

THE
NON-INDIVIDUAL INVESTOR
APPLICATION
FORM

This application is to be used for **Non-Individual investors ONLY**.
This form applies to applications from Companies, Partnerships, Charities,
Religious Orders, Associations, Trusts and other non-natural entities.

A CONTACT DETAILS

I/We hereby apply in the name of

NAME OF APPLICANT

ADDRESS

TELEPHONE

Day

Mobile

EMAIL

LEGAL ENTITY IDENTIFIER (LEI)

(required for listed notes/certificates, not deposits)

YOUR WEBSITE (IF APPLICABLE)

B INVESTMENT CHOICE

Please complete the section below entering your investment amount for each product(s).

The minimum investment amount for each product is specified in the product Brochure.

Investment advice is required for Hard Capital Protected Products and Kick-Out Products. Investments into Deposits may be transacted with or without investment advice.Investment advice provided by Intermediary BCP Advice not provided *(Deposits only)*

PRODUCT

INVESTMENT AMOUNT

| | |
|--|---|
| | € |
| | € |
| | € |
| | € |
| | € |

Is the applicant the beneficiary and controller of these funds?

Yes No If **No** please provide the name(s) of the Beneficial Owner/Controller and relationship to you:
BCP (€) Euro Electronic Funds Transfer (EFT) Details:**Bank Name:** HSBC Continental Europe, Ireland **Bank Address:** 1 Grand Canal Square, Grand Canal Harbour, Dublin 2, D02 P820**Account Number:** 37003680**Account Name:** BCP AM Client Asset Account**Sort Code:** 99-02-31**BIC Code:** HSBCIE2D**IBAN No.:** IE49 HSBC 9902 3137 0036 80**CHEQUES SHOULD BE MADE PAYABLE TO: BCP Asset Management DAC**

C

ANTI MONEY LAUNDERING REQUIREMENTS

As part of our Anti Money Laundering requirements we are obliged to obtain information about your economic activities, income, details on how you acquired the money you are investing and the source of the funds being used.

Please provide a description of your business activities

Please detail the country or countries where at least 20% of turnover is generated

POLITICALLY EXPOSED PERSON (PEP), RELATIVE OR CLOSE ASSOCIATE (RCA) OF A PEP AND OTHER PERSONS OF INFLUENCE

Are any of the Beneficiaries, Trustees, Settlers, Appointers or in the case of a Company Owner, Director, Beneficial Owner (or have been), a PEP or RCA of a PEP?

Yes No

Do any of the Beneficiaries, Trustees, Settlers, Appointers or in the case of a Company Owner, Director, Beneficial Owner hold (or have held) a prominent position or enjoy (or have enjoyed) a high public profile?

Yes No

Are any of the Beneficiaries, Trustees, Settlers, Appointers or in the case of a Company Owner, Director, Beneficial Owner involved (or have been involved) in political lobbying?

Yes No

If you have answered Yes to any of the above three questions, please complete the PEP, RCA and Other Persons of Influence Supplementary Form on pages 14 and 15. An explanation of these terms is provided in the Supplementary Form).

SOURCE OF WEALTH

Please select the relevant source(s) below to confirm how you accumulated the money you are currently investing. You may select more than one option.

Retained earnings

Sale of Asset / Investment *Please provide details below*

Sale of business *Please provide details below*

Other *Please provide details below*

Please provide as **much information** as you can on your Source of Wealth in the box below. In some instances BCP Asset Management may be required to obtain proof of Source of Wealth depending on the type of client, investment amount etc.

C ANTI MONEY LAUNDERING REQUIREMENTS Continued**SOURCE OF FUNDS**

Maturing BCP investment Investment from existing funds Non-BCP maturity / encashment *Please provide the name of financial institution in the box below*

Financial Institution: **PAYMENT METHOD**

Cheque EFT/Bank transfer *Please complete the section below* Bank / Credit Union Draft* *Please complete the section below and confirm the reason why a draft was used*

Reason for using Bank / Credit Union Draft: **For payment by EFT/Bank transfer or Bank/Credit Union Draft please complete the details below:**Institution Name Location of Account Account Name IBAN

***Where payment is via Bank/Credit Union Draft we also require:** The Draft must be accompanied with evidence from the bank/credit union (machine printed) that confirms the account number from which the Draft was drawn and the amount debited from the account. The form must be signed by the applicant(s). Alternatively please provide a copy of the account statement showing the withdrawal of the funds for the Draft.

BANK DETAILS FOR PAYMENTS

In order to pay maturity/income/interest proceeds please provide the relevant bank account details for you. Please note that maturity/income/interest proceeds can only be paid to an account in your name.

Account Name Bank/Credit Union/
Building Society Name Bank Address IBAN **D INVESTMENT EXPERIENCE & UNDERSTANDING**

THIS SECTION IS NOT REQUIRED IF YOU ARE ONLY APPLYING TO INVEST IN A DEPOSIT.

The purpose of this section is to allow BCP to meet its regulatory obligations to ensure all investors in BCP products have the appropriate level of investment knowledge and experience that would allow them properly evaluate the features and the risks involved in the BCP product. Please complete for the most experienced person connected with the application and with as much information as possible.

Name of the person completing the Investment Experience & Understanding section:

(A) INVESTMENT UNDERSTANDING: PLEASE COMPLETE EACH QUESTION BELOW BY INDICATING IF THE STATEMENT IS TRUE OR FALSE.

Counterparty Risk: The capital protection element of BCP products is provided by a bank, sometimes referred to as a counterparty. If this counterparty were to default on its obligations any capital protection provided by the counterparty would cease to apply and you may receive back less than the capital protected amount.

True False

Early Access: Some products allow you to cash-in (surrender) the investment early in normal market and funding conditions. If you do cash-in the investment prior to its maturity date, capital protection no longer applies and you may receive back more or less than your initial investment/capital protected amount.

True False

Decrement Indices (if applicable): Decrement indices are indices which typically re-invest dividends received, but have a fixed annual deduction, called a decrement. They are used to enhance product terms, but where the decrement is higher than the dividends received this will act as a drag on index performance.

True False

Conditional capital protection/Soft capital protection (if applicable): Some products provide conditional capital protection, sometimes referred to as "soft" capital protection. This means that the capital protection only applies if certain criteria are met e.g. as long as a fund or index has not fallen by more than a set %. For example if a product had a capital protection barrier of 50%, the investor would get 100% of their initial investment if the index had fallen by 40% at maturity; but if the index had fallen by 55% at maturity, the investor would only receive 45% of the initial investment.

True False

D INVESTMENT EXPERIENCE & UNDERSTANDING *Continued*

THIS SECTION IS NOT REQUIRED IF YOU ARE ONLY APPLYING TO INVEST IN A DEPOSIT.

(B) INVESTMENT EXPERIENCE:

| Asset Class (currently or previously invested in via Pension or Investment Portfolio) | No Experience | Limited Experience | Good Experience | Number of Years' Experience | Number of investments/trades | Investment Advice Used | No Advice Used |
|---|----------------------------------|--------------------|-----------------|--------------------------------|------------------------------|----------------------------------|----------------|
| | Please tick below where relevant | | | Please complete where relevant | | Please tick below where relevant | |
| Fixed Term Deposit | | | | | | | |
| 100% Hard Capital Protected Bond | | | | | | | |
| 85%/90%/95% Hard Capital Protected Bond | | | | | | | |
| ESMA 3 rated Multi Asset Fund | | | | | | | |
| ESMA 4 rated Multi Asset Fund | | | | | | | |
| ESMA 5 rated Multi Asset Fund | | | | | | | |
| Kick-Out Bonds/Soft Capital Protected Bonds | | | | | | | |
| Property Fund | | | | | | | |
| Equity Fund | | | | | | | |
| Listed Shares | | | | | | | |
| Private Equity | | | | | | | |
| Commodities | | | | | | | |

Any other relevant information?

Do you have a professional qualification? Yes No

If **Yes**, please describe:

E DECLARATION IN RESPECT OF STRUCTURED PRODUCT AND DEPOSIT APPLICATIONS

I/We authorise my/our advisor to view details of my/our account online via vespro.bcp.ie.

I/We agree to receive valuations and other communications from BCP online via vespro.bcp.ie.

I/We hereby request and authorise BCP to give effect to any written request, direction or instruction relating to the product on the signature(s) of me/us and I/We declare that this authorisation, unless terminated by my/our death or by operation of law, shall remain in full force and effect until the end of the Term of each product.

I/We understand the Terms and Conditions as set out in the Brochure including the location of the counterparty and agree to be bound by them.

I/We authorise BCP to hold my/our personal data on file, to contact me/us in writing, by telephone or by email in respect of financial services matters.

I/We confirm that I/we have received the BCP Client Asset Key Information Document.

I/We acknowledge that any deposit interest earned prior to the Start Date or after Maturity Date/Withdrawal will be retained by BCP, as will any deposit interest earned which is payable to BCP for services provided during the term of the Investment as set out in the relevant Brochure.

I/We acknowledge that all client assets held by BCP are held in an omnibus client asset account in the name of BCP.

I/We confirm that I/we have received the Key Information Document (KID) for each investment (where applicable).

I/We confirm that I have read and understand the benefits, risks and warnings as set out in the Brochure for each investment being applied for, and I have read and understand the Terms and Conditions and agree to be bound by them.

I/We confirm that I am/we are not a U.S. Person(s) and I am/we are resident outside the United States.

I/We confirm that I/we will notify BCP if I/we become a U.S. Person or reside in the United States during the term of the Bond(s). I/We understand that should this occur I/we cannot continue to hold the investment and must surrender the Bond(s) at its realisable value which may be more or less than the initial investment.

I/We confirm that where we have provided personal data in respect of an officer, director or employee I/we have obtained their consent for providing this information to BCP.

I/We agree to advise BCP immediately if, during the term of my/our investment, I/we or any beneficial owner becomes a PEP or a relative or close associate of a PEP or other person of influence.

I/We agree to notify BCP immediately if, during the term of my/our investment, there is a change of any beneficial owner or controller.

I/We confirm all the information is true and complete, including that not completed in my/our own hand.

F APPLICATION FOR INVESTMENT SERVICES – CLIENT CONFIRMATION

This section is to confirm that BCP is providing 'Non-Advisory' services to you as an investor. This means BCP is providing you with the service of receipt and transmission of a client order (also known as 'execution only') and has not provided you with investment advice. Where Non-Advisory services are provided to retail clients in relation to complex financial instruments you must be provided with investment advice. If advice is provided by your own Financial Advisor, BCP is required to assess the appropriateness of the transaction for your level of investment knowledge and experience. This information is gathered in Section D of this form.

WARNING: Not providing the information, or providing insufficient information, will not allow us to determine whether the service or product envisaged is appropriate for you. Should there be any material change in your circumstances please notify us. All information received is treated in confidence in accordance with the General Data Protection Regulation 2018 and the Irish Data Protection Act 2018. "Information" means any information given by you or on your behalf in connection with this application or any further information which may be given at a later stage either in writing, by email at a meeting or over the telephone including that furnished in connection with any application for any product/service available through us.

I/We hereby request BCP Asset Management DAC to provide Investment Services to me/us in accordance with its Terms of Business.

I/We understand and acknowledge that all transactions will be subject to the Terms of Business of BCP Asset Management DAC that are applicable at the time of each such transaction, and that the Terms of Business applicable at the date of this application may subsequently be varied.

I/We undertake to inform BCP Asset Management DAC in writing without delay if any information provided to the firm, including my/our address, residency, citizenship or tax status, changes.

I/We acknowledge that we have read, understand and accept BCP Asset Management DAC's Terms of Business.

I/We consent to the Information provided being used as described in the Data Protection section of the Terms of Business and I/we consent to the extent required to the processing of the Information relating to me/us, including the transfer of the Information outside the EEA, as outlined therein.

G SIGNATURES

I/We have reviewed this Application and confirm the Information, Declarations, Authorisations, Understandings, Acknowledgements and Consents given therein.

SIGNED

| | | | |
|----------------------|----------------------|-------------|----------------------|
| SIGNATURE (1) | <input type="text"/> | DATE | <input type="text"/> |
| SIGNATURE (2) | <input type="text"/> | DATE | <input type="text"/> |

For and on behalf of applicant

H INTERMEDIARY DECLARATION

Name of Intermediary Firm

Please note that for the purposes of face to face (see below), video calls do not constitute face to face, you must have met the client in person.

When was your last in person face to face meeting with the client Month Year Never met in person

When was your last video meeting with the client Month Year Never met via video

How long have you known the client

Does the client meet all the target market criteria outlined in the brochure of each investment? Yes No

If **No**, please explain the reason(s)

Have you completed all checks to verify the identity, address, source of funds and source of wealth of the applicant to the standards set out in the Anti-Money Laundering (AML) and Countering the Financing of Terrorism (CFT) legislation and is the transaction consistent with the pattern expected and does not give rise to AML/CTF concerns? Yes No

Please provide any additional information you feel may be relevant in assessing this application from an Anti-Money Laundering / Counter Terrorism Financing perspective e.g. how long you have known the client, source of wealth, various sources of income:

I hereby confirm that I have provided investment advice to my client with respect to this investment

| | | | |
|------------------|----------------------|-----------------|----------------------|
| SIGNATURE | <input type="text"/> | DATE | <input type="text"/> |
| NAME | <input type="text"/> | POSITION | <input type="text"/> |

For and on behalf of the intermediary

MANDATE

At a meeting of the Directors/Trustees/Controllers duly convened and held on the _____ day of _____ Year _____ the following resolution was passed.

"It was resolved that the entity should invest:

| PRODUCT NAME | AMOUNT |
|--------------|--------|
| | |
| | |
| | |
| | |
| TOTAL | |

and the following are authorised to complete, on behalf of the entity, the application forms and other documentation relating to this investment."

Specimen signatures of those authorised to give instructions - a minimum of two signatories are required, unless the Company only has one Director*:

| NAME | OFFICIAL POSITION | SIGNATURE |
|------|-------------------|-----------|
| | | |
| | | |
| | | |

*Please include all individuals including Directors who are authorised to apply for and give instructions in relation to this investment

I certify the above to be a true copy of the Resolution recorded in the minute book

SIGNED (Authorised Signatory)

PRINT NAME

Director/Secretary/Trustee*
*Circle as appropriate

DATE

FOR CORPORATE AND CHARITY INVESTMENTS

TAX COMPLIANCE - SELF CERTIFICATION FOR ENTITIES

For the purposes of FATCA and the Common Reporting Standard (CRS)

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 holders tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's interests in the Entity with relevant tax authorities. This form is intended to request information only where such request is not prohibited by Irish law.

If you have any questions about this form or defining the investor's tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser.

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

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

Please refer to the accompanying explanatory notes/instructions and/or contact your tax adviser to help complete this form.

SECTION A**ENTITY INFORMATION****ENTITY NAME****REGISTERED ADDRESS****POSTCODE****MAILING ADDRESS** *(If different)***POSTCODE****COUNTRY OF INCORPORATION/
ORGANISATION****SECTION B****ENTITY TAX RESIDENCY**

Please indicate ALL countries in which the Entity is incorporated/organised for the purposes of that country's income tax and the relevant Tax Identification Number or functional equivalent.

If you are unable to provide a relevant TAX Identification Number then please write the reason why in the TAX Identification Number section.

If the Entity is resident in the United States you must complete and return IRS (Internal revenue Service) form W-9. Please list additional non-US tax residencies in the table below.

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 principle office is located.

**COUNTRY OF
TAX RESIDENCY****COUNTRY OF
TAX RESIDENCY****COUNTRY OF
TAX RESIDENCY****TAX IDENTIFICATION
NUMBER****TAX IDENTIFICATION
NUMBER****TAX IDENTIFICATION
NUMBER****SECTION B1****FATCA DECLARATION SPECIFIED US PERSONS**

**PLEASE TICK EITHER (A), (B) OR (C) BELOW
AND COMPLETE AS APPROPRIATE.**

Tax Identification Number

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

(B) The Entity **is not** a Specified U.S. Person (please also complete Sections C, D and E)

(C) The Entity is a U.S. person but **not** a Specified U.S. Person (please also complete Sections C, D and E)

SECTION C ENTITY CLASSIFICATION FOR THE PURPOSES OF FATCA AND US IGAS

The Entity will either be a Financial institution (FI) or a Non-Financial Foreign Entity (NFFE). If you are an FI please complete Section C1 below, or if you are an NFFE please complete Section C2 below to determine the status of the Entity.

The information provided in this section is for FATCA, please note your classification may differ from your CRS classification in section D.

SECTION C1 THE ENTITY IS A FINANCIAL INSTITUTION

IF THE ENTITY IS A FINANCIAL INSTITUTION, PLEASE TICK ONE OF THE CATEGORIES BELOW AND PROVIDE THE ENTITY’S GIIN.

- Irish Financial Institution or a Partner Jurisdiction Financial Institution
- Registered Deemed Compliant Foreign Financial Institute
- Participating Foreign Financial Institution

a) Registered with IRS

If you have registered as a Financial Institution (FI) or as a Sponsored Entity please enter your Global Intermediary Identification Number (GIIN). If you are a Sponsored closely held Investment Vehicle please provide the GIIN of your sponsoring FI.

Please confirm whether the GIIN is your own or your sponsors: Own Sponsor

Name of Sponsor (if applicable):

b) If the Entity is unable to provide a GIIN please indicate the reason below

- i) The Entity has applied, or is going to apply, for a GIIN (but has not yet received it)
- ii) The Entity is an ‘Exempt Beneficial Owner’
- iii) The Entity is a ‘Certified or Otherwise Deemed Compliant FI’ for FATCA purposes (e.g. Irish registered charity)
- iv) The Entity is a ‘Non-Participating FFI’
- v) Exempt FFI
- vi) Other reason (Please specify):

SECTION C2 THE ENTITY IS NOT A FINANCIAL INSTITUTION

If the Entity is not an FI, it will be considered to be a ‘Non-Financial Foreign Entity (NFFE)’. It can be Active or Passive. Please confirm the status of the Entity according to Irish regulations:

- i) Active NFFE
- ii) Passive NFFE (Please complete section E)

SECTION D ENTITY CLASSIFICATION FOR THE PURPOSES OF CRS

Please note an Entity’s CRS classification may differ from its FATCA classification in Section C.

SECTION D1 FINANCIAL INSTITUTION UNDER CRS

IF THE ENTITY IS A FINANCIAL INSTITUTION, PLEASE TICK ONE OF THE CATEGORIES

- i) Financial Institution under CRS (other than (ii) below)
- ii) An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (If this box is ticked, please complete section E)

SECTION D2 / NON FINANCIAL INSTITUTION UNDER CRS

IF THE ENTITY IS A NON FINANCIAL INSTITUTION, PLEASE TICK ONE OF THE CATEGORIES

- i) Active Non-Financial Entity
- ii) Passive Non-Financial Entity (If this box is ticked, please complete section E)

SECTION E / CONTROLLING PERSONS SELF-DECLARATION OF RESIDENCY

Only complete this section if you have completed section C2 Passive NFFE, D1 part II or D2 Passive NFE.

If you have declared the Entity to be an FI in section C1, or an Active NFFE in Section C2 and D2, you do not need to complete this section.

If you have indicated that the Entity is a Passive NFE in section D and the Entity is a non-profit organisation you do not need to complete this section.

Please list below each controlling person.

For each controlling person it is MANDATORY to indicate ALL countries in which you are resident for the purposes of that country's income tax. You must provide the tax identification number (TIN) for each country they are tax resident in. Example TIN's include PPS Number, Social Security Number and US TIN (US).

If any of the controlling persons are a US citizen, US resident, or have a substantial presence in the US *(see definition below), you must include US and any additional non-US tax residencies in the tax residency table.

*Substantial presence is defined as if you were physically present in the US on at least: 31 days during the current year, and 183 days during the 3 year period that includes the current year and the 2 years immediately before that.

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 Management Official of the Entity.

CONTROLLING PERSON 1

Type of Controlling Person: Control by Ownership Control by Other Means Senior Management Official

Full Name

Registered Address

Postcode

| | | | | | |
|--------------------------|----------------------|---------------------------------|----------------------|---|----------------------|
| Date of Birth | <input type="text"/> | Town/City of Birth: (Mandatory) | <input type="text"/> | Country of Birth: (Mandatory) | <input type="text"/> |
| Country of Tax Residency | <input type="text"/> | Tax Identification Number | <input type="text"/> | Reason for no Tax Identification Number | <input type="text"/> |
| Country of Tax Residency | <input type="text"/> | Tax Identification Number | <input type="text"/> | Reason for no Tax Identification Number | <input type="text"/> |
| Country of Tax Residency | <input type="text"/> | Tax Identification Number | <input type="text"/> | Reason for no Tax Identification Number | <input type="text"/> |

CONTROLLING PERSON 2

Type of Controlling Person: Control by Ownership Control by Other Means Senior Management Official

Full Name

Registered Address

Postcode

| | | | | | |
|--------------------------|----------------------|---------------------------------|----------------------|---|----------------------|
| Date of Birth | <input type="text"/> | Town/City of Birth: (Mandatory) | <input type="text"/> | Country of Birth: (Mandatory) | <input type="text"/> |
| Country of Tax Residency | <input type="text"/> | Tax Identification Number | <input type="text"/> | Reason for no Tax Identification Number | <input type="text"/> |
| Country of Tax Residency | <input type="text"/> | Tax Identification Number | <input type="text"/> | Reason for no Tax Identification Number | <input type="text"/> |
| Country of Tax Residency | <input type="text"/> | Tax Identification Number | <input type="text"/> | Reason for no Tax Identification Number | <input type="text"/> |

CONTROLLING PERSON 3

Type of Controlling Person: Control by Ownership Control by Other Means Senior Management Official

Full Name

Registered Address

Postcode

Date of Birth

Town/City of Birth:
(Mandatory)

Country of Birth:
(Mandatory)

Country of
Tax Residency

Tax Identification
Number

Reason for no Tax
Identification Number

Country of
Tax Residency

Tax Identification
Number

Reason for no Tax
Identification Number

Country of
Tax Residency

Tax Identification
Number

Reason for no Tax
Identification Number

CONTROLLING PERSON 4

Type of Controlling Person: Control by Ownership Control by Other Means Senior Management Official

Full Name

Registered Address

Postcode

Date of Birth

Town/City of Birth:
(Mandatory)

Country of Birth:
(Mandatory)

Country of
Tax Residency

Tax Identification
Number

Reason for no Tax
Identification Number

Country of
Tax Residency

Tax Identification
Number

Reason for no Tax
Identification Number

Country of
Tax Residency

Tax Identification
Number

Reason for no Tax
Identification Number

Please attach additional sheets if necessary.

SECTION F**DECLARATION**

1. I undertake to advise BCP promptly of any change in circumstances which causes the information contained herein to become incorrect or incomplete and to provide BCP with an updated declaration within 30 days of such a change in circumstances.

2. I am aware that in certain circumstances BCP will be obliged to share information about the account with Irish tax authorities, who may pass it on to other tax authorities

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

SIGNATURE

PRINT NAME

CAPACITY

DATE

FOR OFFICE USE ONLY

Please supply account number(s) if this is a new self certificate for use against existing accounts.



Please complete this form for each person who has a Beneficial Ownership in this entity. Additional forms are provided from page 17 onwards.

Central Register of Beneficial Ownership of Companies and Industrial and Provident Societies (RBO)

Data which should be held by companies in their own internal Beneficial Ownership Register. The following must be completed for each Beneficial Owner:

| | |
|--|--|
| 1 | Company / Entity Name: |
| 2 | Company / Entity Number: |
| 3 | Surname: |
| 4 | Forename(s): |
| 5 | Date of Birth: |
| 6 | Nationality: |
| 7 | Country of residence: |
| 8 | Nature of Interest/Control (e.g. shareholder): |
| 9 | Extent of Interest/Control (e.g. 30%): |
| 10 | Residential address: |
| 11 | Eircode (optional): |
| 12 | Date of entry as beneficial owner: |
| 13 | Date of cessation as beneficial owner: |
| <p>If, having exhausted all possible means, no natural persons are identified as beneficial owners, please enter the names and details of the natural person(s) who hold the position(s) of senior managing official(s) of the company. Companies shall keep records of the actions taken to identify their beneficial owners (see Article 3(6)(ii), 4AMLD, and Regulation (5) of S1 560/2016).</p> | |

POLITICALLY EXPOSED PERSON (PEP) OR RELATIVE OR CLOSE ASSOCIATE (RCA) OF A PEP AND OTHER PERSONS OF INFLUENCE FORM

THIS FORM ONLY NEEDS TO BE COMPLETED IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS IN RELATION TO PEPs, RCAs OR OTHER PERSONS OF INFLUENCE IN SECTION C OF THE APPLICATION FORM

A INVESTOR DETAILS

We are obliged under AML legislation to identify PEPs, RCAs and other Persons of Influence.

APPLICANT:

B PEP\RCA STATUS

An explanation of PEP and RCA is detailed overleaf

Are any of the Beneficiaries, Trustees, Settlers, Appointers or in the case of a Company Owner, Director, Beneficial Owner (or have been), a PEP or RCA of a PEP?

Yes No

I/We am/are (or have been) a PEP:

Yes No

If you have answered **Yes**, please provide the details of the name of the PEP and prominent public function he/she perform/performed:

I/We am/are a Relative or Close Associate of a PEP or former PEP:

Yes No

If you have answered **Yes**, please complete below:

Name of Relative or Close Associate of the PEP:

Relationship to PEP:

Name of PEP:

Prominent public function performed by the PEP:

C OTHER PERSONS OF INFLUENCE

Do any of the Beneficiaries, Trustees, Settlers, Appointers or in the case of a Company Owner, Director, Beneficial Owner **hold (or have held) a prominent position or enjoy (or have enjoyed) a high public profile?**

Yes No

If you have answered **Yes** please confirm:

Name of the person who holds/held the prominent position

Please confirm the prominent position held:

A Senior local or regional public official with the ability to influence the awarding of public contracts

Yes No

A decision making member of a high profile sporting body

Yes No

An individual that is known to influence the government and other senior decision makers

Yes No

Another prominent position (please specify)

Are any of the Beneficiaries, Trustees, Settlers, Appointers or in the case of a Company Owner, Director, Beneficial Owner **involved (or have been involved) in political lobbying?**

Yes No

If you have answered **Yes** please confirm

Name of the person involved in political lobbying

Name of the relevant political lobbying entity

D / **ROLE DETAILS****Role Options : Beneficiary, Trustee, Settlor, Appointer, Company Owner, Director, Beneficial Owner**

For each person for whom you have answered yes to the above question, please complete the following:

| ROLE | FIRST NAME | LAST NAME | ADDRESS |
|-------------|-------------------|------------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

INFORMATION NOTE**Who is a Politically Exposed Person (PEP)?**

A "politically exposed person" means any individual, who currently is, or has at any time, been entrusted with a prominent public function and performs any of the following roles:

- (A) A head of state, head of government, government minister or deputy or assistant government minister
- (B) A member of a parliament/member of a legislature or equivalent/member of the governing body of a political party
- (C) A member of a Supreme Court, Constitutional Court or any other high level judicial body which passes non-appealable verdicts (except in exceptional circumstances)
- (D) A member of a court of auditors or the board of a central bank
- (E) An ambassador, charge d'affairs or high ranking officer in the armed forces
- (F) A member of the administrative, management or supervisory body of a state owned enterprise
- (G) A director, deputy director or member of the board of, or person performing the equivalent function in relation to, an international organisation

Who is a Relative?

- (A) Any spouse of the Politically Exposed Person
- (B) Any person who is considered to be a common law spouse of the politically exposed person under law
- (C) A child of the politically exposed person
- (D) Any spouse of the child of a politically exposed person
- (E) Any parent of the politically exposed person
- (F) Any other family member of the politically exposed person who is of a prescribed class set out by the Department of Finance

Who is a Close Associate?

- (A) Any individual who has a joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations with the politically exposed person
- (B) Any individual who has a sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the politically exposed person

DATA PROTECTION

BCP Asset Management DAC complies with the requirements of the General Data Protection Regulation 2018 and the Irish Data Protection Act 2018.

"Information" means any information given by you or on your behalf in connection with your Investment Application to us. Where you are not a natural person, Information also includes any information you provide to us in respect of your officers, directors or employees, in this regard the use of the term 'you' in this Data Protection refers to you or such individuals as appropriate. Information includes any further information which may be given at a later stage either in writing, by email at a meeting or over the telephone including that furnished in connection with any application for any product/service available through us.

The Information will be used by us for the purposes of processing your applications, managing and administering your relationship with us and any products/services for which you have completed an application. The information will also be used for the prevention of money laundering, financing of terrorism or fraud, and compliance with any legal and regulatory obligations which apply to us.

The Information may be disclosed to BCP Asset Management group, third parties including, but not limited to, the intermediary acting on your behalf, product producers/service providers to which you have submitted an application or to which such submission is being contemplated, the providers of services to us, the Administrator, distributors, the Trustee and/or their respective delegates and agents of any Fund you are invested in. We may also disclose your data for legitimate business interest & legal obligations, to auditors, the Central Bank of Ireland, the Irish Revenue Commissioners, other relevant regulators and tax authorities. For further information on Foreign Account Tax Compliance Act (FATCA) or Common Reporting Standard (CRS) please refer to Irish revenue website at <http://www.revenue.ie/en/business/aeoi/index.html> or the following link: <http://www.oecd.org/tax/automatic-exchange/common-reportingstandard/> in the case of CRS only.

Please refer to the BCP Data Privacy Notice and Data Privacy Summary on our website www.bcp.ie for how we obtain your information.

Right of access, rectification or erasure

You have the right at any time to request a copy of any "personal data" (within the meaning of the General Data Protection Regulation 2018 and the Irish Data Protection Act 2018) that we hold in relation to you and have it corrected if it is inaccurate or out of date. To exercise your Right of Access or to update your details under your Right of Rectification or Erasure please email your request to the Dataprotection@bcp.ie

Data Retention

Information submitted by you when making an enquiry may be retained by us for a period of up to 12 months from the date of the enquiry. Your information will be held for a period of at least 6 years after the ending of the client relationship.

Data Security

BCP Asset Management DAC intent is to strictly protect the security of your personal information and carefully protect your data from loss, misuse, unauthorised access or disclosure, alteration or destruction. We have taken appropriate steps to safeguard and secure information by us.

Call Recording

Calls from and to the office may be recorded for verification, fraud prevention, training and monitoring purposes.



Please complete this form for each person who has a Beneficial Ownership in this entity.

Central Register of Beneficial Ownership of Companies and Industrial and Provident Societies (RBO)

Data which should be held by companies in their own internal Beneficial Ownership Register. The following must be completed for each Beneficial Owner:

| | |
|--|--|
| 1 | Company / Entity Name: |
| 2 | Company / Entity Number: |
| 3 | Surname: |
| 4 | Forename(s): |
| 5 | Date of Birth: |
| 6 | Nationality: |
| 7 | Country of residence: |
| 8 | Nature of Interest/Control (e.g. shareholder): |
| 9 | Extent of Interest/Control (e.g. 30%): |
| 10 | Residential address: |
| 11 | Eircode (optional): |
| 12 | Date of entry as beneficial owner: |
| 13 | Date of cessation as beneficial owner: |
| <p>If, having exhausted all possible means, no natural persons are identified as beneficial owners, please enter the names and details of the natural person(s) who hold the position(s) of senior managing official(s) of the company. Companies shall keep records of the actions taken to identify their beneficial owners (see Article 3(6)(ii), 4AMLD, and Regulation (5) of S1 560/2016).</p> | |



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