary)

Any natural person(s) who ultimately controls the legal entity through sufficient percentage of the shares or voting rights or ownership interest. Control through other means also includes the notion of indirect control which may extend beyond legal ownership or could be through a chain of corporate vehicles and/or through nominees. This indirect control can be identified through various means, such as shareholders' agreement, exercise of dominant influence or power to appoint senior management.

There may be cases where no natural person is identifiable who ultimately owns or exerts control over a legal entity. In such exceptional cases, the account holder, having exhausted all other means of identification, and provided there are no grounds for suspicion, may consider the senior managing official(s) to be the beneficial owner(s).

C) senior managing officials (example 5 in the glossary)

Any natural person(s) responsible for strategic decisions that fundamentally affect the business practices or general direction of the legal entity and any natural person(s) who exercises executive control over the daily and regular business of the legal entity through a senior management position, such as director, chief executive officer (ceo), chief financial officer (cfo), managing or executive director, or president.

IF THE ACCOUNT HOLDER IS A TRUST OR A SIMILAR LEGAL ARRANGEMENT OR IF A TRUST OR A SIMILAR LEGAL ARRANGEMENT IS PART OF THE DIRECT OR INDIRECT OWNERSHIP STRUCTURE-> please complete part 3.2. Of this document

A) in case of trust, beneficial owner(s) mean the settlor, the trustee(s), the protector (if any), the beneficiaries regardless of whether or not any of them exercises control over the trust, or where the individuals benefiting from the legal arrangement or entity have yet to be determined, the class of persons in whose main interest the legal arrangement or entity is set up or operates, and any other natural person exercising ultimate control over the trust by means of direct or indirect ownership or by other means.

B) in case of similar legal arrangement such as foundation, etc., beneficial owner(s) means each natural person(s) holding equivalent or similar positions to those referred here above.

C) if the above mentioned counterparties are entities, the beneficial owner(s) means any individual having a control over them.

POLITICALLY EXPOSED PERSON (“PEP”)

a) Politically Exposed Person (“PEP”)

Any natural person who is or who has been entrusted with prominent public functions in the course of the past year and includes the following : Heads of State, heads of government, ministers and deputy or assistant ministers / members of parliament or of similar legislative bodies / members of the governing bodies of political parties / members of supreme courts, of constitutional courts or of other high-level judicial bodies, the decisions of which are not subject to further appeal, except in exceptional circumstances / members of courts of auditors or of the boards of central banks / ambassadors, chargés d'affaires and high-ranking officers in the armed forces / members of the administrative, management or supervisory bodies of State-owned enterprises / directors, deputy directors and members of the board or equivalent function of an international organisation. No public function referred to the previous categories shall be understood as covering middle-ranking or more junior officials.

b) Direct Family Members of a “PEP”

The spouse, or a person considered to be equivalent to a spouse, of a politically exposed person / the children and their spouses, or persons considered to be equivalent to a spouse, of a politically exposed person/ the parents of a politically exposed person

c) Persons known to be close associates of “PEP”

Any natural persons who are known to have joint beneficial ownership of legal entities or legal arrangements, or any other close business relations, with a Politically Exposed Person / Any natural persons who have sole beneficial ownership of a legal entity or legal arrangement which is known to have been, de facto, set up for the benefit of a politically exposed person.

FATCA-CRS

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

“Account Holder” The “Account Holder” in [X] is the person listed or identified as the holder of the Debt or Equity Interest in [X]. This is regardless of whether such person is a flow-through Entity.

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

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

a) less than 50% of the NFE’s gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50% of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income; b) the stock of the NFE is regularly traded on an established securities market or the NFE is a Related Entity of an Entity the stock of which is regularly traded on an established securities market; c) the NFE is a Governmental Entity, an International Organisation, a Central Bank, or an Entity wholly owned by one or more of the foregoing; d) substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an Entity does not qualify for this status if the Entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes; e) the NFE is not yet operating a business and has no prior

operating history, (a “start-up NFE”) but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE does not qualify for this exception after the date that is 24 months after the date of the initial organisation of the NFE; f) the NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganising with the intent to continue or recommence operations in a business other than that of a Financial Institution; g) the NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution; or h) the NFE meets all of the following requirements (a “non-profit NFE”): i. it is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organisation, business league, chamber of commerce, labour organisation, agricultural or horticultural organisation, civic league or an organisation operated exclusively for the promotion of social welfare; ii. it is exempt from income tax in its jurisdiction of residence; iii. it has no shareholders or members who have a proprietary or beneficial interest in its income or assets; iv. the applicable laws of the NFE’s jurisdiction of residence or the NFE’s formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE’s charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and v. the applicable laws of the NFE’s jurisdiction of residence or the NFE’s formation documents require that, upon the NFE’s liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organisation, or escheat to the government of the NFE’s jurisdiction of residence or any political subdivision.

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

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

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

Where the settlor(s) of a trust is an Entity then the CRS requires Financial Institutions to also identify the Controlling Persons of the settlor(s) and when required report them as Controlling Persons of the trust. In the case of a legal arrangement other than a trust, “Controlling Person(s) means persons in equivalent or similar positions.

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

“Investment Entity” The term “Investment Entity” includes two types of Entities: (i) an Entity that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer: ☐ Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; ☐ Individual and collective portfolio management; or ☐ Otherwise investing, administering, or managing Financial Assets or money on behalf of other persons. Such activities or operations do not include rendering non-binding investment advice to a customer.

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

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

“NFE” An “NFE” is any Entity that is not a Financial Institution.

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

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

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

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

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

“TIN” (including “functional equivalent”) The term “TIN” means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a “functional equivalent”). Examples of that type of number include, for Entities, a Business/company registration code/number.

1.8. DECLARATION OF FISCAL CONFORMITY

As Beneficial Owner and /or the Legal Representative of the above mentioned company,

I confirm and I commit to abide to my fiscal obligations (declaration and payment of tax) towards the authorities of the country (ies) where I am required to pay tax related to all assets that I owe via the company administered by BPP governed by the service agreement signed. In case, where a client or legal representative signs this declaration, these confirm having informed the beneficial owner(s) and having received from their part, all necessary guarantees concerning the truth of this declaration.

I admit having been informed that the detention of certain assets can have fiscal consequences independent of the place of fiscal residence and I take notice that it is recommended to consult with my experts and fiscal advisors in order to determine my obligations towards the declaration.

I confirm that BPP has informed me that by not conforming to my fiscal obligations, I can be liable to financial penalties and/or criminal charges in my country of fiscal residence.

Finally, I am aware that in accordance to international agreements, taken by the Grand Duchy of Luxembourg, my name can be transmitted, on demand and if the conditions underlying the international agreements are respected, to foreign competent authorities, including fiscal authorities and that BPP has no responsibility regarding the sanctions that I would incur due to the non-respect of my obligations in the matter.

When applicable, I authorise finally the administrators, managers and powers of attorney available to me by BPP following my request, to sign as legal representative of the above mentioned company the declarations of fiscal conformity that would eventually be addressed to them by banks where the company owns a or several bank accounts or any other supervised professional in the Grand Duchy of Luxembourg making a similar request.

If the person(s) sign on behalf of an entity, the signatory/ies declare(s) to be duly authorized to represent such entity.

Name / Denomination	Title	Date (dd/mm/yy)	Signature

1.9. REPRESENTATION DECLARATION FORM If Professional of the financial sector Regulated in equivalent country acting on behalf of third party(ies).

Name of the Company : _____	
Registered Office address (or Principal Office, if different) Street, : n°/street : _____	
Postal Code: _____	Town: _____ Country: _____
Tel number : _____ email address : _____	
Legal form: <input type="checkbox"/> S.A./INC/PLC <input type="checkbox"/> S.a.r./Ltd <input type="checkbox"/> Trust <input type="checkbox"/> Other, specify: _____ Capital stock: _____	
Companies register (or equivalent) n° : _____ Country of registration: _____	
Registration Date: _____	US person : <input type="checkbox"/> YES <input type="checkbox"/> NO
<u>Professional Licence</u> Is your Company licensed in your country of domicile ? : YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date of issue of the license: _____ Supervisory authority / main regulator : _____	
The Company is a ¹ : <input type="checkbox"/> Bank / Financial Institution <input type="checkbox"/> Insurance Company <input type="checkbox"/> Professional of the Financial Sector ⁸ of the type _____ <input type="checkbox"/> Management Company <input type="checkbox"/> Investment fund <input type="checkbox"/> Pension fund <input type="checkbox"/> Commercial company <input type="checkbox"/> Other: _____	
We are <input type="checkbox"/> not regulated by any authority <input type="checkbox"/> regulated by _____	
whose website / address is as follows: _____	
Incorporated, formed under the laws of _____ and submitted, without limitation, to the following anti-money laundering and legislation (please insert name and reference of applicable legislation): _____ _____	
<input type="checkbox"/> We act for our own account	

¹In Luxembourg, PFS under the surveillance and regulation of the CSSF (Regulator) are categorised as follows : **Investment firms** : Private portfolio managers, Commission agents, Professionals acting for their own account, Distributors of units/shares of investment funds, Underwriters, Professional custodians of securities, Registrar and transfer agents / **PFS other than investment firms** : Brokers, Market makers, Professionals performing cash-exchange transactions, Financial advisors, Debt recovery, Professionals performing credit offering, Professionals performing securities lending, Administrators of collective savings funds / **PFS performing a connected or complementary activity of the financial sector** : Domiciliation agents of companies, Client communication agents, Administrative agents of the financial sector, IT systems and communication networks operators of the financial sector, Professionals performing services of setting up and of management of companies

We act solely for the account of our customers
 We act both for our own account and for the account of our customers

as _____ (Nominee, Transfer agent, custodian, trustee, registrar, other ...)

The Company is :

quoted on the following stock exchange: _____

not quoted on any stock exchange and the following persons/entities hold more than 25% of its capital :

Person / Entity Name	Residential /Registered Adress	% of ownership

We shall, from time to time, purchase, redeem and hold, units / shares of Luxembourg mutual funds (the Funds) for which you act as Depository Bank, Registrar and Transfer Agent.

We hereby represent to you that:

1. We are aware of the terms of the Prospectus of the relevant Funds and we shall not allow unauthorized persons to subscribe or hold shares of the funds under the provisions of the Prospectus⁹ ;
We are located in a country that has issued legislation or regulations for the prevention of money laundering and the fight against terrorism and we have in place our KYC policies; we perform transaction controls and we identify all investors and beneficial owners and we obtained appropriate documentation.
2. We confirm that we have identified our investors and none of them do not appear on the watch lists published by the European Community and we declares to have realized all controls AML / CFT required by legislation concerning third party on behalf of which we acts as well as the control on the origin of funds
3. We confirm that we apply enhanced due diligence procedures for politically exposed persons (“PEP”), an immediate family member or close associate of a PEP or any person or entity resident in, or whose subscriptions monies originate from, a country designated as non-cooperative with international anti-money laundering principles or procedures by the Financial Action Task Force on Money Laundering;
4. Hereby, in accordance with the Luxembourg law including the CSSF Regulation N° 12-02 of 14th December 2012 (Art.36), the Grand-Ducal Regulation of 1st February 2010 (Art. 6, par.1 and 2) and the amended law of 12th November 2004 (Art. 3-3), we undertake to provide to Banque de Patrimoines Privés, upon request and without delay, a certified copies of identification data and any other relevant documentation relating to the identification of customer and/or beneficial owner of the assets in the account opened in our name for a third party investor.

⁹ For example : US Investor

5. We will retain documentary evidence of the identity of the introduced investor(s) for a period of at least five years from the date of termination of our relationship with them. The company will notify Banque de Patrimoines Privés. immediately of any amendment of information which the Company has forwarded itself on behalf of the final beneficial owner, particularly if we become aware of any introduced investor engaging in activities which lead us to believe that such investor is involved in money laundering or terrorist activities to the extent permitted by our legislation We shall not advertise for clients, solicit clients, nor offer or sell any of the Funds, unless we may do so in compliance with the laws and regulations applicable in our country;
6. We confirm that we have stringent rules and policies in place that safeguard the funds' investors against late trading and market timing¹⁰ practices ;
7. The above representations shall be deemed reiterated at the time of any order placed with you and shall continue throughout the period you will hold investment funds shares/units for us or our customers.

For and on behalf of the Company,

Luxembourg, (date) : _____

Authorized signatures and stamp of the Company:

¹⁰ **Market Timing:** Arbitrage technique by which an investor systematically buys and sells or converts units or shares of the same UCI within a short lapse of time to take advantage of the time difference and/or the imperfections or deficiencies of the UCI NAV calculation.