

Robeco Institutional Umbrella Fund
(Fonds voor Gemene Rekening (“FGR”) – Tax Transparent Vehicle)
(Version April 2025)

Application Form

IMPORTANT

- INVESTORS SHOULD ENSURE THAT THE ORIGINAL APPLICATION FORM IS RETURNED BY POST TO THE ADMINISTRATOR AT THE ADDRESS BELOW. FAILURE TO RETURN THE ORIGINAL APPLICATION FORM AND SUPPORTING DOCUMENTATION WILL DELAY THE PAYMENT OF REDEMPTION PROCEEDS (AND DIVIDENDS/DISTRIBUTIONS IF APPLICABLE).
- INVESTORS SHOULD ENSURE THE SECTION HEADED “SIGNATURE” ON PAGES 13 HAS BEEN SIGNED BEFORE RETURNING THIS TO THE ADMINISTRATOR.

ADMINISTRATOR

Northern Trust International Fund Administration Services (Ireland) Limited
George's Court
54-62 Townsend Street
Dublin 2
Ireland

Telephone: +353 1 434 5192

Facsimile: +353 1 553 9405

Please ensure that you have read the Information Memorandum before completing this Application Form.

Defined terms used in this Application Form are those used in the Information Memorandum (unless the context otherwise requires).

Your personal information will be handled by the Administrator or its duly appointed delegates as Data Processor for the Fund in accordance with the Irish Data Protection Acts 1988 to 2003 (“Data Protection Legislation”). Your information provided herein will be processed for the purposes of complying with Data Protection Legislation and this may include disclosure to the Irish Revenue Commissioners.

For any KIID related queries, please contact the Client Service department of the Investment Manager (client.service@robeco.nl).

Please ensure that you have read the Prospectus and the Key Investor Information Document (the “KIID”) before completing this Application Form. The Prospectus & KIID are available at the Investment Manager’s website (www.robeco.com).

SELECT SUB-FUND AND SETTLEMENT CURRENCY*

Please tick (✓) the Sub-Fund in which the investment will be made

ROBECO QI INSTITUTIONAL GLOBAL DEVELOPED SDG & CLIMATE CONSERVATIVE EQUITIES FUND	<input type="checkbox"/>
ROBECO QI INSTITUTIONAL GLOBAL DEVELOPED MOMENTUM EQUITIES FUND	<input type="checkbox"/>
ROBECO QI INSTITUTIONAL GLOBAL DEVELOPED VALUE EQUITIES FUND	<input type="checkbox"/>
ROBECO QI INSTITUTIONAL GLOBAL DEVELOPED QUALITY EQUITIES FUND	<input type="checkbox"/>
ROBECO QI INSTITUTIONAL GLOBAL DEVELOPED ENHANCED INDEXING FUND	<input type="checkbox"/>
ROBECO QI INSTITUTIONAL US CONSERVATIVE EQUITIES FUND	<input type="checkbox"/>
ROBECO QI INSTITUTIONAL GLOBAL DEVELOPED CLIMATE CONSERVATIVE EQUITIES FUND	<input type="checkbox"/>
ROBECO QI INSTITUTIONAL GLOBAL DEVELOPED 3D ACTIVE EQUITIES FUND	<input type="checkbox"/>

*Please tick (✓) the currency in which the investment will be made

EURO	<input type="checkbox"/>	OTHER (<i>Please Specify</i>) <input type="text"/>
GBP	<input type="checkbox"/>	
USD	<input type="checkbox"/>	
CHF	<input type="checkbox"/>	
CAD	<input type="checkbox"/>	

1. Registration Details

Unitholder Name	(the Unitholder)		
Registered Address* (C/O and PO Boxes will not be accepted)			
Mailing Address			
Contact Name		Telephone	
Email**			

*PO Boxes should not be provided for the purpose of a registered address but may be used as a correspondence address

**This field is mandatory to complete. Please note that by providing contact Email addresses, you are electing to receive dealing confirmations and account statements via email via the address provided and copies will not be issued by post unless requested in writing.

Dealing Procedure

All dealing instructions in relation to the Units in the Fund must be received before the time(s) specified in the Fund's Information Memorandum and/or relevant Sub-Fund Supplement as the case may be, together, the "Information Memorandum". Dealing Instructions received after such times will generally be deemed to have been received for the next relevant dealing day.

No redemption payment may be made until the original Application Form has been received and the Administrator is satisfied that all necessary anti-money laundering checks have been completed in full.

By ticking the box opposite, I hereby consent to the provision of contract notes, statements and other reports, by secured or encrypted electronic transmission, which may be issued from time to time by the Administrator in respect of my holdings in the Fund.

Dealing and Holding Minimums

For dealing and holding minimums, refer to the Information Memorandum of the Robeco Institutional Umbrella Fund.

Banking Details - THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS*

BANK ACCOUNT DETAILS FOR SETTLEMENT OF REDEMPTION (AND DIVIDEND/DISTRIBUTION PROCEEDS IF APPLICABLE)

Name of Bank		
A/c Name		
Address of Bank		
A/c Number		
Sort Code		
IBAN:		
Swift Code		

NOTE: NO THIRD PARTY PAYMENTS WILL BE UNDERTAKEN.

Important information regarding bank accounts for subscriptions and redemptions

Third party payments are not permitted for redemptions. Please confirm the details of the bank accounts from which and to which payments will be made below. A recent bank statement (no more than 6 months old), or a banker's reference, must accompany the application to evidence that the bank account details provided for subscriptions and redemption payments are for a bank account in the registered holder's account name. Accounts in the name of regulated entities are exempt from this requirement. Please see below for further details of bank account evidence requirements.

To meet our anti-money laundering and counter terrorist financing obligations under the current legislation, all joint bank account holders will be required to complete identity and verification requirements, even where those joint bank account holders will not be registered holders of shares or units in the fund.

Failure to provide all the bank account information and documentation requested as part of this application may result in a delay in setting up the account and subscribing to the fund.

Bank account evidence documentation must include one of the below:

- Original or copy printed bank statements on headed paper showing the investor's name, address and account details OR
- Printed correspondence from the bank which confirms the investor's account name, address and account details, duly certified as a true copy of the original

Note: *Monies must come from the account of the investor.*

Please specify your Ordering Institution details for subscriptions*

Currency **Correspondent Bank**

Swift/ABA **Account Number**

Distribution/Dividend Requirements¹*

I/We would like our distribution re-invested	<input type="checkbox"/>	Paid by Telegraphic Transfer	<input type="checkbox"/>
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Distributions paid by Telegraphic Transfer will be paid to the account specified above. Should you require your distribution to be paid to another account, please enter the banking details below. Please note if no option is indicated such dividend payments will be reinvested. Distributions due will automatically be re-invested if you have failed to provide satisfactory evidence of your identity in accordance with the Administrator's anti-money laundering procedures notwithstanding any election to the contrary by you.

Name of Bank			
A/c Name			
Address of Bank			
A/c Number			
Sort Code			
IBAN NO			
Swift Code		Reference Code:	

NOTE: NO THIRD PARTY PAYMENTS WILL BE UNDERTAKEN

Tax Service Requirements

Please confirm, based on your eligibility for tax relief that you require a tax service (i.e. for the Custodian to prepare and submit filings for reclaims of any tax withheld in those jurisdictions where such reclaims are available or to claim relief at source in those jurisdictions where such relief is available in relation to your ownership of units in the relevant Sub-fund) or where not eligible for tax relief, do not require a tax service.

Please tick as appropriate:

¹ Only applicable if Fund gives shareholders an option.

We request that the Custodian² provides the tax service described above and we agree to provide the Custodian with all relevant information requested

We confirm that we do NOT wish the Custodian to provide the tax service described above.

² For the purposes of this section Custodian has the meaning set out in the Information Memorandum.

Robeco Institutional Umbrella Fund
Anti-Money Laundering Verification Requirements in accordance with
The Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010, as amended

Guide to completing this form:

- **Part I** Beneficial Ownership Detail must be provided by the **Applicant**
- **Part II** To be completed by any applicant which is a **Recognised Regulated Entity**; e.g. a bank, provider of financial services or nominee company investing on its own behalf or on behalf of a third party and if regulated for compliance with applicable Anti Money Laundering regulations in a Prescribed Country³
- **Part III** To be completed by any **Unregulated Nominee Company** that does not fall within scope of Part II above.
- **Part IV** To be completed by any **Politically Exposed Person(s)** investing into the Fund.
- **Part V** To be completed by **Other Investors** investing into the Fund.

Note that, in all cases the Administrator or Fund may, at its absolute discretion request further due diligence documentation/ information to satisfy applicable procedural and regulatory requirements.

PART I – Beneficial Ownership Detail

Full Name of anyone with a beneficial interest of 25% or more in this investment: or anyone who otherwise exercises control of the legal entity, where applicable:

1. _____ 2. _____
 3. _____ 4. _____

Note: If there isn't anyone with a beneficial interest of 25% or more in this investment or anyone that otherwise exercises control of the legal entity, where applicable please check the box below:

PART II – Recognised Regulated Entities

Applicant is a Recognised Regulated Entity (as previously defined) acting on its own account or on behalf of a third party

YES

Name of Regulatory Authority:

FCA

Applicable Domestic Regulations:

United Kingdom

³Prescribed Countries as set out in SI 347 of 2012: Australia, Austria, Belgium, Brazil, Bulgaria, Canada, Channel Islands, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hong Kong, Hungary, Iceland, India, Ireland, Isle of Man, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Mexico, Netherlands, Norway, Poland, Portugal, Romania, Singapore, Slovakia, Slovenia, 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. The French overseas territories of Mayotte, New Caledonia, French Polynesia, Saint Pierre and Miquelon and Wallis & Futuna .

PART III – Unregulated Nominee Company**Please provide**

1. Standard Reliance Letter⁴ and
2. Proof of Regulatory Status of Parent Company or
3. Documentation in accordance with the legal form of the Nominee Company (see Part VI)

PART IV – Politically Exposed Persons

A **Politically Exposed Person** is defined as an individual who is or was at any time in the preceding 12 months entrusted with a prominent public function or immediate family members of such persons or persons known to be close professional associates of such persons.

Please confirm whether you are a **Politically Exposed Person (PEP)**YES: NO: **Required Identity Verification Documentation**

1. Certified Copy Photographic Identity Document e.g. Passport or Driver's Licence and
2. Two Certified Copies of Proof of Residential Address Verification e.g. utility bill / bank statement dated within the last six months
3. Source of Funds
4. Source of Wealth

Note: In terms of certified documents, this means that there is an original signature on the document from a suitable person confirming the documents are a true copy of the original, and they will need to sign and date it, printing their name, occupation, address, telephone number and email address. Suitable persons include any of the following; police officer, practicing solicitors, embassy consular staff, financial institutions, medical professions, notaries public. The person certifying the documents should be independent of the investor.

PART V – OTHER INVESTORS (Standard Customer Due Diligence)

If you fall under one of the investor categories outlined below please provide documents evidencing the requested information.

Note that, in all cases this is an indicative list only and the Administrator or Fund may, at its absolute discretion request further due diligence documentation/ information to satisfy applicable procedural and regulatory requirements.

Listed Company on a Recognised Exchange⁵

1. Please provide Proof of Listing on a recognised stock exchange in a Prescribed Country

Listed Company – Not Appearing on a Recognised Exchange**Please provide:**

1. Proof of listing of the company.
2. Full name of the company.
3. Registered number of the company.
4. Registered office address of the company.
5. Principal business address of the company.

⁴ To be requested from the Administrator

⁵ A Recognised Exchange is regulated under MiFid or deemed to have equivalent transparent rules

6. Details of Directors of the company- including name, residential address and date of birth.
7. Detail of any beneficial owners who are natural persons, who own more than 25% of the share capital, profit or voting rights or otherwise exercise control over the management of the company.
8. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify any Beneficial Owner

9. Verification of identity of Company by providing one of the below:
 - Search of the relevant company registry; or
 - Copy of Certificate of incorporation or equivalent; or
 - Copy of Memorandum and Articles of Association or equivalent; or
 - Copy of latest audited financial statements.

Wholly Owned Subsidiary of a Listed Company

Please provide

1. Full name of the subsidiary company.
2. Registered number of the subsidiary company.
3. Registered office address of the subsidiary company.
4. Principal business address of the subsidiary company
5. Details of Directors of the company - including name, residential address and date of birth.
6. Detail of any Beneficial Owner beneficially entitled to more than 25% of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.
7. Confirmations as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) provide identity detail for any Beneficial Owner.
8. Verification of identity of the subsidiary company by providing one of the below:
 - Search of the relevant company registry; or
 - Copy of Certificate of incorporation or equivalent; or
 - Copy of Memorandum and Articles of Association or equivalent; or
 - Copy of latest audited financial statements.

Private Company

Please provide

1. Full name of the company.
2. Registered number of the company.
3. Registered office address of the company.
4. Principal business address of the company.
5. Details of directors of the company- including name, residential address and date of birth.
6. Documentation to verify the identity of two directors or one director and one authorised signatory in line with legal form (If individuals, one proof of ID and one proof of address is required).
7. Detail of any beneficial owners who are natural persons, own more than 25% of the share capital, profit or voting rights or otherwise exercise control over the management of the company. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.
8. Verification of identity of the company by providing one of the below:
 - Search of the relevant company registry; or
 - Copy of Certificate of incorporation or equivalent; or
 - Copy of Memorandum and Articles of Association or equivalent; or
 - Copy of audited financial statements.

Limited Liability Company

Please provide

1. Full name of the LLC.
2. Registered office address of the LLC.
3. Principal business address of the LLC.

4. Details of all Managing Members- including name, residential address and date of birth.
5. Documentation to verify the identity of two Managing Members or one Managing Member and one authorised signatory (If individuals, one proof of ID and one proof of address is required)
6. Detail of any Member beneficially entitled to more than 25% of the entity's share capital or otherwise exercise control over the management of the entity. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.
7. Constitutional Document
8. Operating Agreement.

Collective Investment Scheme ('CIS')

Please provide

1. Full name of CIS.
2. Registered address of CIS.
3. Prospectus or equivalent.
4. Name and address of scheme promoter.
5. Name and address of scheme administrator.
6. Name and address of entity carrying out anti-money laundering checks upon the scheme investors and confirmation that entity is regulated for AML purposes.
7. Identity detail for any investors who own more than 25% of the share capital.

Trust, Foundation or similar entity

Please provide

1. Full name of trust, foundation or similar entity.
2. Registered address of trust, foundation or similar entity.
3. Legal form of the trust, foundation or similar entity.
4. Trust deed or equivalent or confirmation of the entity to an appropriate register.
5. Detail of Nature / purpose of the Trust, foundation or similar entity.
6. Details of all trustees- including name, residential address and date of birth.
7. Documentation to verify the identity of two trustees or one trustee and one authorised signatory (If individuals, one proof of ID and one proof of address is required)
8. Identity detail for any beneficial owners who own more at least 25% of the share capital or voting rights or otherwise exercises control over the trust. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form. Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc.).
9. Details of settlor- including name, residential address and date of birth, as applicable
10. Details of protector (as appropriate)- including name, residential address and date of birth, as applicable

Employee/ Superannuation Pension Scheme

Please provide

1. Proof of registration from the relevant tax authorities

General Pension Scheme

Please provide

1. Full name of the pension scheme.
2. Registered office address of the pension scheme.
3. Confirmation of registration (as appropriate) from the relevant tax authorities or pension's board **or**
4. Documentation to verify the identity of two Trustees / Directors/Governors/Board Members or one Trustee/ Director/Governor/ Board Member and one authorised signatory (If individuals, one proof of ID and one proof of address is required)
5. Constitutional/Formation Document (e.g. Trust Deed).

Registered Charity

Please provide

1. Extract from the relevant Charities Register e.g. UK Charities Commission

Unregistered Charity**Please provide**

1. Full name of the charity.
2. Nature/purpose including the nature of the funding of the charity.
3. Registered office address of the charity.
4. Principal business address of the charity.
5. Details of Trustees/Directors/ Governors/Board Members or equivalent.- including name, residential address and date of birth.
6. Documentation to verify the identity of two Trustees / Directors/Governors/Board Members or one Trustee/ Director/Governor/ Board Member and one authorised signatory (If individuals, one proof of ID and one proof of address is required)
7. Details of beneficiaries (where ascertainable).
8. Constitutional/Formation Document for the charity

Club or Society**Please provide**

1. Full name of the club/society.
2. Registered office address of the club/society.
3. Nature/Purpose including the nature of funding of the club/society.
4. Confirmation of the legal status of the club/society.
5. Constitutional/Formation Document (e.g. Trust Deed) and / or copy of audited financial statements (if available).
6. Details of officers of the club/society.
7. Documentation to verify the identity of two officers of the Club/Society or one officer and one authorised signatory (If individuals, one proof of ID and one proof of address is required)

Government / Public Body in a Prescribed Country**Please provide**

1. Background from a reliable source (e.g. internet search) .

Government/ Public Body in Non Prescribed Country**Please provide**

1. Full name of the government/public authority.
2. Nature and status the government/public authority.
3. Registered office address of the government/public authority.
4. Name of the home state authority and nature of its relationship with the government/public authority.
5. Detail of ownership of the government/public authority.
6. Details of main public body officials- including name, residential address and date of birth.
7. Identity detail for all persons who own or control over 25% of the entity's share capital, profit or voting rights or otherwise exercises control over the management of the entity.
Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc).
8. Appropriate background information on the entity (e.g. via internet search).

School, College or University

Please provide

1. Full name of school, college or university.
2. Registered office address school, college or university.
3. Detail to allow verification of identity of school, college or university from relevant registers and/or from obtaining appropriate background information (e.g. via internet search).
4. Documentation to verify the identity of two officials or one official and one authorised signatory (If individuals, one proof of ID and one proof of address is required) or 6 and 7 below.
5. Confirmation of ownership of the entity. In particular, confirmation of public ownership or independent ownership.
6. Where independently owned, identity detail of all persons who own or control over 25% of the entity's share capital, profit or voting rights. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.
7. Detail of main officials of school, college or university- including name, residential address and date of birth.

Representations and Warranties

- I/We, having received and considered a copy of the current Information Memorandum, any relevant supplements thereto and the most recent annual and/or semi-annual report of the Fund (if any), hereby confirm and declare that this application is based solely on the information contained in such documentation and is made pursuant to the terms of this Application Form.
- I/We, having received and considered a copy of the current Prospectus, any relevant supplements thereto and the most recent annual and/or semi-annual report of the Fund (if any), hereby confirm and declare that this application is based solely on the information contained in such documentation and is made pursuant to the terms of this Application Form. In addition, I/We confirm that I/We have received and read the information contained in this form and confirm that a copy of the Key Investor Information Document has been supplied to me/us. I/We confirm that I/We have read the Key Investor Information Document and that any future investments to any other sub-fund or share class of the umbrella fund can also be transacted based on this confirmation. I/We hereby acknowledge and agree that the updated KIID for each Share Class is available at the Investment Manager's website at www.robeco.com and that I/we will read and review the most up-to-date version of the relevant KIID prior to making any subsequent application for Shares in the Fund. I/We request and authorise Northern Trust International Fund Administration Services (Ireland) Limited to act in accordance with my/our instructions. This only applies to UCITS Funds.
- Where I/we am/are investing as nominee, I/ we shall provide our client(s) with the KIID issued in respect of the Sub-Fund and/or Unit Class (as the case may be) and I/we shall ensure that we do so in compliance with Commission Regulation (EU) No. 583/2010, as amended from time to time or by any supplemental legislation and in compliance with the applicable legislation in any jurisdiction in carrying out this activity. I/We shall maintain records of my/our provision of the KIID to my/our clients and shall furnish such records to the Fund, or its delegates, upon request.
- I/We agree that the issue and allotment to me/us of the Units is subject to the provisions of the Information Memorandum, that subscription for Units will be governed and construed in accordance with Irish law and I/we confirm that by subscribing for Units, I/we are not relying on any information or representation other than such as may be contained in the Information Memorandum and the most recent annual or semi-annual report (if available) thereto.
- I/We certify that I am a/we are eligible to invest in the Fund and I am/we are not acquiring Units for or on behalf of, or for the benefit of, any person or entity who/which is not eligible to invest in the Fund nor do I/we intend transferring any Units which I/we may purchase to any person or entity who/which is not eligible to invest in the Fund. I/We confirm that I/we are aware of the risks involved in the proposed investment and of the fact that inherent in such investment is the potential to lose the entire sum invested.
- I/We agree to notify the Fund or the Administrator immediately if I/we become aware that any of the representations, declarations or warranties given by me/us in this Application Form is/are no longer accurate and complete in all respects and agree immediately to take such action as the Fund may direct, including where appropriate, redemption of my/our entire holding.
- I/We agree to indemnify the Administrator, on its own behalf and as agent of the Fund and agree to keep the Administrator and the Fund indemnified against any loss of any nature whatsoever arising to any of them as a result of any breach of any of the representations, warranties or declarations given by me/us in this Application Form.
- I/We have such knowledge and experience in business and financial matters or have obtained advice from a professional adviser such that I am/we are capable of evaluating the merits, and the risks, of an investment by me/us in the Fund.

- I/We understand that the tax disclosure set forth in the Information Memorandum is of a general nature and may not cover the jurisdiction in which I am /we are subject to taxation and that the tax consequences of my/our purchase of Units depend on my/our individual circumstances.
- I/We acknowledge the right of Fund at any time to require the mandatory redemption of Units in the circumstances provided for in the Information Memorandum.
- Please tick (✓) as appropriate:-

I/We hereby certify that the Units are not being acquired for the benefit of, directly or indirectly, any U.S. Person nor in violation of any applicable law, and that I/we will not, subject to the conditions set forth in the Information Memorandum, sell or offer to sell or transfer Units in the United States or to or for the benefit of a U.S. Person.

I am not/none of us is a U.S. Person; and (c) I am not/none of us is acquiring the Units for the account or benefit, directly or indirectly, of any U.S. Person or with a view to their offer, sale or transfer within the United States or to or for the account or benefit, directly or indirectly, of any U.S. Person.

- If I am/we are a commodity pool, my/our investment is directed by an entity which (i) is not required to be registered in any capacity with the CFTC or to be a member of the National Futures Association ("NFA"), (ii) is exempt from registration or (iii) is duly registered with the CFTC in an appropriate capacity or capacities and is a member in good standing of the NFA.
- Investment Company Representations:
 - (a) I am/We are neither an investment company required to be registered under the Investment Company Act of 1940, as amended (the "1940 Act"), nor an issuer that, but for an exception from the definition of "investment company" under the 1940 Act, would be an investment company,
 - (b) I am/We are an investment company subject to registration or would be an investment company but for an exception under the 1940 Act.
- I/We, if not a natural person, am/are duly organised, validly existing and in good standing under the laws of the jurisdiction in which I am/we are organised and I/we have the power and authority to enter into and perform my/our obligations under this Application Form.
- I am/we are able to bear the economic risk of an investment in the Units, including, without limitation, the risk of loss of all or a part of my/our investment. I/we do not have an overall commitment to investments which are not readily marketable that is disproportionate to my/our net worth, and my/our investment in the Units will not cause such overall commitment to be excessive.
- The Administrator and the Fund are each hereby authorised and instructed to accept and execute any instructions in respect of the Units to which this application relates given by me/us in written form or by facsimile. I/We hereby agree to indemnify the Administrator, on its own behalf and as agent of the Fund and agree to keep the Administrator indemnified against any loss of any nature whatsoever arising as a result of the Administrator acting upon facsimile instructions. The Administrator 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 acknowledge that due to anti-money laundering requirements operating within Ireland, the Administrator or the Fund (as the case may be) may require further identification of the applicant(s) before the application can be processed and the Administrator, on its own behalf and as agent of the Fund and the Fund shall be held harmless and indemnified against any loss arising as a result of a failure to process the application, or a delay in processing any redemption requests, if such information requested by the Administrator or the Fund has not been provided by me/us or has been provided in incomplete form.
- I/We hereby accept such lesser number of Units, if any, than may be specified above in respect of which this application may be accepted.
- I/We consent to personal information obtained in relation to me/us being handled by the Administrator, the Fund, or the Investment Manager and their delegates, agents or affiliates in accordance with the Irish Data Protection Acts 1988 to 2003. Information in relation to me/us will be held, used, disclosed and processed for the purposes of (a) managing and administering my/our holdings in the Fund and any related account on an ongoing basis; (b) for any other specific purposes where I have given specific consent to do so; (c) to carry out statistical analysis and market research (d) to comply with any applicable legal, tax or regulatory obligations including legal obligations under company law, tax law and anti-money laundering legislation; (e) and for disclosure and transfer whether in Ireland or elsewhere (including companies situated in countries outside of the European Economic Area which may not have the same data protection laws as in Ireland) to third parties including my/our financial adviser (where appropriate), regulatory bodies, taxation authorities, auditors, technology providers or to the Fund and its delegates and its or their duly appointed agents and any of their respective related, associated or affiliated companies for the purposes specified above; (f) For other legitimate business interests of the Fund. I/We hereby acknowledge my/our right of access to and the right to amend and rectify my/our personal data, as provided herein. I/We understand that the Fund is a data controller and will hold any personal information provided by me/us in confidence and in accordance with the Data Protection Act 1988 as amended by the Data Protection (Amendment) Act 2003. I/We consent to the recording of telephone calls that I/we make to and receive from the Administrator, the Fund or the Investment Manager and their delegates or duly appointed agents and any of their respective related, associated or affiliated companies for record keeping, security and/or training purposes. I/We consent to the Fund or the Investment Manager sending information about other investment services to me/us by letter, telephone or other reasonable means of communication. I/We understand that I/we have a right not to receive such information. If you do wish to receive such information and/or marketing material, **please tick here:**

I/We hereby authorise the Fund and the Administrator to retain all documentation provided by me/us in relation to my/our investment in the Fund for such period of time as may be required by Irish law, but for not less than five years after the period of investment has ended.

- The Administrator or Fund may disclose personal information to the *[Custodian/Depository]* and/or the Investment Manager and/or third parties where necessary or for legitimate business interests. This may include disclosure to third parties such as auditors and the Central Bank of Ireland or agents of the Administrator who process the personal information for anti-money laundering purposes or for compliance with foreign regulatory requirements. The Administrator may and will hold all or part of the personal information in relation to your unit/shareholding in accordance with legal and regulatory requirements even after you have fully redeemed from the Fund.
- I/ We consent to the processing of my/our information and the disclosure of my/our information as outlined above and to the Investment Manager and where necessary or in the Fund's legitimate interests to any company in the Investment Manager's group of companies or agents of the Fund including companies situated in countries outside the European Economic Area, which may not have the same data protection laws as in Ireland. From time to time, the Investment Manager may send you information about other products or services which they offer. You have a right not to receive such information. If you do wish to receive such information and/or marketing material, **please tick here**

- I/We shall supply the [Fund] with executed copies of those documents attached, or referred to, in Annex 1⁶ (for US and Non-US Taxpayers).
- I/We agree to provide to the Fund, the [Manager and the] Administrator at such times as each of them may request such declarations, certificates, self-certification forms, withholding statements or documents as each of them may reasonably require (the “**Tax Information**”) in connection with this investment (including for the purposes of tax, FATCA and/or CRS⁷ regulations and reporting requirements). Should any information furnished to any of them become inaccurate or incomplete in any way, I/we hereby agree to notify the Fund, [the Manager or the] Administrator immediately of any such change and further agree to request the redemption of Units in respect of which such confirmations have become incomplete or inaccurate where requested to do so by the Fund.
- In addition to the Tax Information, I/We agree to promptly provide, and periodically update, at any times requested by the [Manager or the], Administrator with any information (or verification thereof) the [Manager of the] Administrator deems necessary for the Fund to comply with tax reporting requirements, FATCA and/or CRS (including any imposed by any inter-governmental agreement (IGA) or any legislation, law, regulation or other official guidance in relation to any IGA on the implementation of FATCA or CRS). This may include such information as is required to evidence the Fund’s (or any accountholder in the Fund’s) status for FATCA or CRS purposes, including (not limited to) whether the Fund is a financial institution, or whether its account holders are US persons for purposes of FATCA, or what the account holder’s country of tax residence for purposes of CRS.
- We represent and warrant the completeness and accuracy of any information (as at the date of submission) and authorise the Fund, the [Manager and the] Administrator to act upon such information in good faith, including, but not limited to, disclosing or submitting such information to the Irish tax authorities. I/We agree to waive any provision of foreign law that would, absent such a waiver, prevent compliance with such requirements. The Fund shall have no obligation to carry out any investigation with respect to the truth, accuracy or completeness of any information provided by us and I/We will, on demand, hold the Fund harmless from any liability resulting from the my/our failure to provide complete and accurate Information.
- I/We hereby acknowledge that if I/we fail to provide any information on a timely basis, I/We may be subject to 30% U.S. withholding tax on the investor’s share of “withholdable payments” (as defined for purposes of FATCA) received by the Fund.
- I/We hereby acknowledge that if I/we fail to provide any information and such failure results in the Fund being unable to comply with FATCA, any IGA or CRS, the [Manager] may exercise its right to completely redeem an applicant (at any time upon any or no notice). I/We further acknowledge and agree to indemnify the Fund and its other investors for any losses resulting from our failure to meet its obligations under this Section, including any U.S. withholding tax imposed on the Fund.
- I/We hereby acknowledge that any notice or document may be served by the Fund or Administrator on me/us in the manner specified from time to time in the Information Memorandum and, for the purposes of the Electronic Commerce Act 2000, if I have provided an e-mail address or fax number to the Fund or its delegate, consent to any such notice or document being sent to me/us by fax or electronically to the fax number or e-mail address previously identified to the Fund or its delegate which I/we acknowledge constitutes effective receipt by me/us of the relevant notice or document. I/we acknowledge that I/we am/are not obliged to accept electronic communication and may at any time choose to revoke my/our agreement to receive communications by fax or electronically by notifying

⁶ [Annex 1 – Forms W-8BEN, W-8BEN-E, W-8IMY, W-8ECI, W-8EXP, or W-9 as applicable;[A fund should generally need to collect W-8s from non-US investors only if the fund is tax-transparent; it should generally collect W-9s from US investors Note also collect the Irish Funds approved self certs.

⁷ If not defined in the Information Memorandum, we should include a definition of CRS: (a) the Standard for Automatic Exchange of Financial Account Information for Tax Matters published by the Organisation for Economic Co-operation and Development on 15 July 2014 (the “Standard”) (including any commentary thereon; and (b) any treaty, law, regulation or other official guidance of any jurisdiction, or relating to a competent authority agreement (including any commentary thereon and any notification issued pursuant to a multilateral competent authority agreement) or intergovernmental agreement which (in either case) facilitates the implementation of the Standard.

the Fund in writing at the above address, provided that my/our agreement to receive communications by fax or electronically shall remain in full force and effect pending receipt by the Fund of written notice of such revocation.

SIGNATURE

I / We declare that the information contained in this form and any attached documentation is true and accurate to the best of my/our knowledge and belief.

Date: _____

Signed

Signatory Capacity if applicable (i.e.
Director/manager)

1. _____

2. _____

3. _____

4. _____

Undertaking and Indemnity

To be used where the beneficial owner is subscribing for Participating Units directly with the Manager (i.e., no nominee holdings) and the certificate is being signed by the beneficial owner

Capitalised terms shall have the same meaning as ascribed to them in the Information Memorandum.

We shall indemnify and hold harmless, you and as an irrevocable third party stipulation to any other indemnified persons, each of the Depositary, the Custodian, the Manager, the Administrator, any other provider of services to or in relation to the Fund, any Sub-fund, any underlying investment, any Participant or former Participant and any of their respective delegates, agents, employees and officers against any Taxation, including FATCA withholding and the non-availability or repayment of Tax relief, in connection with the current or past holding of Participating Units by us or any breach by us of the Terms and Conditions, including those described in the Information Memorandum, to the extent (i) such Tax is not paid by us on our own account and not deducted from distributions or redemption payments made to us and (ii) no corresponding relief in respect of Taxes levied through withholding or deduction is received and retained by or on behalf of and for the economic benefit of the relevant Sub-fund and the holders of the appropriate Unit Class as described below, and we shall pay the amount of the Tax and any related liabilities, costs and expenses to the relevant Sub-fund or as the Manager may direct, unless the payment arises because of the negligence, fraud or wilful default of the party being indemnified.

Further, we agree that the economic benefit of any relief in respect of Taxes levied through withholding or deduction will be attributed to the relevant Sub-fund and allocated to the appropriate Unit Class such that all Participants of that Unit Class in principle receive the same withholding tax treatment and, to the extent permitted by law, we hereby transfer and agree to transfer any existing and future rights in respect of such relief to the Legal Titleholder, which shall hold these rights on behalf of the relevant Sub-fund, and we shall take any action reasonably required or requested by the Manager or the Depositary to this effect. If (i) any amount in relation to such relief is paid directly to us as current or former Participant rather than to and for the benefit of the relevant Sub-fund and, indirectly, the holders of the appropriate Unit Class or (ii) any part of such relief attributable to us is not received from or reclaimed by the appropriate Tax authority, we will pay a corresponding amount to the relevant Sub-fund, as the Manager directs, except to the extent the relevant amount was previously deducted from any distribution or redemption payment made to us. In addition, where we receive payment in respect of such relief, we will promptly notify and supply relevant details to the Manager.

Furthermore, we acknowledge that the Manager shall have the right to deduct and set off the amount of any Taxes, including FATCA withholding and the non-availability, repayment or direct receipt by us of Tax relief, and related liabilities, costs and expenses as described above from any distributions or redemption payments to us or to reflect this amount in the price of any Participating Units held by us. The Manager may also, pursuant to the provisions of the Terms and Conditions and the Information Memorandum, compulsorily redeem all or some of our Participating Units and may use the proceeds of such redemption to pay any relevant Tax.

Finally, we acknowledge that the Manager may convert our Participating Units into Participating Units of a more appropriate Unit Class of the same Sub-fund, where available, and procure the allocation of the corresponding Sub-fund Assets, reduced by applicable Taxes, costs and expenses which shall be for our account, to the relevant Unit Class, each in accordance with the Information Memorandum and the Terms and Conditions.

Signed:

Beneficial owner

Undertaking and Indemnity

To be used where the beneficial owner is subscribing for Participating Units through a nominee that is, for US tax purposes, a nonqualified intermediary but the certificate is being signed by the beneficial owner.

Capitalised terms shall have the same meaning as ascribed to them in the Information Memorandum.

We shall indemnify and hold harmless, you and as an irrevocable third party stipulation to any other indemnified persons, each of the Depositary, the Custodian, the Manager, the Administrator, any other provider of services to or in relation to the Fund, any Sub-fund, any underlying investment, any Participant or former Participant and any of their respective delegates, agents, employees and officers against Taxation, including FATCA withholding and the non-availability or repayment of Tax relief, in connection with the current or past holding of all or part of the beneficial ownership of Participating Units by us, including in respect of any Tax relief previously realised and attributable to those Participating Units, or any breach by us or our nominee of the Terms and Conditions, including those described in the Information Memorandum, to the extent (i) such Tax is not paid by us on our own account and not deducted from distributions or redemption payments made to us or the beneficial owner and (ii) no corresponding relief in respect of Taxes levied through withholding or deduction is received and retained by or on behalf of and for the economic benefit of the relevant Sub-fund and the holders of the appropriate Unit Class as described below, and we shall pay the amount of the Tax and any related liabilities, costs and expenses to the relevant Sub-fund or as the Manager may direct, unless the payment arises because of the negligence, fraud or wilful default of the party being indemnified.

Further, we agree that the economic benefit of any relief in respect of Taxes levied through withholding or deduction will be attributed to the relevant Sub-fund and allocated to the appropriate Unit Class such that all Participants of that Unit Class in principle receive the same withholding tax treatment and, to the extent permitted by law, we hereby transfer and agree to transfer, and we shall procure that where applicable our nominee shall transfer and agree to transfer, any existing and future rights in respect of such relief to the Legal Titleholder, which shall hold these rights on behalf of the relevant Sub-fund, and we shall take any action reasonably required or requested by the Manager or the Depositary to this effect. If (i) any amount in relation to such relief is paid directly to us as current or former Participant or our nominee rather than to and for the benefit of the relevant Sub-fund and, indirectly, the holders of the appropriate Unit Class or (ii) any part of such relief attributable to us or our nominee is not received from or reclaimed by the appropriate Tax authority, we or our nominee will pay a corresponding amount to the relevant Sub-fund, as the Manager directs, except to the extent the relevant amount was previously deducted from any distribution or redemption payment made to us or our nominee. In addition, where we or our nominee receives payment in respect of such relief, we will promptly notify and supply relevant details to the Manager.

Furthermore, we acknowledge that the Manager shall have the right to deduct and set off the amount of any Taxes, including FATCA withholding and the non-availability, repayment or direct receipt by us or our nominee of Tax relief, and related liabilities, costs and expenses as described above from any distributions or redemption payments to us or to our nominee or to reflect this amount in the price of any Participating Units held by us or our nominee. The Manager may also, pursuant to the provisions of the Terms and Conditions and the Information Memorandum, compulsorily redeem all or some of our Participating Units, whether or not held through our nominee, and may use the proceeds of such redemption to pay any relevant Tax.

Finally, we acknowledge that the Manager may convert the Participating Units held by us or through our nominee into Participating Units of a more appropriate Unit Class of the same Sub-fund, where available, and procure the allocation of the corresponding Sub-fund Assets, reduced by applicable Taxes, costs and expenses which shall be for the account of us, to the relevant Unit Class, each in accordance with the Information Memorandum and the Terms and Conditions.

Signed:

Beneficial owner

Undertaking and Indemnity

To be used where the beneficial owner is subscribing for Units through a nominee and the certificate is being signed by the nominee (with the nominee obtaining a back to back indemnity with the beneficial owner).

Capitalised terms shall have the same meaning as ascribed to them in the Information Memorandum.

We shall indemnify and hold harmless, you and as an irrevocable third party stipulation to any other indemnified persons, each of the Depositary, the Custodian, the Manager, the Administrator, any other provider of services to or in relation to the Fund, any Sub-fund, any underlying investment, any Participant or former Participant and any of their respective delegates, agents, employees and officers against any Taxation, including FATCA withholding and the non-availability or repayment of Tax relief, in connection with the current or past holding of Participating Units by us, on behalf of ourselves or the beneficial owner, including in respect of any Tax relief previously realised and attributable to those Participating Units, or any breach by us or the beneficial owner of the Terms and Conditions, including those described in the Information Memorandum, to the extent (i) such Tax is not paid by us on our own account and not deducted from distributions or redemption payments made to us or our nominee and (ii) no corresponding relief in respect of Taxes levied through withholding or deduction is received and retained by or on behalf of and for the economic benefit of the relevant Sub-fund and the holders of the appropriate Unit Class as described below, and we shall pay the amount of the Tax and any related liabilities, costs and expenses to the relevant Sub-fund or as the Manager may direct, unless the payment arises because of the negligence, fraud or wilful default of the party being indemnified.

Further, we agree and shall procure that the beneficial owner agrees that the economic benefit of any relief in respect of Taxes levied through withholding or deduction will be attributed to the relevant Sub-fund and allocated to the appropriate Unit Class such that all Participants of that Unit Class in principle receive the same withholding tax treatment and, to the extent permitted by law, we hereby transfer and agree to transfer, and we shall procure that where applicable the beneficial owner shall transfer and agree to transfer, any existing and future rights in respect of such relief to the Legal Titleholder, which shall hold these rights on behalf of the relevant Sub-fund, and we shall take any action reasonably required or requested by the Manager or the Depositary to this effect. If (i) any amount in relation to such relief is paid directly to us or the beneficial owner as current or former Participant rather than to and for the benefit of the relevant Sub-fund and, indirectly, the holders of the appropriate Unit Class or (ii) any part of such relief attributable to us or the beneficial owner is not received from or reclaimed by the appropriate Tax authority, we will pay a corresponding amount to the relevant Sub-fund, as the Manager directs, except to the extent the relevant amount was previously deducted from any distribution or redemption payment made to us. In addition, where we or the beneficial owner receives payment in respect of such relief, we will promptly notify and supply relevant details to the Manager.

Furthermore, we acknowledge that the Manager shall have the right to deduct and set off the amount of any Taxes, including FATCA withholding and the non-availability, repayment or direct receipt by us or the beneficial owner of Tax relief, and related liabilities, costs and expenses as described above from any distributions or redemption payments to us or the beneficial owner or to reflect this amount in the price of any Participating Units held by us or the beneficial owner. The Manager may also, pursuant to the provisions of the Terms and Conditions and the Information Memorandum, compulsorily redeem all or some of our Participating Units, whether or not held through our nominee, and may use the proceeds of such redemption to pay any relevant Tax.

Finally, we acknowledge that the Manager may convert the Participating Units, held by us on behalf of ourselves or the beneficial owner, into Participating Units of a more appropriate Unit Class of the same Sub-fund, where available, and procure the allocation of the corresponding Sub-fund Assets, reduced by applicable Taxes, costs and expenses which shall be for the account of us or the beneficial owner, to the relevant Unit Class, each in accordance with the Information Memorandum and the Terms and Conditions.

Signed:

Nominee

FATCA Self-Certification

ENTITY SELF-CERTIFICATION

We are obliged under Section 891E, Section 891F, and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this application form you are providing personal information, which may constitute personal data within the meaning of the General Data Protection Regulation (697/2016/EU) (the "GDPR") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2003). Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Fund, with the Irish tax authorities, the Revenue Commissioners. They in turn may exchange this information, and other financial information with foreign tax authorities, including tax authorities located outside the EU.

If you have any questions about this form or defining the account holder's tax residency status, please speak to a tax adviser or local tax authority.

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

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

(Mandatory fields are marked with an *)

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

Section 1: Account Holder Identification

Account Holder Name*: _____ (the "Entity")

Country of Incorporation or Organisation: _____

Current Registered Address*: _____

Number: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

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

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

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

U.S. TIN: _____

Or

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

Or

The Entity is a US person but **not** a *Specified U.S. Person* (please also complete Sections 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 or indicate at 3.3 the reason why you are unable to provide a GIIN.

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

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.	<p>The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN Please provide the sponsor's name and sponsor's GIIN : Sponsor's Name: _____ Sponsor's GIIN: <input type="text"/>. <input type="text"/>. <input type="text"/>. <input type="text"/> <i>NOTE: this option is only available to Sponsored Investment Entities in Model 1 IGA jurisdictions. Sponsored Investment Entities that do not have U.S. reportable accounts are not required to register and obtain a GIIN with the IRS unless and until U.S. reportable accounts are identified.</i></p>	<input type="checkbox"/>
II.	<p><i>The Entity is an Exempt Beneficial Owner,</i> <i>Please tick and confirm the category of Exempt Beneficial Owner;</i></p> <ul style="list-style-type: none"> I. <input type="checkbox"/> Government Entity II. <input type="checkbox"/> International Organisation III. <input type="checkbox"/> Foreign Central Bank IV. <input type="checkbox"/> Exempt Retirement Fund V. <input type="checkbox"/> Collective Investment Vehicle Wholly Owned by Exempt Beneficial Owners. 	<input type="checkbox"/>

III.	<i>The Entity is a Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the IGA Agreement)</i>	
<i>Indicate exemption: _____</i>		
IV.	<i>Non-Participating Foreign Financial Institution</i>	
V.	<i>Excepted Foreign Financial Institution</i>	
VI.	<i>The Entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN</i> <i>Trustee's Name: _____</i>	
<i>Trustee's GIIN: . . . </i>		

3.4 Non-Financial Institutions under FATCA:

If the Entity is not a Financial Institution, please confirm the Entity's FATCA classification below by ticking one of the below categories

I.	<i>Active Non-Financial Foreign Entity</i>	
II.	<i>Passive Non-Financial Foreign Entity (Please tick the box that applies)</i>	
	<i>I. Passive (NFFE) with no Controlling Persons that are specified U.S Persons.</i>	<input type="checkbox"/>
	<i>II. Passive (NFFE) with Controlling Persons that are specified U.S Persons. (If this box is ticked, please indicate the name of all natural Controlling Person(s) of the Entity in section 6.1 below and separately complete and include self-certification forms for each of your Controlling Persons)</i>	<input type="checkbox"/>
III.	<i>Excepted Non-Financial Foreign Entity</i>	
IV.	<i>Direct Reporting Please provide your GIIN . . . </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")). Please refer to the OECD CRS Web Portal for AEOI for more information on Tax Residence and TIN's.

<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759>

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..

NOTE: Under the Irish legislation implementing the CRS, provision of a Tax ID number (TIN) is required to be provided unless:

- a) You are tax resident in a Jurisdiction that does not issue a (TIN)
Or
- b) You are tax resident in a non-reportable Jurisdiction (i.e. Ireland or the USA)

Country of Tax Residency	Tax ID Number	If TIN unavailable Select (A, B or C) and check box below

If a TIN is unavailable, please provide the appropriate reason **A, B or C** where indicated below:

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents

Reason B - The Account Holder is otherwise unable to obtain a TIN (Please explain why you are unable to obtain a TIN if you selected **Reason B**)

Reason C - No TIN is required. (Note: Only select this reason if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)

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):

In addition please note that the information that the Entity has to provide may differ depending on whether they are resident in a participating or non-participating CRS Jurisdiction.

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

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

5.1 Financial Institutions under CRS:

If the Entity is a **Financial Institution, Resident in either a Participating or Non-Participating CRS Jurisdiction** please review and tick one of the below categories that applies and specify the type of Financial Institution below.

Note: Please check the Irish Revenue AEOI portal at the time of completion of this form to confirm whether your country of Tax Jurisdiction is considered Participating or Non-Participating for the purposes of CRS Due-Diligence in Ireland. <http://www.revenue.ie/en/business/aeoi/participating-jurisdictions.pdf>

I.	A Reporting Financial Institution resident in a participating CRS jurisdiction	
II.	<p>A Financial Institution Resident in a Non-Participating Jurisdiction (Please also tick the box that applies)</p> <p><input type="checkbox"/> An Investment Entity resident 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 in section 6 below and complete a separate individual self-certification forms for each of your Controlling Persons“)</p> <p><input type="checkbox"/> An Investment Entity resident in a Non-Participating Jurisdiction that is not managed by another Financial Institution</p> <p><input type="checkbox"/> Other Financial Institution, including a Depository Financial Institution, Custodial Institution or Specified Insurance Company</p>	
III.	<p>Non-Reporting Financial Institution under CRS.</p> <p>Specify the type of Non-Reporting Financial Institution below:</p> <p><input type="checkbox"/> Governmental Entity <input type="checkbox"/> International Organization <input type="checkbox"/> Central Bank <input type="checkbox"/> Broad Participation Retirement Fund <input type="checkbox"/> Narrow Participation Retirement Fund <input type="checkbox"/> Pension Fund of a Governmental Entity, International Organization, or Central Bank <input type="checkbox"/> Exempt Collective Investment Vehicle <input type="checkbox"/> Trust whose trustee reports all required information with respect to all CRS Reportable Accounts <input type="checkbox"/> Qualified Credit Card Issuer <input type="checkbox"/> Other Entity defined under the domestic law as low risk of being used to evade tax.</p> <p>Specify the type provided in the domestic law:</p>	

5.2 Non Financial Institutions under CRS:

If the Entity is a *not defined as a Financial Institution under CRS then*, please tick one of the below categories confirming if you are an Active or Passive NFE.

I.	Active NFE – a corporation the stock of which is regularly traded on an established securities market. Please provide the name if the established securities market on which the corporation is regularly traded: _____
II.	Active NFE – if you are a Related Entity of a regularly traded corporation. Please provide the name of the regularly traded corporation that the Entity is a Related Entity of: _____ Please provide details of the securities market that the entity is listed on : _____
III.	Active NFE – a Government Entity or Central Bank
IV.	Active NFE – an International Organisation
V.	Active NFE – other than those listed in I, II, III or IV above. (for example a start-up NFE or a non-profit NFE)
VI.	Passive NFE - (if this box is ticked, please also complete Section 6.1 below and indicate the name of all natural Controlling Person(s) of the Entity and complete a separate Individual Self-Certification Form for each of your Controlling Person(s))

Section 6: Controlling Persons

NB: Please note that each Controlling Person must complete a separate “*Individual (including Controlling Persons) FATCA and CRS 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/>

6.1 Controlling Person(s) of the Account Holder:

If you have ticked a Passive NFE with Controlling Persons in **either the FATCA or CRS Classification sections above**, then please also complete this section for each of the Controlling Person(s) of the account holder and provide a separate “*Individual (including Controlling Persons) FATCA and CRS Self-Certification*” form for each Controlling person as per 6.2 below:

Indicate the name of all Controlling Person(s) of the Account Holder:

I.	_____
II.	_____
III.	_____

Note: In case of a trust, Controlling Persons means the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary (ies) or class(es) of beneficiary(ies), **AND** any other natural person(s) exercising ultimate effective control over the trust. With respect to an Entity that is a legal person, if there are no natural person(s) who exercise control over the Entity, then the Controlling Person will be the natural person who holds the position of senior managing official of the Entity.

6.2 Complete a separate Individual (Controlling Person's) Self-Certification for FATCA and CRS for each Controlling Person listed in Section 6.1.

Section 7: 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 on behalf of the Entity undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstance (for guidance refer to Irish Revenue or OECD website) occurs which causes any of the information contained in this form to be incorrect.

Authorised Signature(s)*:

Print Name(s)*:

Capacity in which declaration is made*:

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

INDIVIDUAL (CONTROLLING PERSON'S) SELF-CERTIFICATION**Instructions for completion**

We are obliged under Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this form you are providing personal information which may constitute personal data within the meaning of the General Data Protection Regulation (697/2016/EU) (the "GDPR") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2003). Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Fund, with the Irish tax authorities, the Revenue Commissioners. They may in turn exchange this information, and other financial information with foreign tax authorities, including tax authorities outside the EU.

If you have any questions about this form or defining the account holder's tax residency status, please speak to a tax adviser or local tax authority.

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

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

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

Section 1, 2, 3 and 5 must be completed by all Account holders or Controlling Persons.

Section 4 should only be completed by any individual who is a Controlling Person of an entity account holder which is a Passive Non-Financial Entity, or a Controlling Person of an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution.

(Mandatory fields are marked with an *)

Section 1: Account Holder/Controlling Person 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** a U.S. citizen and/or resident in the U.S. for tax purposes and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

OR

(b) I confirm that I **am not** a U.S. citizen or resident in the U.S. for tax purposes.

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

Please indicate your country of tax residence (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers ("TINs")).

For further guidance on Tax Residence and TINs, please refer to the OECD CRS Information Portal
<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759>

NOTE: Under the Irish legislation implementing the CRS, provision of a Tax ID number (TIN) is required to be provided unless:

- a) You are tax resident in a Jurisdiction that does not issue a (TIN),
or,
- b) You are tax resident in a non-reportable Jurisdiction (i.e. Ireland or the USA)

Country of Residency	Tax ID Number

If a TIN is unavailable, please tick the appropriate box as follows;

- Reason A** - The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents
- Reason B** - No TIN is required. (Note: Only select this reason if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)
- Reason C** - The Account Holder is otherwise unable to obtain a TIN (*Please explain why you are unable to obtain a TIN if you selected Reason C*)

Section 4 – Type of Controlling Person

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

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

Please confirm what type of Controlling Person applicable under CRS that applies to you/the investor by ticking the appropriate box	Please Tick	Entity Name
Controlling Person of a legal person – control by ownership		
Controlling Person of a legal person – control by other means		
Controlling Person of a legal person – senior managing official		
Controlling Person of a trust – settlor		
Controlling Person of a trust – trustee		
Controlling Person of a trust – protector		

Controlling Person of a trust – beneficiary		
Controlling Person of a trust – other		
Controlling Person of a legal arrangement (non-trust) - settlor equivalent		
Controlling Person of a legal arrangement (non-trust) - trustee equivalent		
Controlling Person of a legal arrangement (non-trust) - protector equivalent		
Controlling Person of a legal arrangement (non-trust) - beneficiary equivalent		
Controlling Person of a legal arrangement (non-trust) - other equivalent		

Section 5: Declaration and Undertakings:

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

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

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

Data Protection - Customer Information Notice :

The Common Reporting Standard (CRS), formally referred to as the Standard for Automatic Exchange of Financial Account Information, is an information standard for the automatic exchange of information (AEoI), developed in the context of the Organisation for Economic Co-operation and Development (OECD).

The standard requires that Financial Institutions in participating jurisdictions gather certain information from account holders (and, in particular situations, also collect information in relation to relevant Controlling Persons of such account holders).

Under CRS account holder information (and, in particular situations, information in relation to relevant Controlling Persons of such account holders) is to be reported to the relevant tax authority where the account is held, which, if a different country to that in which the account holder resides, will be shared with the relevant tax authority of the account holder's resident country, if that is a CRS-participating jurisdiction.

Information that may be reported includes name, address, date of birth, place of birth, account balance, any payments including redemption and dividend/interest payments, Tax Residency(ies) and TIN(s).

Further information is available on the OECD website: <http://oecd.org/tax/automatic-exchange/>
And on the Irish Revenue website: <https://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx>

Authorised Signature*: _____

Print Name*: _____

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

Capacity*: _____

Robeco Institutional Umbrella Fund (the "Fund")
(Additional) Subscription Form

Please complete this form in blue or black ink using BLOCK CAPITALS:

Robeco Institutional Umbrella Fund
 C/o Northern Trust International Fund Administration Services (Ireland) Limited
 Investor Services Department
 George's Court
 54-62 Townsend Street
 Dublin 2
 Ireland

REGISTERED INFORMATION

Registered Account Name

Account Number

Your Company Contact

Name: Phone No:
 E-Mail Address:

DEAL INSTRUCTIONS

Amount to be invested Amount

Amount in words

Name of Sub-Fund

Unit Class

ORIGINATING ACCOUNT DETAILS

Bank Name

Bank Address

Sort Code

ABA

Account Name

Account Number

Payment Reference

Note: Any subscription proceeds paid in currencies other than the Base Currency of the relevant Sub-Fund or the designated currency of the relevant [Share/Unit] Class will be converted into that currency at prevailing exchange rates. This foreign exchange transaction will be arranged by the Administrator at the cost and risk of the relevant investor.

A REQUEST TO CHANGE BANK ACCOUNT DETAILS MUST BE MADE IN WRITING TO THE ADMINISTRATOR AND MUST BE ACCOMPANIED BY A BANK STATEMENT OR BANKER'S REFERENCE.

PLEASE NOTE:

- Monies must originate from the account of the investor.
- Failure to complete these details accurately and in accordance with the original signed Application Form and forward monies within the relevant settlement time scale may result in the loss of good value and an interest claim from the Fund.
- I/We confirm that I/we have the authority to make this investment.
- I/We confirm that the Administrator received all forms and documents to confirm our status (including tax status) and that none of the details changed since then.
- I/We hereby agree to indemnify and hold harmless the Administrator, on its own behalf and as agent for the Fund, and its directors, officers and employees against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly, from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document delivered by me/us to the Fund or the Administrator. The Administrator will not be responsible or liable for the authenticity of instructions received from me/us or any authorised person and may rely upon any instruction from any such person representing himself to be a duly authorised person reasonably believed by the Administrator to be genuine.

Authorised Signatories

Print Name

Signatory 1

Signatory 2

Signatory 3

Signatory 4

Date

NOTE: A REQUEST TO CHANGE BANK ACCOUNT DETAILS MUST BE MADE IN WRITING TO THE ADMINISTRATOR AND MUST BE ACCOMPANIED BY A BANK STATEMENT OR BANKER'S REFERENCE.

NOTES:

- (a) Requests for redemption or distribution payments to be made by telegraphic transfer will be subject to bank charges. Such charges will normally be payable by the Unitholder although the Fund has the discretion to determine that these charges should be borne by the Fund or the relevant Sub-Fund.
- (b) If subscribing for Units in more than one Sub-Fund investors must clearly mark the payment reference accounts for each particular Sub-Fund and the sub-account.
- (c) The Base Currency of the Sub-Fund and the designated currency of any Units will be set out in the Information Memorandum and is also noted above. Applications for Units shall be accepted in the Base Currency of the relevant Sub-Fund or the designated currency of the relevant Unit Class. At the discretion of the Fund, applications may be accepted in currencies other than the Base Currency.
- (d) Any subscription proceeds paid in currencies other than the Base Currency of the relevant Sub-Fund or the designated currency of the relevant Unit Class will be converted into that currency at prevailing exchange rates. This foreign exchange transaction will be arranged by the Administrator at the cost and risk of the relevant investor.
- (e) Please ensure that you have read the Information Memorandum before completing this Application Form. Defined terms used in this Application Form are those used in the Information Memorandum (unless the context otherwise requires).

Method of Payment

Please pay monies in accordance with the Settlement Days in the Information Memorandum and with the deadlines outlined below:

For other currencies, refer to this website: www.robeco.com/riam.

Please remit payment to the following bank account:-

Currency	GBP	EURO	USD	CAD
Intermediary Bank:	The Northern Trust Company	Societe Generale	The Northern Trust Company	Toronto Dominion Bank
Intermediary Address:	London	Paris	Chicago	Toronto
Intermediary SWIFT Code:	CNORGB22XXX	SOGEFRPP	CNORUS44	TDOMCATT
Intermediary ABA Code / Sort Code:	Sort Code: 232863		071000152	
Intermediary A/C Number:		001015853970	5186061000	0360012298537
Beneficiary Bank	Northern Trust Global Services SE Luxembourg			
Beneficiary Bank Sort Code:				
Beneficiary Bank SWIFT code:	CNORLULXXXX	CNORLULXXXX	CNORLULXXXX	CNORLULXXXX
Beneficiary account name & number:	LU974060000017648823	LU974060000017648823	17-50460	LU974060000017648823
Reference: Register number and/or order number				

**Robeco Institutional Umbrella Fund (the "Fund")
Redemption Form**

Please complete this form in blue or black ink using BLOCK CAPITALS

Robeco Institutional Umbrella Fund
C/o Northern Trust International Fund Administration Services (Ireland) Limited
Investor Services Department
George's Court
54-62 Townsend Street
Dublin 2
Ireland

REGISTERED INFORMATION

Registered Account Name	<input type="text"/>				
Account Number	<input type="text"/>				
Your Company contact	<table border="0"> <tr> <td>Name:</td> <td>Phone No:</td> </tr> <tr> <td></td> <td>E-mail Address:</td> </tr> </table>	Name:	Phone No:		E-mail Address:
Name:	Phone No:				
	E-mail Address:				

DEAL INSTRUCTIONS

Amount to be redeemed	Amount	<input type="text"/>	Units	<input type="text"/>
Amount in words	<input type="text"/>			
Name of Sub-Fund	<input type="text"/>			
Share/Unit Class	<input type="text"/>			

BANK ACCOUNT DETAILS (*Where the below bank account instructions differ from those held on file by the Administrator, an original, signed copy of the new instructions together with a bank statement or banker's reference must be received by the Administrator in advance of the remittance of redemption proceeds).*

Bank Name	<input type="text"/>		
Bank Address	<input type="text"/>		
Sort Code	<input type="text"/>	ABA	<input type="text"/>
Account Name	<input type="text"/>		

Account Number

IBAN Number

Correspondent
Bank & Swift Code

Name:
Swift Code:

F.F.C to

Account Name

Account Number

Any redemption proceeds paid in currencies other than the Base Currency of the relevant Sub-Fund or the designated currency of the relevant [Share/Unit] Class will be converted into that currency at prevailing exchange rates. This foreign exchange transaction will be arranged by the Administrator at the cost and risk of the relevant investor.

PLEASE NOTE

- I/We confirm that I/we have the authority to make this redemption request.
- I/We hereby agree to indemnify and hold harmless the Administrator on its own behalf and as agent for the Fund and its respective directors, officers and employees against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly, from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document delivered by me/us to the Fund or the Administrator. The Administrator will not be responsible or liable for the authenticity of instructions received from me/us or any authorised person and may rely upon any instruction from any such person representing himself to be a duly authorised person reasonably believed by the Administrator to be genuine.

Authorised Signatories**Print Name**

Signatory 1

Signatory 2

Signatory 3

Signatory 4

Date

NOTE: A REQUEST TO CHANGE BANK ACCOUNT DETAILS MUST BE MADE IN WRITING TO THE ADMINISTRATOR AND MUST BE ACCOMPANIED BY A BANK STATEMENT OR BANKER'S REFERENCE.

NOTES:

- (a) Requests for redemption or distribution payments to be made by telegraphic transfer will be subject to bank charges. Such charges will normally be payable by the Unitholder although the Fund has the discretion to determine that these charges should be borne by the Fund or the relevant Sub-Fund.
- (b) If subscribing for Units in more than one Sub-Fund investors must clearly mark the payment reference accounts for each particular Sub-Fund and the sub-account.
- (c) The Base Currency of the Sub-Fund and the designated currency of any Units will be set out in the Information Memorandum and is also noted above. Applications for Units shall be accepted in the Base Currency of the relevant Sub-Fund or the designated currency of the relevant Unit Class. At the discretion of the Fund, applications may be accepted in currencies other than the Base Currency.
- (d) Any subscription proceeds paid in currencies other than the Base Currency of the relevant Sub-Fund or the designated currency of the relevant Unit Class will be converted into that currency at prevailing exchange rates. This foreign exchange transaction will be arranged by the Administrator at the cost and risk of the relevant investor.
- (e) Please ensure that you have read the Information Memorandum before completing this Application Form. Defined terms used in this Application Form are those used in the Information Memorandum (unless the context otherwise requires).

DATA PROTECTION NOTICE*

This notice sets out how Robeco Institutional Umbrella Fund (“the Fund”) will process personal information

Where your details are provided to “the Fund” as a consequence of your investment in “the Fund”, then “the Fund”, acting as a data controller may itself (or through a third party such as Northern Trust International Fund Administration Services (Ireland) Limited (“the Administrator”) acting in its capacity as the Fund’s administrator process your personal information or that of your directors, officers, employees and/or beneficial owners. When processing your personal information, there may also be times where the Administrator will act as a data controller. In connection with this, please note the following:

Purposes of Processing and Legal basis for processing

Your personal data may be processed by “the Fund” or “the Administrator” (or any of their affiliates, agents, employees, delegates or sub-contractors) for the following purposes:

- to facilitate the opening of your account with “the Fund”, the management and administration of your holdings in “the Fund” and any related account on an on-going basis (the “Services”) which are necessary for the performance of your contract with “the Fund”, including without limitation the processing of redemption, conversion, transfer and additional subscription requests and the payment of distributions;
- in order to carry out anti-money laundering checks and related actions which “the Fund” considers appropriate to meet any legal obligations imposed on “the Fund” relating to, or the processing in the public interest or to pursue “the Fund’s” legitimate interests in relation to, the prevention of fraud, money laundering, terrorist financing, bribery, corruption, tax evasion and to prevent the provision of financial and other services to persons who may be subject to economic or trade sanctions, on an on-going basis, in accordance with “the Fund” and “the Administrator’s” anti-money laundering procedures;
- to report tax related information to tax authorities in order to comply with a legal obligation;
- to monitor and record calls and electronic communications for (i) processing and verification of instructions, (ii) investigation and fraud prevention purposes, (iii) for crime detection, prevention, investigation and prosecution, (iv) to enforce or defend “the Fund” and its affiliates', itself or through third parties to whom it delegates such responsibilities or rights in order to comply with any legal obligation imposed on “the Fund”, (v) to pursue “the Fund’s” legitimate interests in relation to such matters or (vi) where the processing is in the public interest;
- to disclose information to other third parties such as service providers of “the Fund”, auditors, regulatory authorities and technology providers in order to comply with any legal obligation imposed on “the Fund” or in order to pursue the legitimate interests of “the Fund”;
- to monitor and record calls for quality, business analysis, training and related purposes in order to pursue the legitimate interests of “the Fund” to improve its service delivery;
- to update and maintain records and fee calculation;
- to retain AML and other records of individuals to assist with the subsequent screening of them by “the Administrator” including in relation to other funds or clients of “the Administrator” in pursuance of “the Administrator’s” and its clients' legitimate interests;

and which are necessary to comply with “the Fund” or “the Administrator’s” legal obligations and/or which are necessary for “the Fund” or “the Administrator’s” legitimate interests indicated above and/or the processing is in the public interest.

Recipients of Data and International Transfer of Data

“The Fund” may disclose your personal information as follows:

- to its service providers, including “the Administrator”, and their affiliates, and other third party service providers engaged by “the Fund” in order to process the data for the above mentioned purposes;
- to competent authorities (including tax authorities), courts and bodies as required by law or requested or to affiliates for internal investigations and reporting; and

*For use by fund clients of Northern Trust, where Northern Trust is providing transfer Agency Services

The disclosure of personal information to the third parties set out above may involve the transfer of data to the USA and other jurisdictions outside the European Economic Area (**EEA**) in accordance with the requirements of the General Data Protection Regulation. Such countries may not have the same data protection laws as your jurisdiction. “The Fund” has authorised “the Administrator” as its agent to put in place Standard Contractual Clauses with relevant parties to whom personal data will be transferred. Please contact “the Administrator” for copies of the Standard Contractual Clauses that have been entered into on behalf of “the Fund”.

Retention period

“The Fund” and “the Administrator” will retain your personal information for as long as required for “the Fund” or “the Administrator” to perform the Services or perform investigations in relation to same depending on whether additional legal/regulatory obligations mandate that “the Fund” retains your personal information.

Data Subject Rights

You have the following rights, in certain circumstances, in relation to your personal information:

- Right to access your personal information.
- Right to rectify your personal information.
- Right to restrict the use of your personal information (in certain specific circumstances).
- Right to request that your personal information is erased (in certain specific circumstances).
- Right to object to processing of your personal information (in certain specific circumstances).
- Right to data portability (in certain specific circumstances).

Where “the Fund” or “the Administrator” requires your personal information to comply with AML or other legal requirements, failure to provide this information means “the Fund” may not be able to accept you as an investor in “the Fund”.

You have the right to lodge a complaint with a supervisory authority in the EU Member State of your habitual residence or place of work or in the place of the alleged infringement if you consider that the processing of personal data relating to you carried out by “the Fund” or its service providers infringes the General Data Protection Regulation.

How to contact us

If you have any questions about our use of your personal information, please contact us at client.service@robeco.nl or Robeco Client Service, Weena 850, 3014 DA Rotterdam The Netherlands.