

<p>Mailing Address C/o Maples Fund Services Dublin 2nd Floor, Beaux Lane House Mercer Street Lower Dublin 2 Ireland Facsimile: +353 1 697 3390 Tel: + 353 1 697 3219 Email: investorservicesdublin@maplesfs.com</p>	<p>Please tick here if this has already been sent by facsimile transmission. <input type="checkbox"/></p>
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Instructions
<p>For initial subscriptions for units you must complete the Application Form and post it to the address above. Completed Application Forms may also be sent by fax or by electronic means with the original Forms and the supporting documentation required for Anti-Money Laundering purposes to follow by post immediately thereafter.</p> <p>Failure to provide the original Application Form along with the documentation required for Anti-Money Laundering purposes may result in the deduction of tax due to the Irish Finance Act requirements outlined in the Anti-Money Laundering section and/or a delay in the acceptance and/or payment of a transfer/redemption request.</p> <p>Subsequent subscriptions may be made in writing or by facsimile or by electronic means or telephone, stating your registration details and the amount to be invested.</p> <p>Non Retail Accounts – An authorised signatory list must be provided at the time of account opening for the investing entity in whose name the account is being opened. The Application Form must be signed by no less than two authorised signatories.</p> <p>Any changes to the original account details must be received in original format and signed by no less than two authorised signatories, in the case of a company, on corporate letterhead, and in the case of retail applicants, all account signatories must authorise every instruction.</p>

Subscription Information		
Please pay subscription monies to the following account(s)		
	Euro	US Dollar - FEDWIRE
Correspondent Bank	HSBC BANK PLC, LONDON	CITIBANK N.A., NEW YORK
Swift Code	MIDLGB22	CITIUS33
Beneficiary Bank	BROWN BROTHERS HARRIMAN & CO.	BROWN BROTHERS HARRIMAN & CO.
Beneficiary Bank ABA\SWIFT	BBHCUS33	021000089
Account Number	37860431	09250276
Beneficiary Name	SouthernSun Value Fund plc.	SouthernSun Value Fund plc.
Beneficiary Account No	6388383	6388383
Reference	Name of Fund – Applicant	Name of Fund – Applicant

Please ensure that your bank quotes the details above in the electronic funds transfer to the appropriate bank.

Subscription monies should be received by wire transfer in cleared funds by the relevant Settlement Date as set out in the relevant Supplement in the currency of the relevant Units. The Administrator may, at its discretion, accept payment in other currencies, but such payments will be converted into the currency of the relevant Unit class at the then prevailing exchange rate and any conversion expenses shall be borne by the Unitholder. This may result in a delay in processing the application.

Details of Investment:

The Applicant, having received and read a copy of the Prospectus of SouthernSun Value Fund plc. (the "Company") hereby applies to invest in the Company, as indicated in the table below:

Fund Name	Share Class	Currency	Number of Units	Value of Subscription
SouthernSun US Value Fund	Investor (A) Class	USD		
SouthernSun US Value Fund	Investor (A) Class Euro	EUR		
SouthernSun US Value Fund	Institutional (I) Class	USD		
SouthernSun US Value Fund	Institutional (I) Class Euro	EUR		
SouthernSun US Value Fund	Y Class	USD		

Should you have any questions, please contact the Transfer Agent, Maples Fund Services Dublin, 2nd Floor, Beaux Lane House, Mercer Street Lower, Dublin 2, Ireland. Telephone: +35316973219, Facsimile: +35316973390
Email: investorservicesdublin@maplesfs.com

Account Registration Details

Registered Name					
Account Designation (if any)					
Shareholder Type ¹					
Occupation (if individual or joint account) or Nature of purpose of entity (if entity)					
Source of wealth (e.g. inheritance, income from employment, income from business activities)					
Source of funds (e.g. Income from employment, inheritance, insurance payout)					
Registered Address PO or C/O will not be accepted					
Mailing Address (if different)					
Contact Name					
Contact Details	Telephone		Facsimile		Email

¹: e.g. (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)

SouthernSun Value Fund plc.
Application Form

1. **Joint Applicant(s)**

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

First additional applicant details						
Registered Name						
Occupation (if individual or joint account) or Nature of purpose of entity (if entity)						
Source of wealth (e.g. inheritance, income from employment, income from business activities)						
Source of funds (e.g. Income from employment, inheritance, insurance payout)						
Registered Address PO or C/O will not be accepted						
Contact Name						
Contact Details	Telephone		Facsimile		Email	

2.

Second additional applicant details						
Registered Name						
Occupation (if individual or joint account) or Nature of purpose of entity (if entity)						
Source of wealth (e.g. inheritance, income from employment, income from business activities)						
Source of funds (e.g. Income from employment, inheritance, insurance payout)						
Registered Address PO or C/O will not be accepted						
Contact Name						
Contact Details	Telephone		Facsimile		Email	

3.

Third additional applicant details	
Registered Name	
Occupation (if individual or joint account) or Nature of purpose of entity (if entity)	
Source of wealth (e.g. inheritance, income from employment, income from business activities)	

SouthernSun Value Fund plc.
Application Form

Source of funds (e.g. Income from employment, inheritance, insurance payout)						
Registered Address PO or C/O will not be accepted						
Contact Name						
Contact Details	Telephone		Facsimile		Email	

4.

5. ** 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.

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

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

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

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

Beneficiary Owner 3 (where applicable)	
Registered Name	
Address	
Entity Type ¹	

¹: e.g. (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)

SouthernSun Value Fund plc.
Application Form

Date of Birth (if individual)	
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Beneficiary Owner 4 (where applicable)	
Registered Name	
Address	
Entity Type ¹	
Date of Birth (if individual)	

a beneficial owner is considered by the Fund to be an individual or corporate entity

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

6.

Intermediary Details (if applicable)					
Broker ID		Branch ID			
Broker Name					
Broker Address					
Representative Name		Representative ID			
Contact Details	Telephone		Facsimile		Email

My Treasury / Sungard (Please tick if applicable)
*I/ *We provide authorisation for account information to be shared with the *My Treasury / *Sungard platform where required. <input type="checkbox"/> *Please delete as appropriate.

Bank Account Details for Redemption Payments

Please list the details of the account to which redemption proceeds, and/or dividend distributions should be paid. Payments will only be made to a bank account held in the name of the registered shareholder. No Third Party Payments will be made. Redemptions will not be processed on non cleared/verified accounts.

Both IBANS & SWIFT (BIC) Codes should be quoted for all banks within the EU/EEA.

Amendments to investors' payment instructions will only be effected upon receipt of an original instruction which has been duly authorised. In the case of joint accounts, instructions will only be made upon receipt of instruction duly signed by all applicants.

The Administrator does not accept any responsibility for the bank account details quoted and any payments made using these details will be at your risk.

Correspondent Bank Name	
Correspondent Bank Address	
Correspondent Bank Sort Code/ SWIFT (BIC)/ ABA/Fedwire	
Beneficiary Bank Name	
Beneficiary Bank Address	
Beneficiary Bank Sort Code/ SWIFT (BIC)/ ABA/Fedwire	
Beneficiary Account Name	
Beneficiary Account Number	
Payment Type (please select)	MT202 <input type="checkbox"/> / MT103 <input type="checkbox"/>
Currency	
Reference	

Dividend

The Fund is an accumulating Fund and, therefore, it is not currently intended to distribute dividends to the Shareholders. The income and earnings and gains of each Class in the Fund will be accumulated and reinvested on behalf of Shareholders.

Data Protection

7. **Company**

I/We hereby acknowledge that my/our personal information will be handled by the Administrator (as data processor on behalf of the Company) in accordance with the Irish Data Protection Acts 1988 to 2003, as amended from time to time. I/We also acknowledge that this information will be processed by the Administrator for the purposes of carrying out the services of administrator, registrar and transfer agent of the Company and to comply with legal obligations including legal obligations under company law and anti-money laundering legislation. I/We acknowledge that the Administrator or Company will disclose my/our information to third parties where necessary or for legitimate business interests. This may include disclosure to third parties such as the auditors, the Irish Revenue Commissioners or other tax or governmental authorities (in accordance with FATCA and CRS), the Central Bank of Ireland or agents of the Administrator who process the data for anti-money laundering purposes or for compliance with foreign regulatory requirements. I/We hereby consent to the processing of my/our information, which may include (1) the recording of telephone calls with the Administrator for the purpose of confirming data, (2) the disclosure of my/our information as outlined above to the Manager, the Investment Manager or {insert Client name -

keep client name broad} (3) the disclosure of my/our information where necessary, or in the Company's or the Administrator's legitimate interests, to the MLRO and/or any company in the Administrator's and/or {insert the Client's name -keep client name generic} and/or the Investment Manager's and/or the {insert the Client's name keep client name generic} group of companies, or (4) the disclosure of my/our information to agents of the Administrator, including companies situated in countries outside of the European Economic Area which may not have the same level of protection for personal data as in Ireland. I/we acknowledge my/our right of access to and the right to amend and rectify my/our personal data, as provided herein. For the avoidance of doubt the Company shall be considered a data controller in accordance with the Irish Data Protection Acts and the Administrator shall be considered a Data Processor.

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'affairs or high-ranking officer in the armed forces

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

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

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

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

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

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

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

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

OR

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

OR

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

OR

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

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

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

Source of funds of PEP (e.g. income from employment, inheritance, insurance payout)

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

I/we confirm that the application is NOT being made by a PEP / immediate family member of a PEP / close associate of a PEP
AND
the applicant does not have a beneficial owner who is a PEP / immediate family member of a PEP / close associate of a PEP
AND
the application is NOT being made for the benefit of a PEP / immediate family member of a PEP / close associate of a PEP
AND
it is NOT intended to transfer the shares to a PEP / immediate family member of a PEP / close associate of a PEP

US Person Confirmation

Please complete EITHER SECTION A OR SECTION B as applicable

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

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

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

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

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

Personal Portfolio Investment Undertaking (PPIU)

*I/We confirm that *I am/we are an Irish Resident or Irish Ordinary Resident who is a director or has a relationship with a director of the fund.

Please enter name(s) of PPIU _____

**Delete as appropriate*

UCITS V

By signing this Application Form, I/we acknowledge that *I/we have 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).

**Delete as appropriate*

Declarations and Signatures

I/We, having received and considered a copy of the Prospectus, hereby confirm that this application is based solely on the current Prospectus and the material contracts therein referred to together (where applicable) with the most recent annual report or semi-annual report and accounts of the Trust/Company.

I/We undertake to observe and be bound by the provisions of the Articles of Association of the Company (as amended from time to time) and apply for the Shares issued in relation to this application to be entered in the register of Shareholders in my/our name(s) (or in the name of a nominee or agent).

I/We acknowledge that, owing to anti-money laundering requirements operating within their respective jurisdictions, the Company, its Directors, the Transfer Agent, the Manager and any distributor which may be appointed (as the case may be) may

require further identification of the applicant(s) before the application can be processed and the Company, its Directors, the Transfer Agent, the Manager and any distributor which may be appointed shall be held harmless and indemnified against any loss arising as a result of a failure to process the application if such information has been requested by the parties referred to and has not been provided by me/us.

I / We agree that in order to allow the Company comply with the rules of Sections 1471 through 1474 (inclusive) of the Internal Revenue Code of 1986 of the US, as amended, any current or future regulations or official interpretations thereof, any agreement entered into thereunder, or any fiscal or regulatory legislation, rules or practices adopted pursuant to any intergovernmental agreement entered into in connection with the implementation thereof ("FATCA") or the OECD Common Reporting Standard ("CRS"), I / We will:

- (i) provide the Company (or any nominated service provider) with any information necessary for FATCA or CRS reporting including but not limited to the self-certification forms included as appendices to this form; and
- (ii) permit the Company to:
 - a. share such information with the US Internal Revenue Service, Irish Revenue or other relevant tax or other government authority as required by FATCA or CRS;
 - b. compel or effect the sale of the Shares if it fails to comply with the foregoing requirement; and
 - c. make any other amendments to any other documents entered into in connection with the subscription as may be necessary to enable the Company to comply with FATCA or CRS.

I / We confirm that I / we understand that the Company, in respect of the Fund, operates a single collections account in the name of the Fund through which subscription monies and redemption proceeds and dividend income (if any) for the Fund are channelled. I / we further understand that this collections account shall not have the protection of the Central Bank Supervision and Enforcement) Act 2013 (Section 48(1)) Investor Money Regulations 2015 for Fund Service Providers, as may be amended from time to time and that a risk exists to the extent that monies are held by the Company on behalf of the Fund in the collections account for the account of the Fund at a point where the Fund becomes insolvent. Upon receipt into the collections account, subscription monies, redemption proceeds or dividend income will be the property of the Fund and accordingly you will be treated as a general creditor of the Fund during the period such monies are held in the collections account.

I/We hereby authorise the Transfer Agent to accept and execute any instructions, (including but not limited to any instructions regarding subscriptions, switches, transfers or redemptions of Shares or any payment in relation to same or otherwise) in respect of Shares to which this application relates, given by me/us in written form, by facsimile, by telephone or by electronic means. I/We hereby agree to indemnify each of the Transfer Agent and the Company and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them as a result of either of them acting upon instructions given in written form by me/us, i.e. facsimile, telephone instructions confirmed by me/us in writing. The Transfer Agent and the Company 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 genuine or to be signed by properly authorised persons.

I/We consent to any notice or other document to be sent by the Company or the Transfer Agent to me/us as a Shareholder, by electronic means including but not limited to e-mail, swift or posting such notice or other document on a website notified to me/us by post or by e-mail.

I/We confirm that I/we have the capacity and am/are duly authorised to complete this form and to make the representations and give the indemnities referred to herein.

I/We agree to provide these representations to the Company and its Directors at such times as either of them may request and to provide on request such certifications, documents or other evidence as the Company and/or its Directors may reasonably require to substantiate such representations.

(In respect of joint shareholdings only). We direct that on the death of one of us, the Shares for which we hereby apply be held in the name of and to the order of the survivor (s) of us or the executor or administrator of such survivor(s)

I/ We understand that the representations and warranties made herein are continuous and all subsequent subscriptions of Shares in the Fund by me/us shall be governed by them, and I/we agree to notify the Company or the Transfer Agent immediately, if any representation or warranty are no longer accurate and to abide by any directions from the Company or the Transfer Agent arising as a result.

I/We confirm that being a person they I am/ We are over 18 years of age.

I/We hereby certify that I am/we are aware of the risks involved in the proposed investment as set out in the Prospectus.

I/We confirm that I am/we are in agreement with the distribution policy as outlined in the Prospectus.

I/We declare that the information contained in the declarations completed above is true and correct.

Investing as an Intermediary or on own behalf

Please indicate below whether the investment is being made on own behalf or as an intermediary.

I/we* confirm that I/we* are applying for the shares on my/our* own behalf.

I/we* confirm that I/we* are applying for the shares as an intermediary on behalf of underlying shareholders / beneficiaries.

*Delete as appropriate

Declaration of Residence Outside the Republic of Ireland

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

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

A - Declaration on Own Behalf

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

*Delete as appropriate

B - Declaration as Intermediary

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

*Delete as appropriate

AUTHORISATION

I/We agree to be bound by the Declarations, Representations, Consents and Indemnities set out in this Application Form

Signature (1) _____

Capacity of Authorised Signatory _____

Name Authorised Signatory (1) _____

Signature (2) _____

Capacity of Authorised Signatory _____

Name Authorised Signatory (2) _____

Signature (3) _____

Capacity of Authorised Signatory _____

Name Authorised Signatory (3) _____

Signature (4) _____

Capacity of Authorised Signatory _____

Name Authorised Signatory (4) _____

Date _____

Important Information

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

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

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

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

FATCA AND CRS SELF-CERTIFICATIONS

Instructions for completion

We are obliged pursuant to the Intergovernmental Agreement Between the Government of Ireland and the Government of the United States of America to Improve International Tax Compliance and to Implement FATCA, 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. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's interests in the Fund with relevant tax authorities. This form is intended to request information only where such request is not prohibited by Irish law. If you have any questions about this form or defining the investor's tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser.

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

If any of the information below changes in the future, please ensure that we are advised of these changes promptly.
(Mandatory fields are marked with an *)

Entity Self-Certification

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

Note: If you are acting as a nominee, agent or intermediary on behalf of another person or entity and you are a Financial Institution for FATCA purposes, you should complete this self-certification in the name of the Financial Institution that acts as nominee, agent or intermediary. If you are acting as a nominee, agent or intermediary but are NOT a Financial Institution for FATCA purposes, you should complete this self-certification in the name of the beneficial owner on whose behalf you act.

Section 1: Investor Identification

Investor Name*: _____ (the "Entity")

Country of Incorporation or Organisation: _____

Current Registered Address*:

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

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

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

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

U.S. TIN: _____

Or

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

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

3.1 Financial Institutions under FATCA:

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

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

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

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

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

3.4 Non-Financial Institutions under FATCA:

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

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

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

Please indicate the Entity’s country of tax 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.

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

5.1 Financial Institutions under CRS:

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

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

5.2 Non Financial Institutions under CRS:

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

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

****Controlling Person's:**

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

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

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

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

Section 6: Declarations and Undertakings

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

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

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

Authorised Signature(s)*:

Print Name(s)*:

Capacity in which declaration is made*:

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

Individual Self-Certification

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/>

*(Mandatory fields are marked with an *)*

Section 1: Investor Identification

Investor Name*: _____

Current Residential Address*:

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Place Of Birth*

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

Date of Birth*: _____

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

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

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

OR

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

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

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

Country of Tax Residency	Tax ID Number

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

Section 4 – Type of Controlling Person

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

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

<i>Please Confirm what type of Controlling Person applicable under CRS that applies to you/the investor by ticking the appropriate box.</i>	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 promptly and provide an updated Self-Certification form where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

Authorised Signature*: _____ Print Name*: _____

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

ANTI-MONEY LAUNDERING – KNOW YOUR CUSTOMER REQUIREMENTS

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

Should documents be provided in a language other than English, a certified English translation will be required.

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

Documentation which may be required for all Retail Applicants

1. Personal Verification¹ - ONE current official photographic document (Certified²)
2. Address Verification³ - ONE different address verification documents (within the previous 6 months) (Original or Certified)

Documentation which may be required for Designated Bodies in certain Countries⁴

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

Documentation which may be required for Non Designated Bodies

1. Confirmation of name, office address, principal business address and registered number
2. Confirmation of Regulatory Body (if applicable)
3. Certificate of Incorporation or Certificate to Trade (Certified)
4. Memorandum and Articles of Association (Certified)
5. Nature and purpose of the entity
6. List of Directors to include full name, dates of birth, occupation, residential and business addresses
7. Authorised Mandate or Board Resolution to establish the business relationship
8. Original Authorised Signatory List
9. ONE personal verification and ONE address verification documents for at least TWO directors **OR** ONE director and ONE authorised signatory (original or certified)
10. 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 (if no beneficial owner holds more than 25%, verification of this is required (e.g. share register)).

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

1. Confirmation of name and address
2. Pension Scheme Rules
3. Constitutional / Formation Document (eg: Trust Deed)
4. Confirmation of registration from the relevant tax authorities or Pensions Board
5. Verification of the principal employer (if applicable)
6. Name, address and dates of birth of the officers/board members/trustees/directors/governors or equivalent
7. Identify verification for TWO officers/board members/trustees/directors/governors or equivalent
8. Evidence that the person representing the Pension Scheme is empowered to act (Certified)
9. Original Authorised signatory list

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

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

³ Acceptable Address Verification documents are any TWO of the following: electricity bill, gas bill, water bill, telephone bill, cable television bill, bank statement or credit card statement, social insurance documents, household/motor insurance certificates. Documents must originate from a different source, show the full name and residential address of the applicant and must be dated within 6 months of submission.

⁴ Australia, Austria, Belgium, Brazil, Canada, Denmark, Finland, France, Germany, Guernsey, Hong Kong, Iceland, India, Ireland, Italy, Japan, Jersey, Liechtenstein, Luxembourg, Isle of Man, Mexico, Netherlands, Norway, Portugal, Singapore, South Africa, South Korea, Spain, Sweden, Switzerland, United Kingdom, United States, The Dutch overseas territories of Netherlands Aruba, Curacao, Sint Maarten, Bonaire, Sint Eustatius and Saba and The French overseas territories of Mayotte, New Caledonia, French Polynesia, Saint Pierre and Miquelon and Wallis and Futuna (please note this list is subject to change).

Documentation which may be required for a Nominee Company

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

Documentation which may be required for a Trust/Foundation/Charity

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

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

AML CONFIRMATION FOR NOMINEES / INTERMEDIARIES

This confirmation can only be completed by designated bodies regulated for anti money-laundering purposes by the appropriate regulator in one of the following countries: Australia, Austria, Belgium, Brazil, Canada, Denmark, Finland, France, Germany, Guernsey, Hong Kong, Iceland, India, Ireland, Italy, Japan, Jersey, Liechtenstein, Luxembourg, Isle of Man, Mexico, Netherlands, Norway, Portugal, Singapore, South Africa, South Korea, Spain, Sweden, Switzerland, United Kingdom, United States, The Dutch overseas territories of Netherlands Aruba, Curacao, Sint Maarten, Bonaire, Sint Eustatius and Saba and The French overseas territories of Mayotte, New Caledonia, French Polynesia, Saint Pierre and Miquelon and Wallis and Futuna (please note this list is subject to change).

DESCRIPTION OF INVESTOR	DESIGNATED BODY INVESTING AS AN INTERMEDIARY <input type="checkbox"/> NOMINEE COMPANY <input type="checkbox"/>
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RELATIONSHIP OF CONFIRMATION PROVIDER (REGULATED ENTITY) TO INVESTOR	INVESTOR <input type="checkbox"/> PARENT OF INVESTOR <input type="checkbox"/>
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<p>UNLESS THE FOLLOWING BOX IS TICKED THE ADMINISTRATOR WILL APPLY THE BELOW CONFIRMATION TO ANY SUBSEQUENT DESIGNATED ACCOUNTS IN THE NAME OF THE INVESTOR.</p> <p>DO <u>NOT</u> APPLY THE BELOW CONFIRMATION TO SUBSEQUENT DESIGNATIONS <input type="checkbox"/></p>
--

Name of Regulated Entity _____

Name of Regulator _____

Address of Regulated Entity _____

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

1. We / the investor* has performed the anti-money laundering and counter-terrorist financing identification for any parties on whose behalf the investor is purchasing shares (“underlying investors”).

2. The evidence we / the investor* has obtained to verify the identity of the underlying investors, and where appropriate, their beneficial shareholders, meets the requirements of our national anti-money laundering and counter-terrorist financing legislation and regulations.
3. We confirm that all documents and information, which we / the investor* may have on our / the investor's* files relating to the identity of each underlying investor will be sent to a competent authority as soon as practicable upon the competent authority's request.
4. We confirm that all documents and information, which we / the investor* may have on our / the investor's files relating to the identity of each underlying investor will be sent to the Administrator of the Fund as soon as practicable upon its request.
5. We / the investor* will retain these documents and information for a period of at least 5 years after the relationship with an underlying investor has ended.
6. We / the investor* will take measures to ensure that the underlying investors are neither individuals nor institutions against whom sanctions have been imposed by the EU or United Nations or persons or entities that are included on the List of Specially Designated Nationals and Blocked Persons maintained by the U.S. Treasury's Department's Office of Foreign Asset Control ("OFAC").

Yours faithfully

Name: _____

Title: _____
Authorised Signatory of Regulated Entity.

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

* delete as applicable