



Signet UCITS Funds plc
(the "Company")

Subscription Application Form
for

Signet Global Leaders Fund (the "Sub-Fund")

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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 WILL DELAY THE PAYMENT OF REDEMPTION PROCEEDS AND/OR DIVIDENDS.
- INVESTORS SHOULD ENSURE THAT BOTH SECTION HEADED “DECLARATION OF RESIDENCY OUTSIDE OF IRELAND” ON PAGE 30 AND THE SECTION HEADED “SIGNATURE” ON PAGE 35 HAVE BEEN SIGNED BEFORE RETURNING THIS TO THE ADMINISTRATOR.

ADMINISTRATOR

SS&C Financial Services (Ireland) Limited,
First Floor, La Touche House,
IFSC, Dublin 1
Ireland

Tel: +353 1 514 9620

Fax: +1 914 729 9523

Email: ISTradedesk@sscinc.com for trades only or Signet.Ire.IR@sscinc.com for queries

Signet Global Leaders Fund

1. APPLICATION FORM FOR THE SUB-FUND

Initial Application Form

Please complete this form in blue or black ink using **BLOCK CAPITALS**. This Application Form, together with the Money Laundering Verification Requirements and the Declaration of Irish Residence outside Ireland, constitutes your agreement to subscribe for Shares in the Sub-Fund. You should email, post or fax your subscription (in which case the original must also be forwarded) to the Administrator at the following address:

SS&C Financial Services (Ireland) Limited,
First Floor, La Touche House,
IFSC, Dublin 1
Ireland

Fax: +1 914 729 9523

Email: ISTradedesk@sscinc.com for trades only or Signet.Ire.IR@sscinc.com for queries

SUBSCRIPTION DETAILS:

U.S. DOLLAR

Beneficiary Bank Name	Sparkasse Bank Malta p.l.c.
Beneficiary Name Full beneficiary account name	Signet UCITS Funds plc - Signet Global Leaders Fund - CLT
Beneficiary USD Giro Account No:	8100070126040
Beneficiary USD IBAN/Account	MT46SBMT55505000008100070126040
Beneficiary Bank BIC	SBMTMTMTXXX
Correspondent Bank BIC	RZBAATWWXXX
Intermediary Bank BIC – US Domestic	SCBLUS33XXX

PLEASE COMPLETE EITHER THE "MONETARY AMOUNT" FIELD.

Share Class Name	ISIN	SEDOL	Monetary Amount
CLASS A SHARES			
Dollar Accumulation Class A Shares	IE00BJN6RP14	BJN6RP1	
Euro Accumulation Class A Shares	IE00BJN6RM82	BJN6RM8	
Sterling Accumulation Class A Shares	IE00BJN6RN99	BJN6RN9	
Swiss Franc Accumulation Class A Shares	IE00BJN6RQ21	BJN6RQ2	
CLASS B SHARES			
Dollar Accumulation Class B Shares	IE00BMG4G237	BMG4G23	
Euro Accumulation Class B Shares	IE00BMG4G344	BMG4G34	
Sterling Accumulation Class B Shares	IE00BMG4G450	BMG4G45	
Swiss Franc Accumulation Class B Shares	IE00BMG4G567	BMG4G56	

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CLASS C SHARES			
Dollar Accumulation Class C Shares	IE000JABAAQ3		
Euro Accumulation Class C Shares	IE0007HP3AR5		
Sterling Accumulation Class C Shares	IE00036UYLW3		
Swiss Franc Accumulation Class C Shares	IE000N7MQJ28		
CLASS I SHARES			
Dollar Accumulation Class I Shares	IE000PLPCT52		

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

NAME(S) FOR REGISTRATION (BLOCK CAPITALS)

SHAREHOLDER 1	SHAREHOLDER 2
First Name & Family Name/Company Name <input type="text"/>	First Name & Family Name/Company Name <input type="text"/>
Street 1 <input type="text"/>	Street 1 <input type="text"/>
Street 2 <input type="text"/>	Street 2 <input type="text"/>
Town/Country/Postcode <input type="text"/>	Town/Country/Postcode <input type="text"/>
Contact Telephone Number <input type="text"/>	Contact Telephone Number <input type="text"/>
Contact Fax Number <input type="text"/>	Contact Fax Number <input type="text"/>
Contact Email address <input type="text"/>	Contact Email address <input type="text"/>
Mailing address (if different from the address of the first names holder) <input type="text"/>	

DEALING PROCEDURE

All application, redemption, transfer requests and instructions in relation to the Shares in Sub-Fund must be received before the times specified in the Company's prospectus (the "Prospectus") and the Supplement. Applications, redemptions and transfer requests received after that time will generally be deemed to have been received for the next Dealing Day. No redemption payment will be made until the original Application Form has been received from the investor and the Administrator is satisfied that all of the necessary anti-money laundering checks have been completed in full.

By ticking the box opposite, I hereby consent to 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 Sub-Fund.

☐

The Company's investment manager may send you information on other products and services which may be of interest to you. If you do not wish to receive information on other products or services, please tick this box

☐

2. TAXATION OF SAVINGS DIRECTIVE

Pursuant to the E.U. Savings Directive, Member States are required to provide to the tax authorities of another Member State details of payments of interest (or similar income which may include distributions by the Company) paid by a person within its jurisdiction to an individual resident in that other Member State. The Directive has been enacted into Irish legislation. In order to comply with the Directive, the Company is required to establish the identity and residence of the beneficial owner of such payments. Each investor hereby acknowledges that such information may be reported to the Revenue Commissioners and acknowledges that he/she may be asked from time to time to provide additional information to the Company to allow the Company to comply with these obligations.

In accordance with the requirements of Council Directive 2003/48/EC ('Savings Directive'), individual investors are required to supply the following information. Under these requirements, the relevant paying agent may be required to disclose this information to the relevant tax authority depending on the investment and distribution policy of the Sub-Fund.

Your place of Residence for Tax Purposes: _____

Your Tax Reference Number in your place of Residence for Tax Purposes: _____

To verify your identity for tax purposes, please attach an original document containing your tax reference number or if not available, an identity document containing details of your place and date of birth for each shareholder.

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Individual and Joint Investors Only Residents in EU Relevant Jurisdictions (Appendix I)	
EU SAVINGS DIRECTIVE 2003/48/EC – Please complete if you are an EU Resident residing outside of Ireland only.	
As paying agent for the Company, we must collect additional information in order to satisfy the EU Savings Directive requirements. Therefore, individuals who are EU residents and reside outside of Ireland must provide the following additional information & documentation:	
Tax Identification Number (TIN)	<hr/> (mandatory)
Please leave blank if: your tax identification number <u>does not</u> appear on your passport, photo identity card or other proof of identity provided.	
Issuing Country of your Passport / Photo Identity Card	<hr/>
<u>Additional documents required</u> (Only if investing directly in your own or Joint names i.e., whether or not it is via an intermediary): <ol style="list-style-type: none">1. Proof of Tax Identification Number (TIN) if available. (e.g. photo identity card which shows the tax identification number or correspondence from your local tax office)2. Tax Residency Certificate (TRC) (where the place of issuing country of passport differs from country of tax residence)	
In the case of <u>Joint Holders</u> , the additional documentation is required for <u>each applicant</u> . Your information provided herein may be disclosed to the Irish Revenue Commissioners.	

3. BANKING DETAILS

BANK ACCOUNT DETAILS FOR SETTLEMENT OF REDEMPTION PROCEEDS (MANDATORY)

Name of Bank			
Account Name			
Address of Bank			
Account Number			
Sort Code			
IBAN			
SWIFT Code:		Reference Code:	

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

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

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

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

NOTES:

- (a) Please note bank charges may be deducted. Please see Prospectus for further details.
- (b) The Base Currency of the Sub-Fund and the designated currency of any Shares will be set out in the supplement to the Sub-Fund (the "**Supplement**") and is also noted above. Applications for Shares shall be accepted in the Base Currency of the Sub-Fund or the designated currency of the relevant Share class. At the discretion of the Directors, in consultation with the Administrator, applications may be accepted in currencies other than the Base Currency. Any applications made in currencies other than the Base Currency of the Sub-Fund or the designated currency of the relevant Share class will be converted into that currency at prevailing exchange rates by the Fund or the Investment Manager. This foreign exchange transaction will be at the cost and risk of the relevant investor.
- (c) Redemptions will not be processed on non cleared/verified accounts.
- (d) Shareholders should note that all/part of fees and expenses may be charged to the capital of the Company. This may have the effect of lowering the capital value of the investment.

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- (e) In accordance with the requirements of the Central Bank of Ireland and in consultation with the Administrator, subscriptions and redemptions may also be accepted by fax
- (f) If payment in full has not been received by the relevant times stipulated in the Prospectus and the Supplement, the Company and/or the Investment Manager may cancel the allotment and the Shareholder shall indemnify and hold harmless the Company, the Directors, the Investment Manager, the Administrator and the Custodian for any loss, cost or expense suffered by them as a result of a failure by the Shareholder to pay the subscription monies by the relevant time.
- (g) Please ensure that you have read the Prospectus and the Supplement thereto before completing this Application Form. Defined terms used in this Application Form are those used in the Prospectus and the Supplement (unless the context otherwise requires).
- (h) All Applicants should also read the Privacy Notice that is included in Appendix 7.
- (i) All Applicants should sign the necessary additional declarations on page 32. Exempt from tax non –Irish Residents and Exempt from tax Irish Residents should also complete the relevant declarations appropriate
- (j) Please note that Ireland and the United States entered into an intergovernmental agreement (the "US-Ireland IGA") in December 2012 in relation to the implementation of FATCA in Ireland. The Revenue Commissioners of Ireland have published draft Financial Accounts Reporting Regulations 2013 and supporting Guidance Notes to give effect to the US-Ireland IGA. If materially enacted in its current form, as is expected, this legislation would impose reporting obligations on the Company if it were to register with the US Internal Revenue Service ("IRS") under FATCA to report certain details to the Revenue Commissioners in relation to investors. Investors should be aware that the Company intends to register this year with the IRS in order to prevent withholding on US source investment income and proceeds upon the commencement of FATCA in 2014. Each investor hereby acknowledges that such information may be reported to the Revenue Commissioners and acknowledges that he/she may be asked from time to time to provide additional information to the Company to allow the Company to comply with these obligations.

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	FOR USD SETTLEMENT	FOR EURO SETTLEMENT	FOR GBP SETTLEMENT
To:			
Address:			
ABA/Sort Code:			
Swift Code:			
A/C Number/ IBAN Number			
A/C Name:			
For further credit to Account No:			
For further credit to Account name:			
Reference:			

MONIES MUST COME FROM THE ACCOUNT OF THE INVESTOR	
Please specify your Ordering Institution details for subscriptions	
Currency: _____	Correspondent Bank: _____
SWIFT/ ABA: _____	Account Number: _____

4. DISTRIBUTION REQUIREMENTS

I/We would like our distribution, if any re-invested ☐ Paid by Telegraphic Transfer ☐

Please confirm if you would like your distribution paid to the account details already specified above ☐

If not, please enter the banking details for the payment of distributions.

Name of Bank			
Account Name			
Address of Bank			
Account Number			
Sort Code			
IBAN Number			
Swift Code		Reference Code:	

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

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

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

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

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5. AGENT REQUIREMENTS To be completed by Financial Agents, Nominees and Intermediaries			
Agent Details			
Contact Name			
Agent Name			
Address			
Contact Fax Number		Contact Telephone Number	
VAT Registration Number			
Regulator		Regulator Approval Number	
Agents Stamp			
Agency Number			
Commission Terms Agreed with the Company Promoter:			

6. ANTI-MONEY LAUNDERING DOCUMENTATION REQUIREMENTS

You (the "Investor") must complete this Anti-Money Laundering Supplement ("AML Supplement") in order to become an Investor in the Fund. Your subscription agreement will be deemed incomplete, and you will not be deemed an Investor in the Fund, regardless of whether you have already wired funds, until all of the required documentation for your investor type is received and deemed to be in good order. A delay in providing documentation can result in delayed processing of the application and/or delayed payment of any future redemption proceeds being paid. The Fund and/or the Administrator reserve the right to request additional documentation from time to time.

Enhanced Due Diligence is required to be applied to investors who are Politically Exposed Persons (PEPs) or in any other such circumstance as the Fund or Administrator may deem. For example, the Administrator will require additional information where the investor is a PEP or, in other cases, in order to disregard the investor as a possible PEP.

SECTION I - INSTRUCTIONS

- (1) Fill in information in Sections II and III.
- (2) Identify the applicable Investor Type in Section IV and submit the required documentation for that Investor Type.
- (3) Check the appropriate box in Section V.
- (4) Date and sign the appropriate area in Section VI based on the Investor Type selected in Section IV.
- (5) Complete Declaration on own behalf or as intermediary and Ultimate Beneficial Owner Form attached as Schedule II and III, if necessary.

A properly completed and executed copy of the Subscription Application, completed AML Supplement, and documentation required under Section IV is to be provided to the Fund's Administrator.

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SECTION II: INVESTOR DETAILS (please complete either Individual or Corporate details as appropriate)

Name of Applicant	
Registered Address	
Principal Business Address	
Occupation	
Date of Birth	

In order for the Administrator to comply with applicable anti-money laundering legislation, the Administrator must be able to identify the source of funds sent to it for investment. Therefore, you must wire the payment from an account in your name. PLEASE NOTE THAT THIRD PARTY PAYMENTS WILL NOT BE ACCEPTED.

SECTION III: WIRING BANK DETAILS (which should be the same as in the Application Form)

Are you a Customer of the Wiring Bank below?		
Bank		
Address		
Name of Account Holder		
Account Number		

SECTION IV: INVESTOR TYPES

In order to comply with regulatory and industry standards, each investor is required to provide information and documentation based on his/her/its investor type. Please review the fourteen (14) Investor Types, check the box next to the Investor Type that best describes the investor, and provide the required documentation for your investor type to the Administrator at the time of subscription. **For Individuals or Entities who are not residents of, or incorporated in, an Equivalent Country- (as defined below), all copies must be certified by a suitable certifier and the original certified documents must be sent to the Fund's Administrator. The documents should be addressed to, Investor Relations Department, SS&C Financial Services (Ireland) Limited, La Touche House, IFSC, Dublin 1, Ireland. Failure to provide the required documentation can result in a delay in processing your subscription.**

1	INDIVIDUALS (or each joint investor)
	A copy of a valid passport (or national identity card, driver license, or government-issued identification with photograph)
	Proof of current residential address dated within the last 6 months (which must match the address given for subscription) via an original or certified copy of recent bank statement or utility bill (mobile phone bills are not acceptable)
	IF from a Non-Equivalent Country, please also provide:
	Certified copies of the above documents. One additional proof of residential address dated within the last 6 months (which must match the address given for subscription) via an original or certified copy of a recent bank statement or utility bill (mobile phone bills are not acceptable)
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
2	DESIGNATED PERSONS INVESTING ON ITS OWN BEHALF
	Proof that entity is regulated for AML purposes in a Equivalent Country (Evidence from regulatory website dated within 3 months)
	Signed own behalf investment declaration is required from the investor if not included in the subscription document
	Ultimate Beneficial Owner register extract (if applicable)
	Copy of Authorized Signatory List
3	DESIGNATED PERSONS INVESTING ON BEHALF OF THIRD PARTIES
	Proof that entity is regulated for AML purposes in a Equivalent Country (Evidence from regulatory website dated within 3 months)
	Signed declaration confirming investment is being made on behalf of a third party if not included in the subscription document.
	Ultimate beneficial ownership declaration
	Ultimate Beneficial Owner register extract (if applicable)
	AML Letter from the regulated institution
	Copy of Authorized Signatory List
4	NOMINEES & INTERMEDIARIES
	Where the Nominee Company is a wholly owned subsidiary of a regulated parent entity (in a Equivalent Country):
	Proof of regulation for the parent entity.
	Ultimate beneficial ownership declaration
	Ultimate Beneficial Owner register extract (if applicable)

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	AML Letter from the regulated parent entity
5	LISTED COMPANIES
	Copy of Authorized Signatory List
	Confirmation that company is listed on a stock exchange in an equivalent country (Evidence from Stock Exchange website dated within 3 months)
6	PRIVATE COMPANIES
	Copy of Certificate of Incorporation or equivalent
	Copy of the Memorandum and Articles of Association or equivalent
	A register of the Directors or a copy of audited annual accounts listing the directors
	Identification documentation of two directors (or one director and one authorized signatory) will be required as per the legal entity form (See relevant section)
	Full list of shareholders detailing the percentage ownership
	Ultimate Beneficial Owner register extract (if applicable)
	IF from a Non-Equivalent Country, all documentation listed above must be provided in certified format. Please also provide the following for all Beneficial Owners as described above:
	Certified copies of the above documents
	For all Beneficial Owners holding 25% or more of the share capital, profit or voting rights or otherwise exercise control over the management of the entity as described above, identification documentation will be required as per the legal entity form (see relevant section).
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
7	INSTITUTIONAL – Local and/or Public Authorities/Supranational Bodies
	Name of the home state authority and the nature of its relationship with the public body
	Nature and purpose of the institution
	List of controllers of the institution
	Verify the identity of two controllers or one controller and one authorised signer
	Details of the main public body officials (name, residential address, date of birth, and occupation)
	Identify all persons who own or control 25% or more of the entity's share capital or voting rights of the body or otherwise exercises control over the management of the body
	Ultimate Beneficial Owner register extract (if applicable)
	Copy of the latest audited report and accounts (or confirmation that they are not produced)
	IF from a Non-Equivalent Country, all documentation listed above must be provided in certified format. Please also provide the following:
	Certified copy of the most recent Audited Financial Statements, AND
	For 2 Officials:
	A certified copy of a valid passport (or national identity card, driver license, or government-issued identification with photograph)

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	Two Proofs of current residential address dated within the last 6 months via two original or certified copy of recent bank statements or utility bills (mobile phone bills are not acceptable)
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
8	PENSION SCHEMES
	<p>Simplified Due Diligence (“SCDD”) is considered appropriate for pension, superannuation or similar schemes provided proof is obtained from the local government authority confirming its exempt status. In order to qualify, the scheme must ensure that:</p> <p>1. Retirement benefits are provided to employees; and 2. Contributions are made by an employer or by way of deduction from an employee’s wages; and 3. The scheme rules do not permit the assignment of a member’s interests under the scheme; and 4. The pension scheme is registered in an equivalent jurisdiction (this can be determined independently).</p> <p>Confirmation of the above point must be obtained in order to apply SCDD to a pension scheme.</p>
	Pension schemes not qualifying for SCDD.
	Full name and registered address of scheme
	Copy of Authorized Signatory List
	Confirmation of registration from Pensions Board or relevant tax authority, if applicable
	Formation Document (e.g., Trust Deed or equivalent); and
	Details of Trustees/Directors/Board Members or the equivalent (name, residential address, date of birth, and occupation)
	Verification of two controllers – Trustees/Directors/Governors/Board Members or equivalent.
	IF from a Non-Equivalent Country, all documentation listed above must be provided in certified format. Please also provide the following:
	Name and address of the Scheme Administrator. Additional documentation may be required in respect of the Scheme Administrator. This will be advised on receipt of the Scheme Administrator details.
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
9	PRIVATE TRUSTS (With No Designated Person As Trustee)
	Copy of the Trust Deed or equivalent
	Registered address of the trust
	Confirmation of legal form of entity (e.g., trust or foundation)
	Nature and purpose of entity
	Details of all trustees (name, residential address, date of birth, and occupation)
	Details of the settlors or controllers or protectors (name, residential address, date of birth, and occupation)

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	Details of all Beneficial Owners (name, residential address, date of birth, and occupation)
	If there are no Beneficial Owners, provide details of the individual who has control over the trust and individuals in whose main interest the trust is set up or operates
	Identification documentation of two trustees (or one trustee and one authorized signatory) (see document requirements for individuals). If the Trustee is not an individual, identification documentation will be required as per the legal entity form (See relevant section)
	Ultimate Beneficial Owner register extract (if applicable)
	IF from a Non-Equivalent Country, all documentation listed above must be provided in certified format. Please also provide the following:
	Certified true copies of the above documents
	Identification documentation in respect of all beneficiaries as per the legal entity form (see relevant section).
	Identification documentation in respect of all Settlers, Protectors & Enforcers
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
10	PARTNERSHIPS
	Copy of the Partnership Agreement or equivalent including the full name of the entity and registered address
	Details of all partners (name, residential address, date of birth, and occupation) or where the Partnership is a Fund
	Verification of the identity of the General Partner
	Details of the and Partners who own 25% or more of the partnership capital, profit, voting rights or otherwise exercise control over the management of the entity (name, residential address, date of birth, and occupation)
	Ultimate Beneficial Owner register extract (if applicable)
	Identification documentation of the General Partner or two partners (or one partner and one authorized signatory) as per the legal entity form (see relevant section)
	IF from a Non-Equivalent Country, all documentation listed above must be provided in certified format. Please also provide the following:
	Certified copy of the partnership agreement
	Verification of the identity of the General Partner
	Identification documentation for all partners who own 25% or more of the partnership capital, profit, voting rights or otherwise exercise control over the management of the entity in line with their legal entity form (see relevant section)
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
11	LIMITED LIABILITY COMPANIES
	Full name and registered address

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	Operating agreement
	Copy of the Certificate of Formation or equivalent
	Identification documentation for two Managing Members (or one Managing Member and one authorized signatory) as per the legal entity form (see relevant section)
	Details of all Managing Members (name, residential address, date of birth, and occupation)
	Details of Members who own 25% or more of the share capital, profit, voting rights or otherwise exercise control over the management of the entity (name, residential address, date of birth, and occupation)
	Ultimate Beneficial Owner register extract (if applicable)
	IF from a Non-Equivalent Country, all documentation listed above must be provided in certified format. Please also provide the following:
	Certified formation documentation and certified documentation for the managing members
	Identification documentation for all Members beneficially entitled to
	25% or more of the share capital, profit voting rights or otherwise exercise control over the management of the entity as per the legal entity form (see relevant section)
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
12	REGISTERED CHARITIES/FOUNDATIONS
	Confirmation on nature and purpose of charity including nature of funding
	Full name and address of the institution
	Constitutional or Formation document
	Details of Trustees/Directors/Board Members or the equivalent (name, residential address, date of birth, and occupation)
	Review of the relevant charities register
	Identification documentation of either two Trustees/Directors/Board Members or the equivalent (or one Trustee/Director/Board Member or equivalent and one authorized signatory) as per their legal entity form (see relevant section)
	Details of the beneficiaries (where ascertainable)
	IF from a Non-Equivalent Country, all documentation listed above must be provided in certified format. Please also provide the following:
	Certified Identification documentation for all beneficiaries who own 25% or more of the charity capital, profit or voting rights or otherwise exercise control over the management of the charity. Documentation required as per the legal entity form (see relevant section)
	Certified copy of the Audited Financial Statements
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
13	SCHOOLS, COLLEGES OR UNIVERSITIES
	Full name
	Registered office address

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	Copy of the constitutive document / formation document
	Details of the main officials (name, date of birth)
	Identification documentation of two officials (or one official and one authorized signatory) as per their legal entity form (see relevant section)
	Determine the ownership of the entity. In particular, determine if owned publicly or privately. In case of the latter, identify all beneficiaries holding 25% or more of the share capital, profit or voting rights
	IF from a Non-Equivalent Country, please also provide:
	Certified identification documentation of two officials in line with higher risk requirements
	Certified formation documentation
	Certified Identification documentation for all beneficiaries who own or control 25% or more of the entity's share capital, profit or voting rights, where applicable
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
14	FUNDS
	Full name of the Fund
	Registered address of the Fund
	Copy of the authorized signatory list
	Copy of the Offering Memorandum/PPM or equivalent
	Name and address of the Fund's Promoter and Administrator
	Proof of regulation for the entity conducting the AML on the underlying investors of the Fund
	Signed AML letter from the administrator on company headed paper
	Identify beneficial owners who own more than 25% of the Fund capital, profit or voting rights or otherwise exercise control over the management of the Fund
	Ultimate Beneficial Owner register extract (if applicable)
	IF from a Non-Equivalent Country, OR if entity conducting AML is not regulated in an equivalent country, all documentation listed above must be provided in certified format.
	Please also provide the following:
	Confirmation on the Source of Wealth
	SS&C Senior Management & Fund Approval
	Identification documentation of all investors holding 25% or more of the shares/units in the Fund as per their legal entity form (see relevant section)

SECTION V: POLITICALLY EXPOSED PERSON ("PEP") REPRESENTATION

Politically Exposed Persons ("PEPs"), and immediate family members, and close associates of such persons must also be identified and are subject to Enhanced Due Diligence.

☐ **I am a Politically Exposed Person ("PEP"), and/or immediate family member, and/or close associate of a PEP. Please provide the following details and complete Schedule I - Source of Wealth Confirmation:**

Name:	
Residential Address:	
Date of Birth:	
Occupation:	

☐ **I am NOT a Politically Exposed Person ("PEP"), and/or immediate family member, and/or close associate of a PEP.**

Signet Global Leaders Fund**SECTION VI: SIGNATURES**

The undersigned hereby represents that: (i) the information contained herein is complete and accurate and may be relied upon; and (ii) the anti-money laundering representations contained in Section VII are true and correct.

IN WITNESS WHEREOF, the undersigned has executed this Anti-Money Laundering Supplement this _____ day of _____, 202____.

SIGNATURE FOR INVESTOR TYPE 1 - INDIVIDUALS OR JOINT APPLICANTS as outlined in Section IV

Print Name	
Signature	
Print Name	
Signature	

SIGNATURE FOR INVESTOR TYPES 2-13 – COLLECTIVELY “ENTITIES” as outlined in Section IV

Name of Entity	
Authorized Signature	
Name	
Title	

DEFINITIONS

For the purposes of this Supplement:

“EQUIVALENT COUNTRY” means the countries set in SFSIL’s country risk assessment memorandum as having an effective AML/CFT system, low level of corruption/criminal activity and/or are in line with FATF recommendations on AML/CFT. The list includes the following countries EU Member States and Australia, Brazil, Canada, The French Overseas Territories of Mayotte, New Caledonia, French Polynesia, Saint Pierre and Miquelon and Wallis and Futuna), Hong Kong, Japan, Israel, Liechtenstein, Malta, The Netherlands (to include Aruba, Curacao and Saint Maarten), Norway, Singapore, South Africa, South Korea, Switzerland, United Kingdom and United States.

“BENEFICIAL OWNER” means, in relation to a body corporate, the definition given to it by point 6(a) of Article 3 of the EU Fourth Money Laundering Directive and includes any natural person who ultimately owns or controls the relevant legal entity through direct or indirect ownership of a sufficient percentage of the shares or voting rights or ownership interest in that entity or through control via other means.

“DESIGNATED PERSON” is a regulated financial institution (ie, bank or broker-dealer), a credit institution, a financial institution, an auditor, external accountant or tax advisor, a relevant independent legal professional, a trust or company service provider that is located in a Specified Country.

“POLITICALLY EXPOSED PERSON” A Politically-Exposed Person” (“PEP”) is an individual who has at any time in the preceding 12 months been entrusted with a prominent public function including either of the following individuals.

- (a) A specified official;
- (b) A member of the administrative, management or supervisory body of a state-owned enterprise;

“SETTLER” refers to the individual who created the trust or granted property to the trust.

“SUITABLE CERTIFIERS” include a chartered and certified public accountant, notary public, lawyer, embassy and consular staff, Director or Manager of a registered broker-dealer or other regulated financial institution, or a member of the judiciary or a senior civil servant. Each document presented must be marked with the words “original seen” or “true copy of the original document.” The document must be signed and dated by the individual certifying the document and noting their capacity, contact details, and license number (if applicable).

SOURCE OF WEALTH CONFIRMATION

"I/We acknowledge that measures aimed at the prevention of money laundering and terrorist financing will require the verification of my/our identity, address and source of funds and in certain circumstances of the relevant beneficial owner. In addition, this also requires the ongoing monitoring of our business relationship. I/we also acknowledge that the commencement of a business relationship with politically exposed persons, commonly referred to as PEPs, requires a higher level of scrutiny. A PEP is an individual who is or has, at any time in the preceding 12 months, been entrusted with a prominent public function, his/her immediate family members and/or close associates of such person.

PEP Confirmation

I/We confirm that I am/we are a PEP Y/N

In the case of an incorporated applicant, I confirm that the beneficial owner(s) is/are PEPs Y/N

Source of Wealth

If you have answered Yes to either of the previous questions or are resident/incorporated in a non-equivalent country, please complete the following:

To comply with the requirements of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010-2021, you are required to provide information to confirm the source of funds and source of wealth in respect of the amount you are investing. This checklist must be signed and dated by either the investor(s) or the intermediary.

Please fully complete the appropriate sections and associated details below.

Individual Investors: Please ensure that both A and C below are fully completed

Corporate Investors: Please ensure that both B and C below are fully completed

A Individuals

(to be completed in respect of single and joint applicants)

Occupation

Employer (omit if retired)

Annual Income (omit if retired)

Source of funds

Income

Savings

Inheritance

Benefactor

Date

Sale of existing assets

Type of assets sold

Other

Please specify

Details of Additional Assets Held

Cash

Value

Property

Value

Shares/Bonds

Value

Other (Details)

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None

Investor's net worth (total assets less liabilities) In respect of joint applicants, combined total net worth

USD/EUR 100,000 to 500,000

<input type="checkbox"/>
<input type="checkbox"/>

USD/EUR 1,000,001 to 1,250,000

USD/EUR 500,001 to 1,000,000

More than USD/EUR 1,250,000

B Corporate

Please provide one of the following

- (i) an original document or certified true copy of latest audited financial statements, or
- (ii) an original document or certified true copy of latest financial statements, or
- (iv) confirmation that (i) or (ii) are not produced plus details of the corporate's:

1. Activities and nature of business activity
2. Annual net profits for previous and current financial years and net assets at end of current and previous financial years
3. Anticipated level of investment in products offered by SS&C in the coming 12 months

C This checklist must be signed and dated by the investor(s) or the intermediary

Prepared by (capitals)

Name of investor

or Name of intermediary

Signature

Date

(Please complete fully as incomplete applications may be rejected)

I/We acknowledge that the Administrator reserves the right not to issue shares/units until such time as the Administrator has received and is satisfied with all the information and documentation requested to verify my/our identity, address, PEP status and source of funds. I/We also acknowledge that the Administrator shall be held harmless by me/us against any loss suffered by the Administrator arising as a result of a failure to process my/our application for shares/units if such information and documentation as has been requested by the Administrator has not been provided by me/us. I/We also confirm that if my status changes I/we will alert the administrator"

Declaration on own behalf or as intermediary

Please tick A or B where relevant

A Declaration on own behalf ☐

I/We declare that I am/we are applying for shares on my own/our own behalf/on behalf of a company and that I am/we are/the company is entitled to the Shares in respect of which this declaration is made.

B Declaration as intermediary ☐

I/we declare that I am/we are applying for shares on behalf of persons who will be beneficially entitled to the Shares.

Note: Please also complete the ultimate beneficial ownership declaration attached

Date/Month/Year: _____

Signature: _____

Full Name: _____

Title: _____

Ultimate Beneficial Ownership Declaration

The undersigned [Name] _____

is an authorized signatory of _____

a company incorporated under the laws of _____

having its registered office at _____

and registered and / or regulated with _____

Please select the correct option**Option 1 :**

- No individual holds equal to or more than 25% interest in the investment as its ultimate beneficial owner;

Option 2

- *[Name of Shareholder who directly/indirectly owns more than 25% of the investment]*

_____ holds _____% interest in the investment as its ultimate beneficial owner;

Date/Month/Year _____

Signature: _____

Full Name: _____

Title: _____

Note: A trade will not be placed until the Ultimate Beneficial Owners have been confirmed.

Please return this form duly completed with the subscription document.

7. REPRESENTATIONS AND WARRANTIES

1. I/We confirm that I am/we are 18 years of age or over.
2. I / We confirm that a current copy of the Prospectus, the Supplement and the Key Investor Information Document (the "**KIID**") in respect of the Sub-Fund has been provided to me/us. I / We hereby also acknowledge that the Company's most recent Prospectus, the Supplement for the Sub-Fund and the KIID are available from the website of the investment manager at www.signetmanagement.com.
3. I/We, having received and considered a copy of the current Prospectus, any relevant Supplement thereto, the KIID and the Privacy Notice ((at Appendix 7 of the Application Form) which sets out the Company's obligations under applicable data protection law) and the most recent annual and/or semi-annual report of the Company (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.
4. I/We agree that the issue and allotment to me/us of the Shares is subject to the provisions of the Prospectus and the Supplement thereto, that subscription for Shares will be governed and construed in accordance with Irish law and I/we confirm that by subscribing for Shares, I/we are not relying on any information or representation other than such as may be contained in the Prospectus, the relevant supplements and the most recent annual or semi annual report (if available) thereto.
5. I/We undertake to observe and be bound by the provisions of the Articles of Association of the Company (as amended from time to time) and apply for the Shares issued in relation to this application to be entered in the register of Shareholders in my/our name(s) (or in the name of a nominee or agent).
6. 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.
7. I/We agree to notify the Company or the Administrator immediately if I/we become aware that any of the representations is no longer accurate and complete in all respects and agree immediately to take such action as the Company may direct, including where appropriate, the redemption of my/our holding in its entirety. I/We agree to indemnify each of the Administrator and the Company and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them as a result of any breach of any of the representations, warranties or declarations given by me/us in this Application Form.
8. I / We consent to any notice or other document to be sent by the Company to me / us as a Shareholder, by electronic means including but not limited to e-mail, swift or posting such notice or other document on a website notified to me/us by post or by e-mail.
9. 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 Sub-Fund.
10. I/We understand that the tax disclosure set forth in the Prospectus and the relevant supplements thereto 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 Shares depend on my/our individual circumstances.

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11. I/We acknowledge the right of the Company at any time to require the mandatory redemption of Shares in the circumstances provided for in the Prospectus and the relevant supplements thereto.

12. Please tick (✓) as appropriate:-

(a) ☐ I am a U.S. Person (as defined in the Prospectus) and that I have contacted the Company before making an investment in the Sub-Fund in relation to this matter.

(b) ☐ I/We hereby certify that the Shares 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 Prospectus, sell or offer to sell or transfer Shares in the United States or to or for the benefit of a U.S. Person.

In particular: (a) I/we understand that the Company has not been and will not be registered under the United States Investment Company Act of 1940, as amended, that the Shares have not been registered and will not be registered under the United States Securities Act of 1933, as amended, and that the Shares have not been qualified under the securities laws of any state of the United States and may not be offered, sold or transferred in the United States or to or for the benefit of, directly or indirectly, any U.S. Person; (b) I am not/none of us is a U.S. Person; and (c) I am not/none of us is acquiring the Shares 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.

13. I/We will hold Shares on behalf of a U.S. Taxpayer (as defined below):

Yes ☐ No ☐ (please tick the appropriate box)

If the "yes" box is ticked, then I/we understand the U.S. tax consequences of such an investment. I/We agree to provide the Company with such additional tax information as it may from time to time request.

"U.S. Taxpayer" is defined to include a U.S. citizen or resident alien of the United States (as defined for United States federal income tax purposes); any entity treated as a partnership or corporation for U.S. tax purposes that is created or organised in, or under the laws of, the United States or any state thereof (including the District of Columbia); any other partnership that is treated as a U.S. Taxpayer under U.S. Treasury Department regulations; any estate, the income of which is subject to U.S. income taxation regardless of source; and any trust over whose administration a court within the United States has primary supervision and all substantial decisions of which are under the control of one or more U.S. fiduciaries. Persons who have lost their U.S. citizenship and who live outside the United States may nonetheless, in some circumstances, be treated as U.S. Taxpayers.

An investor may be a "U.S. Taxpayer" but not a "U.S. Person". For example, an individual who is a U.S. citizen residing outside of the United States is not a "U.S. Person" but is a "U.S. Taxpayer".

14. I/We declare that the entity hereby subscribing for Shares is neither a Benefit Plan Investor nor investing on behalf of or with any assets of a Benefit Plan Investor as defined below. (Benefit Plan Investors should contact the Administrator.) "Benefit Plan Investor" is used as defined in Section 3(42) of the Employee Retirement Income

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Security Act of 1974, as amended ("ERISA"), and includes (i) any employee benefit plan subject to Part 4 of Title I of ERISA; (ii) any plan to which Section 4975 of the Internal Revenue Code of 1986, as amended, (the "Code") applies (which includes a trust described in Code Section 401(a)) which forms a part of a plan, which trust or plan is exempt from tax under Code Section 501(a), a plan described in Code Section 403(a), an individual retirement account described in Code Section 408 or 408A or an individual retirement annuity described in Code Section 408(b), a medical savings account described in Code Section 220(d) and an education savings account described in Code Section 530); and (iii) any entity whose underlying assets include plan assets by reason of a plan's investment in the entity (generally because 25 per cent. or more of a class of interests in the entity is owned by plans). Benefit Plan Investors also include that portion of any insurance company's general account assets that are considered "plan assets" and (except if the entity is an investment company registered under the 1940 Act) the assets of any insurance company separate account or bank common or collective trust in which plans invest.

15. 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.

16. 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 have ____ U.S. Person beneficial owner(s).

(State the number, not the percentage, of U.S. Person beneficial owners. Investment companies with U.S. Person beneficial owners must contact the Administrator.)

17. 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.

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

19. I am/we are able to bear the economic risk of an investment in the Shares, 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 Shares will not cause such overall commitment to be excessive.

20. The Administrator and the Company are each hereby authorised and instructed to accept and execute any instructions in respect of the Shares to which this application relates given by me/us in written form or by facsimile. If the instructions are given by me/us by facsimile I/we undertake to confirm them in writing immediately. I/We hereby agree to indemnify each of the Administrator and the Company (on its own behalf and as agent of the Company) and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them as a result of any of them acting upon

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facsimile instructions. The Administrator and the Company may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed in good faith to be genuine or to be signed by properly authorised persons.

21. I/We acknowledge that due to anti-money laundering requirements operating within their respective jurisdictions the Administrator and the Company (as the case may be) may require further identification and/or documentation to verify the source of funds and identity of the applicant(s) before the application can be processed and the Administrator and the Company (on its own behalf and as agent of the Company) shall be held harmless and indemnified against any loss arising as a result of a failure to process the application if such information has been required by the parties referred to and has not been provided by me/us or has been provided in incomplete form. The Administrator and the Company reserves the right to freeze the account or withhold a redemption payment to a applicant if suspects that doing so may breach or violate applicable AML laws or regulations.

22. I/We request that the Shares issued pursuant to this application are registered in the name(s) and address set out below.

23. I/We hereby accept such lesser number of Shares, if any, than may be specified above in respect of which this application may be accepted.

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

8. DECLARATION OF RESIDENCE OUTSIDE THE REPUBLIC OF IRELAND

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

☐ Declaration on own behalf

I/we* declare that I am/we are* applying for the shares on my own/our own behalf/on behalf of a company* and that I am/we are/the company* is entitled to the shares in respect of which this declaration is made and that

- I am/we are/the company is* not currently resident or ordinarily resident in Ireland, and
- should I/we/the company* become resident in Ireland I will/we will* so inform you, in writing, accordingly.

*Delete as appropriate (mandatory)

☐ Declaration as Intermediary

I/we* declare that I am/we are* applying for shares on behalf of persons:

- who will be beneficially entitled to the shares; and,
- who, to the best of my/our* knowledge and belief, are neither resident nor ordinarily resident in Ireland.

I/we* also declare that:

- unless I/we* specifically notify you to the contrary at the time of application, all applications for shares made by me/us* from the date of this application will be made on behalf of such persons; and,
- I/we* will inform you in writing if I/we* become aware that any person, on whose behalf I/we* holds shares, becomes resident in Ireland.

*Delete as appropriate (mandatory)

Name and address of applicant:			
Signature of applicant or authorised signatory:		(declarant)	
Capacity of authorised signatory (if applicable):			Date:
Joint Applicants			
Names:		Signatures:	

IMPORTANT NOTES

1. Non-resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration.
2. To be valid, the application form (incorporating the declaration required by the Irish Revenue Commissioners) must be signed by the applicant. Where there is more than one applicant, each person must sign. If the applicant is a company, it must be signed by the company secretary or another authorised officer.
3. If the application form (incorporating the declaration required by the Irish Revenue Commissioners) is signed under power of attorney, a copy of the power of attorney must be furnished in support of the signature.

9. ¹DECLARATION OF RESIDENCE WITHIN THE REPUBLIC OF IRELAND
Declaration referred to in Section 739D(6) Taxes Consolidation Act, 1997

- I declare that the information contained in this declaration is true and correct.
- I also declare that I am applying for the shares on behalf of the applicant named below who is entitled to the shares in respect of which this declaration is made and is a person referred to in Section 739D (6) of the Taxes Consolidation Act, 1997, being a person who is: (please tick as appropriate).
 - ☐ A pension scheme
 - ☐ A company carrying on life business within the meaning of section 706 TCA 1997
 - ☐ An investment undertaking
 - ☐ A special investment scheme
 - ☐ A unit trust to which section 731(5) (a) TCA 1997 applies;
 - ☐ A charity being a person referred to in section 739D(6)(f)(i) TCA 1997;
 - ☐ A qualifying management company
 - ☐ A specified company
 - ☐ Entitled to exemption from income tax and capital gains tax by virtue of sections 784A(2), and 787I of the TCA 1997, (see further requirements for Qualifying Fund Manager below).
 - ☐ A credit union to which Section 2 of the Credit Union Act, 1997 applies.

Additional requirement where the declaration is completed on behalf of a pension scheme, a company carrying on life business within the meaning of section 706 TCA 1997, an investment undertaking, a special investment scheme, a unit trust to which section 731(5) (a) TCA applies, a qualifying management company or a credit union to which Section 2 of the Credit Union Act 1997 applies

- I undertake that, in the event that the shares cease to be assets of the *pension scheme/company carrying on life business within the meaning of section 706 TCA 1997/investment undertaking/special investment scheme/unit trust to which section 731(5) (a) TCA applies/qualifying management company/credit union to which Section 2 of the Credit Union Act 1997 applies, including a case where the shares are transferred to another such entity, I will, by written notice, bring this fact to the attention of the investment undertaking accordingly. (*Delete as appropriate).

Additional requirements where the declaration is completed on behalf of a Charity

- I also declare that at the time of making this declaration, the shares in respect of which this declaration is made are held for charitable purposes only and;
- Form part of the assets of a body of persons or trust related by the Revenue Commissioners as a body or trust established for charitable purposes only, or are, according to the rules or regulations established by statute, charter, decree, deed of trust or will, held for charitable purposes only and are so treated by the Revenue Commissioners
- I undertake that, in the event that the person referred to in paragraph (7) (d) of Schedule 2B TCA 1997 ceases to be a person referred to in Section 739D(6)(f)(i) TCA 1997, I will by written notice, bring this fact to the attention of the investment undertaking accordingly.

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Additional requirements where the declaration is completed by a Qualifying Fund Manager/PRSA Administrator

I also declare that at the time this declaration is made, the share in respect of which this declaration is made;

- Are assets of an *approved retirement fund/an approved minimum retirement fund or a PRSA, and
- Are managed by the declarant for the individual named below who is beneficially entitled to the shares.

I undertake that, if the shares cease to be assets of the *approved retirement fund/the approved minimum retirement fund/a PRSA, including a case where the shares are transferred to another such fund, I will, by written notice, bring this fact to the attention of the investment undertaking accordingly. (* Delete as appropriate).

Additional requirements where the declaration is completed by an Intermediary

I/we* declare that I am/we are* applying for shares/units on behalf of persons who

- to the best of my/our* knowledge and belief, have beneficial entitlement to each of the units in respect of which this declaration is made; and
- is a person referred to in section 739D(6) TCA 1997

I/we* also declare that

- unless I/we* specifically notify you to the contrary at the time of application, all applications for shares/units made by me/us* from the date of this application will be made on behalf of persons referred to in section 739D(6) TCA 1997; and
- I/we* will inform you in writing if I/we* become aware that any person ceases to be a person referred to in section 739D(6) TCA 1997. * Delete as appropriate

Name of Applicant:

² Irish Tax Reference Number of Applicant:

³Authorised Signatory:
(Declarant) (Mr/Ms/etc.)

Capacity in which declaration is made:
Date:

IMPORTANT NOTES

¹This is a form authorised by the Revenue Commissioners which may be subject to inspection. It is an offence to make a false declaration.

²Tax reference number in relation to a person, has the meaning assigned to it by Section 885 TCA 1997 in relation to a "specified person" within the meaning of that section. In the case of a charity, quote the Charity Exemption Number (CHY) as issued by Revenue. In the case of a qualifying fund manager, quote the tax reference number of the beneficial owner of the shares.

³In the case of (i) an exempt pension scheme, the administrator must sign the declaration (ii) a retirement annuity contract to which Section 784 or 785 applies, the person carrying on the business of granting annuities must sign the declaration (iii) a trust scheme, the trustees must sign the declaration. In the case of a charity, the declaration must be signed by the trustees or other authorised officer of a body of persons or trust established for charitable purposes only within the meaning of Sections 207 and 208 TCA 1997. It must also be signed by a qualifying fund manager of an approved retirement fund/an approved minimum retirement fund, by a qualifying savings manager of a special savings incentive account or by a PRSA administrator. In the case of an intermediary, the declaration must be signed by the intermediary. In the case of a company, the declaration must be signed by the company secretary or other authorised officer. In the case of a unit trust it must be signed by the trustees. In any other case, it must be signed by an authorised officer of the entity concerned or a person who holds a power of attorney from the entity. If the latter, a copy of the power of attorney should be furnished in support of this declaration.

Politically Exposed Persons

Please complete *EITHER* Section A OR B below, with reference to the definitions below:

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

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

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

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

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

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

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

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

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

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

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

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

OR

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

OR

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

OR

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

SECTION A

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

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

SECTION B

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

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

AND

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

AND

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

AND

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

☐
UCITS IV

By signing this application form, I / we* have viewed, reviewed and understood the Key Investor Information Document (KIID) to which this application form relates in good time and prior to making application for Share of such Class(es).

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.		

10. APPENDIX 1: Savings Directive – the list of ‘Relevant Jurisdictions’ and Third Countries

Member States (other than Ireland)		
Ireland will send information to the 24 other member states. Ireland will receive information from the other member states except from those marked * - those marked * will impose a withholding tax.	Austria*	Belgium
	Cyprus	Czech Republic
	Denmark	Estonia
	Finland	France
	Germany	Greece
	Hungary	Italy
	Latvia	Lithuania
	Luxembourg*	Malta
	Netherlands	Poland
	Portugal	Slovakia
	Slovenia	Spain
	Sweden	United Kingdom
	Romania	Bulgaria
	Dependant or associated territories of Member States (Netherlands and the UK)	
Ireland will send information to Aruba and Netherlands Antilles. Ireland will receive information from Aruba but not from Netherlands Antilles – they will impose a withholding tax.	<u>Dutch Territories</u> Aruba Netherlands Antilles	
Ireland will send information to Jersey, Guernsey and Isle of Man. Ireland will not receive information from them – they will impose a withholding tax.	<u>UK Territories</u> Jersey Guernsey Isle of Man	
Ireland will send information to and receive information from Anguilla.	Anguilla	
Ireland will not send information to or receive information from British Virgin Islands - they will impose a withholding tax.	British Virgin Islands	
Ireland will not send information to but will receive information from Cayman Islands.	Cayman Islands	
Ireland will send information to and receive information from Montserrat.	Montserrat	
Ireland will not send information to or receive information from Turks and Caicos Islands - they will impose a withholding tax.	Turks and Caicos Islands	

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Third Countries

These countries are not participating in automatic exchange of information. To the extent that they will exchange information it will be on a request basis only. Their participation is confined to imposing a withholding tax.

Andorra

Liechtenstein

Monaco

San Marino

Switzerland

The information contained herein has been obtained from sources which we believe to be reliable, but its accuracy cannot be guaranteed. Such information is subject to change, is intended for informational purposes only, and is not to be construed as investment advice, tax advice or guidance.

11. APPENDIX 2: ERISA DECLARATION

<p>I/We declare that I /we are (or are the using the assets of), or may become during the period in which I/we hold any Shares, (i) an employee benefit plan (as defined in Section 3(3) of ERISA), that is subject to Part 4 of Subtitle B of Title I of ERISA, (ii) a plan subject to section 4975 of the Internal Revenue Code of 1986, as amended, or (iii) any entity whose underlying assets include plan assets by reason of a plan's investment in the entity (a "Benefit Plan Investor"), and I/we recognise and acknowledge that it is at the Company's sole and absolute discretion whether my/our application for Shares will be accepted.</p>	<input type="checkbox"/>
<p>I/We declare that, I/we are not (and are not using the assets of) a Benefit Plan Investor to purchase or hold any Shares, and during the period I/we hold any Shares, no such Shares will be or be deemed to be held by any Benefit Plan Investor.</p>	<input type="checkbox"/>
<p>If I/we are (or are using the assets of) a Benefit Plan Investor that is a collective investment fund or insurance company general account, no more than ____% of such assets (as determined pursuant to applicable rules and regulatory guidance) investing in Shares pursuant hereto constitute assets of Benefit Plan Investors, and I/we agree to notify the Company promptly of any increase in such percentage.</p>	<input type="checkbox"/>
<p>If I/we are (or are deemed to be using the assets of) a Benefit Plan Investor, the applicable responsible fiduciary of such Benefit Plan Investor (the "Plan") has (A) considered the following with respect to the Plan's investment in the Company and has determined that, in view of such considerations, the purchase of the Shares is consistent with its fiduciary duties under ERISA: (i) whether the investment in the Company is prudent for the Plan; (ii) whether the Plan's current and anticipated liquidity needs would be met, given the limited rights to redeem or transfer the Shares; (iii) whether the investment would permit the Plan's overall portfolio to remain adequately diversified; and (iv) whether the investment is permitted under documents governing the Plan, and (B) (i) is responsible for the decision to invest in the Company; (ii) is independent of the Company and any of their affiliates; (iii) is qualified to make such investment decision and has, to the extent it deems necessary, consulted its own investment advisors and legal counsel regarding the investment in the Company; and (iv) in making its decision to invest in the Company has not relied on any advice or recommendation of the Company or any of their affiliates as a primary basis for investing in the Company.</p>	<input type="checkbox"/>
<p>The terms of the Scheme Particulars as received by me/us comply with our governing instruments and applicable laws governing the Plan, and I/we shall promptly advise the Company in writing of any changes in any governing law or any regulations or interpretations there under affecting the duties, responsibilities, liabilities or obligations of the Company or any of its employees, agents or affiliates to the Plan.</p>	<input type="checkbox"/>
<p>/We hereby declare and represent that I/we are not and for so long as I/we hold any Shares in the Company will not be a "controlling person". For the purposes of this representation, a "controlling person" is any person or entity (other than a Benefit Plan Investor) that has discretionary authority or control with respect to any assets of the Company, a person who provides investment advice for a fee (direct or indirect) with respect to any assets of the Company, or any "affiliate" (within the meaning of 29 U.S. C.F.R. Section 2510.3-101(f)(3)) of any such person).</p>	<input type="checkbox"/>

12. APPENDIX 3: REBATE REQUIREMENTS (FOR OFFICE USE ONLY)	
Apply Rebate on this fund	<input type="checkbox"/>
<ul style="list-style-type: none">• Management Fee• Investor Fee rebate• Frequency of rebate• Paid or Re-invested• Side letter received• Date	<ul style="list-style-type: none">..............................

13. APPENDIX 3: BANK REFERENCE LETTER

BANK REFERENCE LETTER

[To be printed on letterhead of the financial institution remitting payment]

Date:

Via mail and facsimile:

Signet Global Leaders Fund
c/o SS&C Financial Services (Ireland) Limited,
First Floor, La Touche House,
IFSC, Dublin 1
Ireland

Tel: +353 1 514 9620

Fax: +1 914 729 9523

Dear Sirs,

Re: Signet Global Leaders Fund

1. Name of remitting financial institution:
2. Address of remitting financial institution:
3. Name of customer:
4. Address of customer:
5. We have credited your account at [bank], account number [number] for [amount] by order of [subscriber] on [date].

The above is given in strictest confidence.

Yours faithfully,

Signed:

Full name:

Position:

14. APPENDIX 4: SELF-CERTIFICATION FOR FATCA AND CRS

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

Instructions for completion and Data Protection Notice

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 Data Protection Acts, 1998 and 2003 of Ireland. 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 Revenue, the Irish tax authority. 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.

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

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

Please note that where there are joint account holders each account holder 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.

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

*(Mandatory fields are marked with an *)*

***Section 1: Account Holder/Controlling Person Identification**

Account Holder / Controlling Person 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 and Date 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: Common Reporting Standard (CRS) Declaration of Tax Residency/Residencies (please confirm all Tax Residencies)

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 please refer to the OECD CRS Information Portal (<http://www.oecd.org/tax/automatic-exchange/>).

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** - 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 an individual who is a Controlling Person of an entity 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 use a separate Self-Certification form for each Controlling Person.

Please Confirm the type of Controlling Person applicable under CRS that applies to you/the Account holder 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		

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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 and consent to the fact 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).

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Further information is available on the OECD website: <http://oecd.org/tax/automatic-exchange/>
and on the Irish Revenue website - <http://www.revenue.ie/en/business/aeoi/>)

*Authorised Signature: _____

*Print Name: _____

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

*Capacity (if Controlling Person): _____

2. Entity Self-Certification for FATCA and CRS

Instructions for completion and Data Protection notice

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 Data Protection Acts, 1988 and 2003 of Ireland. 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 the Irish Revenue or the OECD website at: <http://www.revenue.ie/en/business/aeoi/index.html> and <http://www.oecd.org/tax/automatic-exchange> / in the case of CRS only.

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

Account holders that are Individuals or Controlling Persons should not complete this form and should complete the form entitled "Individual (including Controlling Persons) Self-Certification for FATCA and CRS".

(Mandatory fields are marked with an *)

***Section 1: Account Holder Identification**

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

Country of Incorporation or Organisation: _____

***Current (Resident or Registered) Address:**

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

***Section 2: FATCA Declaration:**

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

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

U.S. TIN: _____ ☐

Or

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

Or

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

Indicate exemption: _____

***Section 3: Entity's FATCA Classification (the information provided in this section is for FATCA, please note your FATCA 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 <i>GIIN</i> but is sponsored by another entity which does have a <i>GIIN</i>.</p> <p>(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 <i>GIIN</i> with the IRS unless and until U.S. reportable accounts are identified.)</p> <p>Please provide the sponsor's name and sponsor's <i>GIIN</i>:</p> <p>Sponsor's Name: _____ Sponsor's <i>GIIN</i>: _____</p>	<input type="checkbox"/>
II.	<p><i>The Entity is an Exempt Beneficial Owner</i></p> <p><i>Please tick and confirm the category of Exempt Beneficial Owner:</i></p> <p>I. <input type="checkbox"/> <i>Government Entity</i></p> <p>II. <input type="checkbox"/> <i>International Organisation</i></p> <p>III. <input type="checkbox"/> <i>Foreign Central Bank</i></p> <p>IV. <input type="checkbox"/> <i>Exempt Retirement Fund</i></p> <p>V. <input type="checkbox"/> <i>Collective Investment Vehicle Wholly Owned by Exempt Beneficial Owners.</i></p>	<input type="checkbox"/>
III.	<p><i>The Entity is a Certified Deemed Compliant Foreign Financial Institution</i> (including a deemed compliant Financial Institution under Annex II of the Agreement)</p> <p>Indicate exemption: _____</p>	<input type="checkbox"/>
IV.	<p><i>The Entity is a Non-Participating Foreign Financial Institution</i></p>	<input type="checkbox"/>

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

I.	Active Non-Financial Foreign Entity (NFFE)	<input type="checkbox"/>
II.	<p>Passive Non-Financial Foreign Entity (NFFE)</p> <p>I. Passive Non-Financial Foreign Entity with no Controlling Persons that are specified U.S Persons.</p> <p>II. Passive Non-Foreign Financial Entity 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)</p>	<input type="checkbox"/> <input type="checkbox"/>
III.	Excepted Non-Financial Foreign Entity (NFFE)	<input type="checkbox"/>
IV.	<p>Direct Reporting Non-Financial Foreign Entity (NFFE)</p> <p>Please provide your GIIN_____</p>	<input type="checkbox"/>

***Section 4: Common Reporting Standard ("CRS") Declaration of Tax Residency
(Note that Entities may have more than one country of Tax Residence)**

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.

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 above). 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/common-reporting-standard-and-related-commentaries/#d.en.345314>

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	<input type="checkbox"/>
II.	A Financial Institution Resident in a Non-Participating Jurisdiction <i>(Please also tick the box that applies)</i>	
	<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")	<input type="checkbox"/>
	<input type="checkbox"/> An Investment Entity resident in a Non-Participating Jurisdiction that is not managed by another Financial Institution	
	<input type="checkbox"/> Other Financial Institution , including a Depository Financial Institution, Custodial Institution or Specified Insurance Company	
III.	Non-Reporting Financial Institution under CRS. Specify the type of Non-Reporting Financial Institution below:	
	<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. Specify the type provided in the domestic law: _____	<input type="checkbox"/>

5.2 Non Financial Institution (Non-Financial Foreign Entity*NFE) under CRS:

If the Entity is 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.	<p>Active Non-Financial Entity (NFE) – a corporation the stock of which is regularly traded on an established securities market.</p> <p>Please provide the name of the established securities market on which the corporation is regularly traded: _____</p>	<input type="checkbox"/>
II.	<p>Active Non-Financial Entity (NFE) – if you are a Related Entity of a regularly traded corporation.</p> <p>Please provide the name of the regularly traded corporation that the Entity is a Related Entity of: _____</p> <p>Please provide details of the securities market that the entity is listed on: _____</p>	<input type="checkbox"/>
III.	<p>Active Non-Financial Entity (NFE) – a Government Entity or Central Bank</p>	<input type="checkbox"/>
IV.	<p>Active Non-Financial Entity (NFE) – an International Organisation</p>	<input type="checkbox"/>
V.	<p>Active Non-Financial Entity (NFE) – other than those listed in I, II, III or IV above (for example a start-up NFE or a non-profit NFE)</p>	<input type="checkbox"/>
VI.	<p>Passive Non-Financial Entity (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))</p>	<input type="checkbox"/>

*Section 6: Controlling Persons

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

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

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

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

Name of All Controlling Person(s) of the Account Holder:

If you have ticked sections 5.1 VI above, then please complete section 6.1 and 6.2 below:

6.1 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 and consent to the fact 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):** _____

15. APPENDIX 5: ADDITIONAL SUBSCRIPTION FORM

SIGNET UCITS FUNDS PLC – Signet Global Leaders Fund

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

SS&C Financial Services (Ireland) Limited,
First Floor, La Touche House,
IFSC, Dublin 1
Ireland

Tel: +353 1 514 9620

Fax: +1 914 729 9523

Email: ISTradedesk@sscinc.com for trades only or Signet.Ire.IR@sscinc.com for queries

REGISTERED INFORMATION

Registered Account Name		
Account Number		
Your Company Contact	Name:	Phone No: Fax No: E-mail Address:

SUBSCRIPTION DETAILS:

U.S. DOLLAR

Beneficiary Bank Name	Sparkasse Bank Malta p.l.c.
Beneficiary Name Full beneficiary account name	Signet UCITS Funds plc – Signet Global Leaders Fund - CLT
Beneficiary USD Giro Account No:	8100070126040
Beneficiary USD IBAN/Account	MT46SBMT55505000008100070126040
Beneficiary Bank BIC	SBMTMTMTXXX
Correspondent Bank BIC	RZBAATWWXXX
Intermediary Bank BIC – US Domestic	SCBLUS33XXX

Signet Global Leaders Fund

DEAL INSTRUCTIONS				
Amount to be invested	Amount:			
Amount in words				
Name of sub-fund	Signet Global Leaders Fund			
Name of share-class				

ORIGINATING ACCOUNT DETAILS			
Bank Name			
Bank Address			
Sort Code		ABA	
Account Name			
Account Number			
Payment Reference			

Signet Global Leaders Fund

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 settlement time scale will result in the loss of good value and an interest claim from the Company
- I/We confirm that I/we have the authority to make this investment.
- I/We hereby agree to indemnify and hold harmless the Company, the Administrator and the relevant distributor and their respective directors, officers and employees against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly, from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document delivered by me/us to the Company. The Company, the Administrator, or the distributor 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 to be genuine.

Authorised Signatories	Print Name
Signatory 1 <input type="text"/>	<input type="text"/>
Signatory 2 <input type="text"/>	<input type="text"/>
Signatory 3 <input type="text"/>	<input type="text"/>
Signatory 4 <input type="text"/>	<input type="text"/>
Date: <input type="text"/>	

16. APPENDIX 6: REDEMPTION FORM
SIGNET UCITS FUNDS PLC – Signet Global Leaders Fund

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

SS&C Financial Services (Ireland) Limited,
First Floor, La Touche House,
IFSC, Dublin 1
Ireland

Tel: +353 1 514 9620

Fax: +1 914 729 9523

Email: ISTradedesk@sscinc.com for trades only or Signet.Ire.IR@sscinc.com for queries

REGISTERED INFORMATION

Registered Account Name			
Account Number			
Your Company Contact	Name:	Phone No:	Fax No:
			E-mail Address:

DEAL INSTRUCTIONS

Amount to be redeemed	Amount:		Shares:	
Amount in words				
Name of sub-fund	Signet Global Leaders Fund			
Name of share-class				

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 must be received by the Administrator in advance of the remittance of redemption proceeds).

Bank Name			
Bank Address			
Sort Code		ABA	
Account Name			
Account Number			
IBAN Number			
Correspondent Bank & Swift Code	Name:		

Signet Global Leaders Fund

	Swift Code:
F.F.C to <input type="checkbox"/>	
Account Name	
Account Number	

Please note:

- Failure to complete these details accurately and in accordance with the original signed Application Form will result in the loss of good value and an interest claim from the Company.
- Please note that payments will only be made by bank to bank wire transfer to accounts in the name of the applicant(s).
- I/We confirm that I/we have the authority to make this redemption request.
- I/We hereby agree to indemnify and hold harmless the Company, Administrator, or the distributor and their respective directors, officers and employees against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly, from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document delivered by me/us to the
- Company. The Company, Administrator or the distributor (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 to be genuine.

Authorised Signatories	Print Name
Signatory 1 <input type="text"/>	<input type="text"/>
Signatory 2 <input type="text"/>	<input type="text"/>
Signatory 3 <input type="text"/>	<input type="text"/>
Signatory 4 <input type="text"/>	<input type="text"/>
Date: <input type="text"/>	

17. APPENDIX 7: PRIVACY NOTICE

Introduction

This notice sets out details of how and why Signet UCITS Funds plc of Beaux Lane House, Mercer Street Lower, Dublin 2, Ireland (the “**Company**”, “**we**”, “**us**”, “**our**”) and third parties acting on our behalf collect and process personal information in connection with investments in the Signet Global Leaders Fund (the “**Fund**”). We do this in compliance with our obligations under applicable data protection law. This notice explains what personal data is collected, the purposes for which it is used, the third parties to whom it may be disclosed and how individuals can exercise their rights in relation to their personal data.

This notice applies to the collection and processing of personal information relating to any individual investor in the Fund and personal information relating to individuals associated with corporate investors in the Fund, such as a corporate investor’s directors, shareholders, employees, professional advisers and other personnel. References to “**you**” and “**your**” mean the relevant individuals who are the subjects of the personal data to which this notice relates and “**your company**” means a corporate investor with which an individual is associated. Corporate investors should ensure that this notice is provided to any individual whose personal data the corporate investor has provided to us, such as its directors, shareholders, employees, and other personnel, within one month of completion of the application form.

About Us

The Company is the controller of the personal data collected via the application form. The Company engages third party service providers to process such personal data on behalf of the Company and those third parties act as processors. If you have any questions about the use of your personal data by or on behalf of the Fund, please contact us at the above address or info@signetmanagement.com.

Personal Data that we Process

We collect personal data relating to you that is provided to us in the application and in connection with our dealings with you or your company in relation to investments in the Fund, including your name, signature, postal address, email address, fax number, date of birth, and other contact details.

We may also collect personal data relation to you in connection with ensuring compliance with our legal obligations including your PPS number; passport number; photographic identification and verification such as copies of your passport; and address verification. For the purposes of carrying out due diligence, we may also collect information relating to your status as an ultimate beneficial owner of an entity, or as a politically exposed person.

We may collect and process personal data relating to you in connection with our on-going relationship with you or your company, such as via correspondence and calls, and in connection with our administration of you or your company’s investment in the Fund. We may record telephone calls for the purposes of record keeping, security and training.

In addition, we may collect personal data relating to you from third party sources in connection with complying with legislation relating to anti-money laundering, taxation, and other legislation applicable to investment funds.

We require you to complete the mandatory fields identified in our application form for the purpose of entering into a contract with you or your company. Please note that some of the information required by our application forms is necessary in order for us to administer your or your company’s investment in the Fund and if you or your company do not provide us with these required details, we may decline your or your company’s application to become an investor. Please be advised that you may be contractually obliged to ensure that certain information that we hold relating to you is up to date pursuant to the application form.

Signet Global Leaders Fund

Purposes of Processing and Legal Basis

Personal data that you or your company provides in your application form, or that we otherwise obtain in relation to you, will be processed for the following purposes:

- processing your or your company's application to become an investor;
- establishing your identity, and providing, servicing and administering your or your company's investment;
- complying with our legislative and regulatory obligations in connection with our dealings with you or your company, including under applicable law regarding anti-money laundering, taxation, the regulation of collective investment schemes, or the provision of financial services;
- for direct marketing purposes, subject to any preferences you communicate to us;
- if applicable, processing the fact that you are a politically exposed person, to comply with applicable legal obligations;
- to communicate with you by way of notice pursuant to applicable legislation or the Fund's Constitution;
- maintaining appropriate business records, including maintaining appropriate registers of shareholders;
- to respond to or evaluate any queries or complaints in relation to your or your company's investment;
- internal and external audits and, where necessary, investigations;
- establishing, exercising or defending legal claims; and

The legal grounds that we rely on to process your personal data are:

- that this is necessary to comply with our legal obligations;
- that this is necessary for the purposes of our legitimate interests or the legitimate interests of a third party to whom we provide your personal data. We will not process your personal data for these purposes if our or the third party's legitimate interests should be overridden by your own interests or fundamental rights and freedoms. The legitimate interests pursued by us in this regard include:
 - conducting our business in a responsible and commercially prudent manner and dealing with any disputes that may arise;
 - preventing, investigating or detecting theft, fraud or other criminal activity;
 - pursuing our corporate and social responsibility objectives;
- where you are an individual investor, that this is necessary to take steps at your request prior to entering into our contract with you and for the performance of our contract with you;
- in certain limited circumstances, your consent.

Recipients of Data

We may disclose your personal data to various recipients in connection with the above purposes, including:

- to SS&C Financial Services (Ireland) Limited, the Company's administrator;
- to Sparkasse Bank Malta plc, Ireland Branch, the Company's depositary;
- to Signet Capital Management Limited, the Company's investment manager;
- to the Revenue Commissioners and other tax authorities as required by applicable law, including FATCA or CRS;
- to the Central Bank of Ireland, auditors, or other competent regulatory authorities and bodies as requested or required by law;
- to other third parties who we engage to provide services to us, such as professional advisers, auditors and IT service providers; and
- to credit reference agencies in order to carry out money laundering and identity checks and to comply with legal obligations.

Transfers Abroad

In connection with the above purposes we may transfer your personal data outside the European Economic Area, including to a jurisdiction which is not recognised by the European Commission as providing for an equivalent level of protection for personal data as is provided for in the European Union. If and to the extent that we do so, we will ensure that appropriate measures are in place to comply with our obligations under applicable law governing such transfers, which may include: (a) entering into a contract governing the transfer which contains the "standard contractual clauses" approved for this purpose by the European Commission; (b) in respect of transfers to the United States of America, ensuring that the transfer is covered by the EU-US Privacy Shield framework; or (c) transferring your personal data pursuant to binding corporate rules.

Further details of the measures that we have taken in this regard and the territories to which your personal data may be transferred are available by contacting us at our address set out at the beginning of this form.

Retention

We will retain your personal data for the duration of your or your company's investment in the Fund and for such a period of time after the investment ends as is necessary to comply with our obligations under applicable law and, if relevant, to deal with any claim or dispute that might arise.

Your Rights

You have the following rights, in certain circumstances and subject to applicable exemptions, in relation to your personal data:

- the right to access the personal data that we hold about you, together with other information about our processing of that personal data;
- the right to require us to rectify any inaccuracies in your personal data;
- the right to require us to erase your personal data;
- the right to request that we no longer process your personal data for particular purposes;
- where the legal basis for processing is consent, the right to withdraw your consent at any time;
- the right to object to our use of your personal data or the way in which we process it; and
- where the legal basis for processing is consent or that it is necessary for the performance of a contract with you, the right to receive your personal data, which you provided to us, in a structured, commonly used and machine-readable format or to require us to transmit that data to another controller.

In order to exercise any of the rights set out above, please contact us at the address set out at the beginning of this form.

Complaints

If you are not happy with the way we have used your information or addressed your rights, you have the right to lodge a complaint with the Irish Data Protection Commission (info@dataprotection.ie) or your local supervisory authority.