

ACUMEN Income - Protection Portfolio

Application Form

IMPORTANT

- INVESTORS SHOULD ENSURE THAT THE ORIGINAL APPLICATION FORM IS RETURNED BY POST TO THE ADMINISTRATOR AT THE ADDRESS BELOW. FAILURE TO RETURN THE ORIGINAL WILL DELAY THE PAYMENT OF REDEMPTION PROCEEDS AND/OR DIVIDENDS.
- INVESTORS SHOULD ENSURE THAT BOTH THE SECTION HEADED “DECLARATION OF RESIDENCY OUTSIDE OF IRELAND” ON PAGE 27 AND THE SECTION HEADED “SIGNATURE” ON PAGE 7 HAVE BEEN SIGNED BEFORE RETURNING THIS TO THE ADMINISTRATOR.

ADMINISTRATOR

Northern Trust International Fund Administration Services (Ireland) Limited

Georges Court

54-62 Townsend Street

Dublin 2

Ireland

Telephone: +353 1 434 5090

Facsimile: +353 1 434 5286

Fundlogic_Ta_Queries@ntrs.com

For any KIID related queries, please contact fundlogic-ir@morganstanley.com

Please ensure that you have read the Prospectus, the Key Investor Information Document (the “KIID”) and any other relevant documents and disclosures and the Privacy Statement before completing this Application Form. The Prospectus, the KIID, other relevant documents and disclosures are available at www.fundlogic.com

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

If you are a distributor, a professional investor, an agent, a nominee or other intermediary and would like to receive a copy of this Sub-Fund’s target market and/or additional costs and charges information, please email fundlogic-ir@morganstanley.com. Please note that this information is for your own use and is not intended for use by retail investors or clients.

For Distributors:

Please ensure that you have read the European MIFID Template (“EMT”) available to download via Morningstar or on request from fundlogic-ir@morganstanley.com.

Your personal information will be handled by the Fund or its duly appointed delegates (including the Administrator) as data processor for the Fund in accordance with General Data Protection Regulation and the applicable Irish data protection legislation (“Data Protection Legislation”). Your information provided herein will be processed for the purposes of complying with Data Protection Legislation and this may include disclosure to the Irish Revenue Commissioners.

INITIAL SUBSCRIPTION FORM

ACUMEN Income - Protection Portfolio

(The “Sub-Fund”)

FundLogic Alternatives plc (the “Fund”)

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 (the “**Subscription Form**”), constitutes your agreement to initially subscribe for shares in any of the sub-funds of FundLogic Alternatives plc (the “**Fund**”), namely **Acumen Income - Protection Portfolio** (each a “**Sub-Fund**” and collectively, the “**Sub-Funds**”). You should post or fax your subscription (in which case the original must also be forwarded) to Northern Trust International Fund Administration Services (Ireland) Limited (the “**Administrator**”) at the address above, immediately thereafter.

Subsequent subscriptions following an initial subscription pursuant to a properly completed Subscription Form may be made by compiling and submitting a repeat application form (“**Additional Subscription Form**”) as attached hereto to the Administrator in writing or by facsimile.

Defined terms in this Subscription Form shall bear the same meaning as defined under the Fund’s prospectus dated 21st July 2017, as amended and the Sub-Funds’ supplements dated 11th December 2018 as may be amended or supplemented from time to time (collectively the “**Prospectus**”), unless the content otherwise requires. Please ensure you read the Prospectus before completing this Subscription Form.

Failure to provide the original Subscription Form along with the documentation required for anti-money laundering purposes may result in the deduction of tax due to the Irish taxation requirements outlined in the anti-money laundering section and/or a delay in the acceptance and/or payment of a transfer/redemption request. Redemption payments will not be made on non-cleared/verified accounts.

FUND AND SETTLEMENT CURRENCY

THE SUBSCRIPTION FORM FOR THE SUB-FUND MUST BE RECEIVED BY **11.00 AM (IRISH TIME) ON THE RELEVANT DEALING DAY AND CLEARED FUNDS TO BE RECEIVED BY 12 NOON (IRISH TIME) 3 BUSINESS DAYS AFTER THE RELEVANT DEALING DAY.**

DEAL INSTRUCTION

PLEASE TICK (✓) THE CLASS OF SHARES IN WHICH THE INVESTMENT WILL BE MADE

- ACUMEN INCOME - PROTECTION PORTFOLIO – Class A GBP
- ACUMEN INCOME - PROTECTION PORTFOLIO – Class A EUR
- ACUMEN INCOME - PROTECTION PORTFOLIO – Class A USD
- ACUMEN INCOME - PROTECTION PORTFOLIO – Class A CHF
- ACUMEN INCOME - PROTECTION PORTFOLIO – Class LUCEO GBP

PLEASE COMPLETE EITHER THE “MONETARY AMOUNT” FIELD OR THE “NUMBER OF SHARES” FIELD

N.B: Investors must subscribe for a class of shares in a Sub-Fund in the currency in which that share class is denominated. Redemption payments will also be made in the currency in which the relevant share class of a Sub-Fund is denominated.

Monetary Amount

Amount in Words

OR

Number of Shares

Please note that the original fully signed Subscription Form must be returned to the Administrator at the above address if this is your first investment in the Shares of the Fund. **No redemption proceeds will be paid and exchange or transfer requests will not be processed prior to receipt of this original 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 |
| Contact Fax Number <input type="text"/> | Contact Fax Number |
| SHAREHOLDER 3 | SHAREHOLDER 4 |
| 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"/> |
| Mailing address (if different from the address of the first names holder) <input type="text"/> | |

ADDITIONAL RECIPIENT OF STATEMENTS

PLEASE INSERT BELOW THE NAME AND CONTACT DETAILS OF AN ADDITIONAL PERSON OR ENTITY TO WHOM STATEMENTS OF YOUR HOLDINGS SHOULD BE SENT (IF APPLICABLE)

Name _____
Address _____
Fax no _____
Email _____

DEALING PROCEDURE

All application, redemption, transfer and exchange requests and instructions in relation to the shares in the relevant Sub-Funds must be received before the times specified in the Prospectus. Applications, redemptions, exchanges 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 Subscription Form has been received from the investor and the Administrator (on behalf of the Fund) 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 Fund. | <input type="checkbox"/> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|

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: | |

NO THIRD PARTY PAYMENTS WILL BE UNDERTAKEN

NOTES:

- (a) Please note bank charges may be deducted, see Prospectus for further details.
- (b) If subscribing for shares in more than one Sub-Fund investors must clearly mark the payment reference accounts for each particular Sub-Fund and the sub-account.
- (c) The Base Currency of the relevant Sub-Fund and the designated currency of any class of shares in Sub-Fund will be set out in the Prospectus and is also noted above. Applications for classes of shares in a Sub-Fund must be paid in the currencies in which those share classes are designated.
- (d) All Applicants should sign the necessary additional declarations on page 28.

METHOD OF PAYMENT

Currency cut-off times (Northern Trust) GMT:

Euro (EUR) - **2pm on Settlement Date**

US Dollars (USD) – **5pm on Settlement Date**

Sterling (GBP) – **2pm on Settlement Date**

Swiss Franc (CHF) – **2:30pm on Settlement Date - 1**

Please pay monies in accordance with the deadlines outlined in the relevant supplement of the Prospectus for the Fund.
Please remit payment to the following bank account:

| |
|-------------------------------------------------------------------------------------------|
| Euro – EUR |
| Intermediary Bank: Barclays Bank PLC, Frankfurt |
| SWIFT: BARCDEFF |
| Beneficiary Bank: The Northern Trust International Banking Corporation, New Jersey |
| SWIFT: CNORUS33 |
| Account Number: 0210472800 |
| Beneficiary: Fundlogic Alternatives PLC - 638072-20019 |
| Reference: Acumen Income - Protection Portfolio \ Investor Unique Trade reference |
| British Pound - GBP |
| Intermediary Bank: Barclays Bank PLC, London |
| SWIFT: BARCGB22 |
| Beneficiary Bank: The Northern Trust International Banking Corporation, New Jersey |
| SWIFT: CNORUS33 |
| IBAN: GB64BARC20325353529495 |
| Beneficiary: Fundlogic Alternatives PLC - 638064-20019 |
| Reference: Acumen Income - Protection Portfolio |
| U.S. Dollar |
| Beneficiary Bank: The Northern Trust International Banking Corporation, New Jersey |
| SWIFT: CNORUS33 |
| Fedwire ABA: 026001122 |
| CHIPS ABA: 0112 |
| Beneficiary: Fundlogic Alternatives PLC - 147553-20010 |
| Reference: Acumen Income - Protection Portfolio |
| Swiss Franc – CHF |
| Intermediary Bank: Credit Suisse AG, Zurich |
| Intermediary Bank Address: Giesshuebelstrasse 30, CH-8070 Zurich, Switzerland |
| SWIFT: CRESCHZZ80A |
| Beneficiary Bank: The Northern Trust International Banking Corporation, New Jersey |
| IBAN: CH100483509849903301 0 |
| SWIFT: CNORUS33 |
| Beneficiary: Fundlogic Alternatives PLC - 638080-20019 |
| Reference: Acumen Income - Protection Portfolio |

MONIES MUST COME FROM THE ACCOUNT OF THE INVESTOR

Please specify your Ordering Institution details for subscriptions

Currency _____ Correspondent Bank _____

Swift/ABA _____ Account Number _____

SIGNATURE

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

| | |
|-------------|-------------------------------------------------------------|
| Date: _____ | |
| Signed: | Signatory Capacity if applicable (i.e. Director/manager) |
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

In the case of joint holders, ALL holders must complete this declaration.

CLIENT TYPE:

I AM A RETAIL INVESTOR AND HAVE RECEIVED ADVICE

I AM A PROFESSIONAL INVESTOR

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 Fund Promoter: | |

Due Diligence Documentation

Due Diligence Documentary Requirements in accordance with The Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010 (The 'CJA 2010') as amended and updated by The criminal Justice Act 2013 (The 'CJA 2013').

1. Guide to completing this form.

Part I- This section must be completed by all applicants.

Part II- Please provide the due diligence documentation outlined in this section.

2. Certification of Documents – Required for High Risk countries

Certified copies of personal identification documents and corporate documentation are required for certain identified investors. Documents must be a 'certified true copy of original'.

In terms of certifying a document as a true copy, certification means that there is an original signature on the document from a suitable person.

Suitable persons include:

- An authorized signatory of a Regulated Financial Institution or Credit institution.

- An authorized signatory of a Financial Adviser.
- A Justice of the Peace.
- A Notary Public or Practicing Solicitor.
- A Practicing Chartered or Certified Public Accountant.
- Medical Professional
- A person authorized to sign on behalf of an Embassy or a Consul.
- A Police Officer.

Certification of each document should include:

- A signed statement confirming that this document is a true and accurate copy of the original document as seen by the person certifying the document.
- The name (in block capitals), occupation and contact details (address, telephone number and email address) of the person certifying the document, as a true copy of the original document.
- The date of certification of the document, as a true copy of the original document.

Note 1: Where the document, being certified as a true copy of the original document, contains a photograph, the person certifying the document as a true copy should also confirm that this a true likeness of the person named in the document.

Note 2: The document being provided as a true and accurate copy of the original document must include a wet ink signature of the person certifying the document as a true and accurate copy of the original document (i.e. no scanned or photocopied copies of the document being certified as a true copy of the original document, can be accepted).

Note 3: For multiple page documents, the certifier should sign or initial each page of the copy and

confirm on the first or last page of the document the actual number of pages in the document.

Note 4: Where available, the statement of certification as a true copy of the sighted original should be accompanied by the professional stamp or seal of the certifier.

Note 5: When certifying documents as true copies, the certifier should not be a close family member of, or have any apparent or potential conflicts of interest with, the investor.

3. English Translations

Where due diligence documents are provided in a language other than English, the prospective investor should, at the same time, provide a relevant extract translated by an independent source confirming also the adequacy of the foreign language documents.

Due Diligence Documentation- Investor Type

Part I – All Investors

Please tick investor type below (Please note, investor type indicates the documents required to open account):

| | | | |
|-------------------------------------------|--------------------------|-----------------------------------|--------------------------|
| Private/ Unlisted Company | <input type="checkbox"/> | Charities | <input type="checkbox"/> |
| Partnership | <input type="checkbox"/> | Trusts/ Foundations | <input type="checkbox"/> |
| Listed Company | <input type="checkbox"/> | Collective Investment Scheme/Fund | <input type="checkbox"/> |
| Subsidiary of a Listed Company | <input type="checkbox"/> | School, college or university | <input type="checkbox"/> |
| Regulated Credit or Financial Institution | <input type="checkbox"/> | Pension Schemes | <input type="checkbox"/> |
| Nominee Company | <input type="checkbox"/> | Trade Unions | <input type="checkbox"/> |
| Government Body or Public Authority | <input type="checkbox"/> | Church | <input type="checkbox"/> |
| Individual | <input type="checkbox"/> | Other- Please specify: _____ | <input type="checkbox"/> |

Please confirm whether you are a Politically Exposed Person

A Politically Exposed Person ('PEP') means an individual (or family member or close associate of such individual) who is, or has, at any time in the preceding 12 months, been entrusted with a prominent public function.

Due Diligence Documentation- Leverage Across Investments

I hereby authorize NTIFASIL (the administrator) to leverage the due diligence documentation provided for the purposes of compliance with applicable regulatory requirements across all investments which I currently hold/ may hold in the future across all funds which are administered by NTIFASIL

Due Diligence Documentation- Ultimate Beneficial Owner

Ultimate Beneficial Owners are individuals who directly or indirectly hold ownership of 25% or more of the shares or voting rights in an entity, or otherwise exercise control over the management of the entity. **The Ultimate Beneficial Owner section must be completed. Non-completion could delay acceptance of subscription.**

* In cases where shareholder(s) are entities with over 25% ownership or control, please provide the details of Individual(s) who hold beneficial ownership over 25%.

Please complete the below:
NTAC:2SE-18

| Name | Address | % Ownership | Nationality | Date of Birth |
|------|---------|-------------|-------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Note: If there is/ are no Individual(s) with a beneficial interest of 25% or more (either directly or indirectly) of the shares or voting rights of the entity, or anyone that otherwise exercises control of the entity (where applicable), please check the box.

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

Signature 1 _____ Print Name _____ Date _____

Signature 2 _____ Print Name _____ Date _____

Related Person Detail

Full names of all Related Persons:

- In the case of a company, Related Persons means the directors.
- In the case of a Partnership, Related Persons means the partners.
- In the case of a limited liability company (LLC), Related Persons means the managing members.
- In the case of a trust, foundation or similar entity, Related Persons means the trustees.
- In the case of a charity/government body/ university/ school/ college/ club/ society, Related Persons means the authorizing officers/ board members/ officials.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

Due Diligence Documentation- Requirements

Part II- Due Diligence Requirements

Outlined below is guidance on the documentation which the Fund / Manager & Northern Trust (as Administrator) will require when undertaking due diligence to establish the identity of an investor and verify same to the extent warranted by risk.

The Fund/ Manager & Administrator hereby reserves the right to request such further information and/or documentation from investors as is necessary from time to time to satisfy Irish regulatory requirements.

Examples of Photographic Identity Documentation

- Current passport.
- Current driving license.
- Current national identity card.
- Current identification form with the photo signed by a police officer or equivalent.
- Social welfare/revenue card or any identity document with photographic identity issued by a government department.

Examples of Proof of Address

- Bank statements/credit card statements.
- Utility bill.
- Household/motor insurance certificate and renewal notices.
- Correspondence from local authorities.
- Correspondence from the revenue commissioners or equivalent.
- Correspondence from any government body.
- Driving license which confirms the address provided it has not also been used to satisfy the photographic identity requirement above.
- Payslip or salary advice dated within the previous 6 months.
- Confirmation of address from a lawyer or financial institution.

Note: All documentation must reflect the current residential address and must be dated within the previous 6 months other than in the case of an official document known to be issued only or typically at fixed intervals of more than 6 months, in which case such document may be accepted during that period, to a maximum of 12 months (e.g. correspondence from local authorities).

Letter of Assurance

Please contact Northern Trust for a template letter of assurance if required.

Note: Investors are required to notify the Fund/ Manager & Northern Trust of any changes to the AML information which was previously provided (e.g. changes in directors/controllers or beneficial owners).

Prescribed Countries (i.e. jurisdictions where a presumption of comparability with Ireland may be made)

Australia, Austria, Belgium, Brazil, Bulgaria, Canada, Channel Islands, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hong Kong, Hungary, Iceland, India, Ireland, Isle of Man, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Mexico, Netherlands, Norway, Poland, Portugal, Romania, Singapore, Slovakia, Slovenia, South Africa, South Korea, Spain, Sweden, Switzerland, United Kingdom, United States.

The Dutch overseas territories of Netherlands Aruba, Curacao, Sint Maarten, Bonaire, Sint Eustatius and Saba.

The French overseas territories of Mayotte, New Caledonia, French Polynesia, Saint Pierre and Miquelon and Wallis & Futuna.

Deemed High Risk Countries

Afghanistan, Albania, Angola, Azerbaijan, Bahamas, Bangladesh, Belarus, Belize, Benin, Bolivia, Bosnia and Herzegovina, Burma (Myanmar), Burundi, Cape Verde, Central African Republic, Chad, China, Colombia, Comoros, Congo Democratic Republic, Congo Republic, Costa Rica, Cuba, Cyprus, Democratic People's Republic of Korea (North Korea), Dominican Republic, Ecuador, Egypt, El Salvador, Equatorial Guinea, Eritrea, Ethiopia, Ghana, Guatemala, Guinea Bissau, Guinea, Guyana, Haiti, Honduras, India, Iran, Iraq, Ivory Coast (Cote d'Ivoire), Jamaica, Jordan, Kazakhstan, Kyrgyzstan, Laos, Latvia, Lebanon, Liberia, Libya, Liechtenstein, Macau, Maldives, Mali, Mauritania, Mexico, Moldova, Monaco, Montenegro, Morocco, Myanmar (Burma), Nauru, Nicaragua, Nigeria, Pakistan, Palestinian Territories, Panama, Peru, Russia, Saint Kitts and Nevis, Saudi Arabia, Senegal, Serbia, Sierra Leone, Somalia, South Sudan, Sri Lanka, Sudan, Syria, Tajikistan, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Uganda, Ukraine, United Arab Emirates, Uzbekistan, Vanuatu, Venezuela, Yemen & Zimbabwe

Note: Northern Trust reviews the risks associated with all locations on a regular basis. The risk associated with a location may change over time. Northern Trust reserves the right to apply a different risk rating than shown in this document.

Regulated Credit or Financial Institution

Where the applicant is a Regulated Credit or Financial Institution from one of the above referenced Prescribed Countries:

1. Please provide proof of regulation.

Where the applicant is a Regulated Credit or Financial Institution but is not regulated in a Prescribed Country please provide the following confirmations/documentation:

1. Full name of the company
2. Registered number of the company
3. Registered legal address and principal business address of the company
4. Details of Directors of the company
5. Details of any Beneficial Owner beneficially entitled to more than 25% of the share capital, profit or voting rights or otherwise exercising control over the management of the company.

Note: Where the Beneficial Owner is a corporate entity, Northern Trust requires details of the ultimate Beneficial Owners (this can be demonstrated through an organization chart signed by an authorized signatory or shareholder register confirming the identity of the ultimate Beneficial Owner).

6. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) confirmation of any underlying investor who is a Beneficial Owner of the proposed investment.
7. One or more of the following:
 - Extract from the relevant company registry providing details of the company; and/or
 - Copy of the certificate of incorporation or equivalent of the company; and/or
 - Copy of the Memorandum and Articles of Association or equivalent of the company; and/or
 - Copy of the latest audited financial statements of the company.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

8. Photographic identity document and proof of address for 2 directors of the company.
9. Due diligence documentation (by reference to the legal form of the entity) for any Beneficial Owner beneficially entitled to more than 25% of the share capital, profit or voting rights or otherwise exercising control over the management of the company.
10. Where the company is investing on behalf of underlying investors, due diligence documentation (by reference to the legal form of the investor) for any Beneficial Owner of the proposed investment.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Nominee Company

Where the applicant is a Regulated Nominee Company of a Credit or Financial Institution from one of the above referenced Prescribed Countries:

1. Please provide proof of regulation. _____

Where the applicant is an Unregulated Nominee Company of a Regulated Credit or Financial Institution from one of the above referenced Prescribed Countries please provide the following:

1. Letter of Assurance from the Regulated Credit or Financial Institution.
2. Proof of regulation for the Regulated Credit or Financial Institution.

or

Please provide the following confirmations/documentation

1. Full name of the Nominee Company.
2. Registered number of the Nominee Company.
3. Registered legal address and principal business address of the Nominee Company.
4. Details of the directors of the Nominee Company.
5. Proof of regulation for the Regulated Parent Company.
6. Identify any beneficial owner of the investment through the Nominee Company.
7. One or more of the following:
 - Extract from the relevant company registry providing details of the Nominee company; and/or
 - Copy of the certificate of incorporation or equivalent of the Nominee Company; and/or
 - Copy of the Memorandum and Articles of Association or equivalent of the Nominee Company; and/or
 - Copy of the latest audited financial statements of the Nominee Company.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

8. Photographic identity document and proof of address for 2 directors or one director and one authorized signatory of the Nominee Company.
9. Due diligence documentation (by reference to the legal form of the entity) for any Beneficial Owner of the Nominee Company.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Listed Company

Where the applicant is a company listed on a regulated financial market in an EEA (European Economic Area) State or a regulated financial market in a place other than an EEA State, being a place that imposes on companies whose securities are admitted to trading on the market disclosing requirements consistent with legislation of the European Communities.

1. Please provide proof of listing.

Where the applicant is not a Listed Company on an above referenced regulated financial market please provide the following confirmations/documentation:

1. Proof of listing of the company.
2. Full name of the company.
3. Registered number of the company.
4. Registered legal and principal business address of the company.
5. Details of the directors of the company.
6. Details of any beneficial owners who own more than 25% of the share capital, profit or voting rights or exercise control over management of the company.

Note: Where the Beneficial Owner is a corporate entity, Northern Trust requires details of the ultimate Beneficial Owners (this can be demonstrated through an organization chart signed by an authorized signatory or shareholder register confirming the identity of the ultimate Beneficial Owner).

7. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) confirmation of any underlying investor who is a Beneficial Owner of the proposed investment.
8. One or more of the following:

- Extract from the relevant company registry providing details of the company; and/or
- Copy of the certificate of incorporation or equivalent of the company; and/or
- Copy of the Memorandum and Articles of Association or equivalent of the company; and/or
- Copy of the latest audited financial statements of the company.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

9. Photographic identity document and proof of address for 2 directors or one director and one authorized signatory of the company.
10. Due diligence documentation (by reference to the legal form of the entity) for any Beneficial Owner beneficially entitled to more than 25% of the share capital, profit or voting rights or otherwise exercising control over the management of the company.
11. Where the company is investing on behalf of underlying investors due diligence documentation (by reference to the legal form of the entity) for any Beneficial Owner of the proposed investment.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Subsidiary of a Listed Company

Where the applicant is a Subsidiary of a Company listed on a regulated financial market in an EEA (European Economic Area) State or a regulated financial market in a place other than an EEA State, being a place that imposes on companies whose securities are admitted to trading on the market disclosing requirements consistent with legislation of the European Communities.

1. Full name of the subsidiary company.
2. Registered number of the subsidiary company.
3. Registered legal and principal business address of the subsidiary company.
4. Details of the directors of the subsidiary company.
5. Details of any beneficial owners who own more than 25% of the share capital, profit or voting rights or exercise control over management of the subsidiary company.

Note: Where the Beneficial Owner is a corporate entity, Northern Trust requires details of the ultimate Beneficial Owners (this can be demonstrated through an organization chart signed by an authorized signatory or shareholder register confirming the identity of the ultimate Beneficial Owner).

6. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) confirmation of any underlying investor who is a Beneficial Owner of the proposed investment.
7. One or more of the following:
 - Extract from the relevant company registry providing details of the company; and/or
 - Copy of the certificate of incorporation or equivalent of the company; and/or
 - Copy of the Memorandum and Articles of Association or equivalent of the company; and/or
 - Copy of the latest audited financial statements of the company.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

8. Photographic identity document and proof of address for 2 directors or one director and one authorized signatory of the company.
9. Due diligence documentation (by reference to the legal form of the entity) for any Beneficial Owner beneficially entitled to more than 25% of the share capital, profit or voting rights or otherwise exercising control over the management of the company.
10. Where the company is investing on behalf of underlying investors, due diligence documentation (by reference to the legal form of the entity) for any Beneficial Owner of the proposed investment.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Government / Public Body

Where the applicant is a Government Body or Public Authority in Ireland:

1. Please provide background information sourced from a reliable source (e.g. copy of the legal instrument establishing the government body/public authority).

Where the applicant is not a Government Body or Public Authority in Ireland, please provide the following confirmations/documentation:

1. Full name of the government body or public authority.
2. Nature and status of the government body or public authority.
3. Registered legal address of the government body or public authority.
4. Details of the home state of the public authority and details of the nature of its relationship with the public authority.
5. Details of the ownership of the public authority.
6. Names of the main officials of the government body or public authority.
7. Appropriate background information on the government body or public authority.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

8. Photographic identity document and proof of address for 2 official of the government body or public authority.
9. Copy of the audited financial statements of the government body or public authority.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Pension Scheme

Where the applicant is an Employee/Superannuation or similar scheme in one of the above referenced Prescribed Countries please provide the following confirmations from the trustees of the scheme:

1. Confirmation that the Employee/Superannuation (or similar scheme) provides for retirement benefits to employees.
2. Confirmation that contributions of the Employee/Superannuation scheme are made by deduction from wages.
3. Confirmation that the rules of the Employee/ Superannuation scheme do not permit a member's interest under the scheme to be re-assigned.

Where the applicant is not an Employee/Superannuation or similar scheme in one of the above referenced Prescribed Countries please provide the following confirmations/documentation :

1. Full name of the pension scheme.
2. Registered legal address of the pension scheme.
3. One of the following:
 - Confirmation of registration of the pension scheme (as appropriate) from the relevant tax authorities or pensions board.
 - Confirmation of the identity of two Trustees / Directors/Governors/Board Members or equivalent of the pension scheme and the constitutional/formation document of the pension scheme.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

4. Details of the scheme administrator and the entity carrying out AML/CTF controls on scheme investors.
5. Letter of assurance from the entity carrying out AML/CTF controls on scheme investors.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Collective Investment Scheme

Where the applicant is a Collective Investment Scheme listed on a regulated financial market in an EEA (European Economic Area) State or a regulated financial market in a place other than an EEA State, being a place that imposes on companies whose securities are admitted to trading on the market disclosing requirements consistent with legislation of the European Communities.

1. Please provide proof of listing.

Where the applicant is a Collective Investment Scheme regulated as a designated person from one of the above

referenced Prescribed Countries:

1. Please provide proof of regulation.

Where the Collective Investment Scheme ('CIS') is not either listed on a regulated financial market (as above) or regulated as a designated person in one of the above referenced Prescribed Countries please provide the following confirmations/documentation:

1. Full name of the CIS.
2. Registered address of the CIS.
3. Prospectus or equivalent of the CIS.
4. Name and address of the promoter of the CIS.
5. Name and address of the administrator of the CIS.
6. Name and address of the entity carrying out due diligence on the investors in the CIS and confirmation that this entity is regulated for AML purposes.
7. Names of any investors (Beneficial Owners) who own more than 25% of the share capital of the CIS.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

8. Letter of Assurance from the entity carrying out AML/CTF controls on scheme investors.
9. Due diligence documentation (by reference to the legal form of the entity) for any Beneficial Owner beneficially entitled to more than 25% of the share capital of the CIS.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Individuals (including Joint Account Holders)

Where the applicant is an Individual please provide the following documentation:

1. Photographic identity document.
2. Proof of address.
3. One of the following:
 - An additional verification document such as a second photographic identity document or a second proof of address document.
 - Confirmation from a credit or financial institution confirming that the applicant is or has been a customer of that institution.

In the case of joints account holders, please provide documents in respect of all holders.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Private and Unlisted Company

Where the applicant is a Private Company/Company not listed on a regulated financial market please provide the following confirmations/documentation:

1. Full name of the Company.
2. Registered number of the Company.
3. Registered legal address and principal business address of the Company.
4. Details of the directors of the Company.
5. Photographic identity document and proof of address for 2 directors or one director and one authorized signatory of the company.
6. Details of any beneficial owners who own more than 25% of the share capital, profit or voting rights or exercise control over management of the company.

Note: Where the Beneficial Owner is a corporate entity, Northern Trust requires details of the ultimate Beneficial Owners (this can be demonstrated through an organization chart signed by an authorized signatory or shareholder register confirming the identity of the ultimate Beneficial Owner).

7. One or more of the following:
 - Extract from the relevant company registry providing details of the Company; and/or
 - Copy of the certificate of incorporation or equivalent of the Company; and/or
 - Copy of the Memorandum and Articles of Association or equivalent of the Company; and/or
 - Copy of the latest audited financial statements of the Company.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

8. Due diligence documentation (by reference to the legal form of the entity) for any Beneficial Owner beneficially entitled to more than 25% of the share capital of the Company.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Limited Liability Company

Where the applicant is a Limited Liability Company (LLC) please provide the following confirmations/ documentation :

1. Full name of the LLC.
2. Registered legal address and principal business address of the LLC.
3. Details of the managing members of the LLC.

4. Photographic identity document and proof of address for 2 managing members or 1 managing member and one authorized signatory of the LLC.
5. Details of any Beneficial Owner of the LLC.

Note: Where the Beneficial Owner is a corporate entity, Northern Trust requires details of the ultimate Beneficial Owners (this can be demonstrated through an organization chart signed by an authorized signatory or shareholder register confirming the identity of the ultimate Beneficial Owner).

6. Constitutional document for the LLC (e.g. certificate of incorporation).
7. Operating agreement for the LLC

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

8. Photographic identity document and proof of address for 2 managing members of the LLC.
9. Due diligence documentation (by reference to the legal form of the entity) for any Beneficial Owner beneficially entitled to more than 25% of the share capital of the LLC.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Partnership

Where the applicant is a Partnership Fund the following confirmation/documentation should also be provided:

1. Full name of the Partnership.
2. Registered legal address and principal business address of the Partnership.
3. Details of the partners.
4. Details of the general partner of the Partnership Fund and due diligence documentation for such general partner (by reference to the legal form of such general partner).
5. Photographic identity document and proof of address for 2 partners or one partner and one authorized signatory.
6. Details of any Beneficial Owner of the Partnership.

Note: Where the Beneficial Owner is a corporate entity, Northern Trust requires details of the ultimate Beneficial Owners (this can be demonstrated through an organization chart signed by an authorized signatory or shareholder register confirming the identity of the ultimate Beneficial Owner).

7. Constitutional document for the Partnership (e.g. Partnership Agreement).

Where the applicant is not a Partnership Fund or located in one of the aforementioned deemed high risk jurisdictions, the following documentation should also be provided:

1. Full name of the Partnership.
2. Registered legal address and principal business address of the Partnership.
3. Details of the partners.
4. Photographic identity document and proof of address for 2 partners or one partner and one authorized signatory.
5. Details of any Beneficial Owner of the Partnership.

Note: Where the Beneficial Owner is a corporate entity, Northern Trust requires details of the ultimate Beneficial Owners (this can be demonstrated through an organization chart signed by an authorized signatory or shareholder register confirming the identity of the ultimate Beneficial Owner).

6. Constitutional document for the Partnership (e.g. Partnership Agreement).
7. Due diligence documentation (by reference to the legal form of the entity) for any Beneficial Owner beneficially entitled to more than 25% of the share capital of the Partnership.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Trust

Where the applicants are Regulated Trustees investing on behalf of a Trust or similar entity, please provide the following confirmations/documentation (only applicable for Trustees not located in a high risk jurisdiction):

1. Full name of the Trust.
2. Registered address of the Trust.
3. Confirmation of the legal form of the Trust.
4. Trust deed or equivalent or confirmation by reference to an appropriate register.
5. Confirmation of the nature/purpose of the Trust.
6. Confirmation of the trustees of the Trust with proof of regulation for the trustees.
7. Details of any Beneficial Owner of the Trust.

Note: Where the Beneficial Owner is a corporate entity, Northern Trust requires details of the ultimate Beneficial Owners (this can be demonstrated through an organization chart signed by an authorized signatory or shareholder register confirming the identity of the ultimate Beneficial Owner).

8. Details of the settlor of the Trust.
9. Details of the protector (where such protector has been appointed) for the Trust.

Where the applicants are not Regulated Trustees investing on behalf of a Trust, the following confirmations/documentation should be provided:

1. Full name of the Trust.
2. Registered address of the Trust.
3. Confirmation of the legal form of the Trust.
4. Trust deed or equivalent for the Trust.
5. Confirmation of the nature/purpose of the Trust.
6. Confirmation of the trustees of the Trust.
7. Photographic identity document and proof of address for 2 trustees or 1 trustee and 1 authorized signatory.
8. Details of any Beneficial Owner of the Trust.

Note: Where the Beneficial Owner is a corporate entity, Northern Trust requires details of the ultimate Beneficial Owners (this can be demonstrated through an organization chart signed by an authorized signatory or shareholder register confirming the identity of the ultimate Beneficial Owner).

9. Details of the settlor of the Trust.
10. Photographic identity document and proof of address for the settlor of the Trust.
11. Details of the protector (where such protector has been appointed) for the Trust.
12. Photographic identity document and proof of address for the protector (if any) of the Trust.

13. Photographic identity document and proof of address for the beneficiaries who hold more than 25% of the beneficial interest, where practicable.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Foundation

Where the applicants are Regulated Trustees investing on behalf of a Foundation, please provide the following confirmations/documentation (only applicable for Trustees not located in a high risk jurisdiction) :

1. Full name of the Foundation or similar entity.
2. Registered address of the Foundation.
3. Confirmation of the legal form of the Foundation.
4. Constitutional documents or confirmation of the Foundation by reference to an appropriate register
5. Confirmation of the nature/purpose of the Foundation.
6. Confirmation of the trustees of the Foundation with proof of regulation for the trustees.
7. Details of any Beneficial Owner of the Foundation.

Note: Where the Beneficial Owner is a corporate entity, Northern Trust requires details of the ultimate Beneficial Owners (this can be demonstrated through an organization chart signed by an authorized signatory or shareholder register confirming the identity of the ultimate Beneficial Owner).

Where the applicants are not Regulated Trustees investing on behalf of a Foundation or similar entity, the following confirmations/documentation should be provided:

1. Full name of the Foundation.
2. Registered address of the Foundation.
3. Confirmation of the legal form of the Foundation.
4. Trust deed or equivalent for the Foundation.
5. Confirmation of the nature/purpose of the Foundation.
6. Confirmation of the trustees of the Foundation.
7. Photographic identity document and proof of address for 2 directors/ trustees or 1 director/ trustee and 1 authorized signatory.
8. Details of any Beneficial Owner of the Foundation.

Note: Where the Beneficial Owner is a corporate entity, Northern Trust requires details of the ultimate Beneficial Owners (this can be demonstrated through an organization chart signed by an authorized signatory or shareholder register confirming the identity of the ultimate Beneficial Owner).

9. Photographic identity document and proof of address for the beneficiaries who hold more than 25% of the beneficial interest, where practicable.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Charity

Where the applicant is a registered Charity please provide the following confirmations/documentation:

1. Full name of the Charity.
2. Registered legal address and principal business address of the Charity.
3. Confirmation of the nature/purpose of the Charity with details of how the Charity is funded.
4. (As applicable) extract from the relevant charities register (e.g. UK Charities Commission).

Where the applicant is not a registered Charity please provide the following confirmations/documentation:

1. Full name of the Charity.
2. Registered legal address and principal business address of the Charity.
3. Confirmation of the nature/purpose of the Charity with details of how the Charity is funded.
4. Details of the Trustees/Directors/Governors/Board Members of the Charity.
5. Photographic identity document and proof of address for 2 Trustees/Directors/Governors/Board Members of the Charity.
6. Details of the beneficiaries of the Charity.

Note: Where the Beneficial Owner is a corporate entity, Northern Trust requires details of the ultimate Beneficial Owners (this can be demonstrated through an organization chart signed by an authorized signatory or shareholder register confirming the identity of the ultimate Beneficial Owner).

7. Constitutional/formation document of the Charity.
8. Audited financial statements for the Charity.
9. Photographic identity document and proof of address for the beneficiaries who hold more than 25% of the beneficial interest, where practicable.

Note: Where the applicant is not a registered Charity, documentation provided should be certified as true copies of the original documentation.

Club or Society

Where the applicant is a Club or Society please provide the following confirmations/documentation:

1. Full name of the Club/Society.
2. Registered legal address and principal business address of the Club/Society.
3. Confirmation of the legal status of the Club/Society.
4. Confirmation of the nature/purpose of the Club/Society with details of how the Club/Society is funded.
5. Details of the principal Officers of the Club/Society.
6. Photographic identity document and proof of address for 2 principal Officers of the Club/Society or 1 principal officer and 1 authorized signatory certified as true copies of the original documents.
7. Constitutional/formation document or Audited financial statements for the Club/Society.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

8. Audited financial statements for the Club/Society.
9. Details of any Beneficial Owner with photographic identity document and proof of address for such Beneficial Owner(s) who own or control over 25% of the entity's share capital, profit or voting rights.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

School, College or University

Where the applicant is a School, College or University please provide the following confirmations/ documentation:

1. Full name of the School, College or University.
2. Registered legal address and principal business address of the School, College or University.
3. Background information on the School, College or University and confirmation of the legal status of the School, College or University.
4. Confirmation of the nature/purpose of the School, College or University with details of how the School, College or University is funded.
5. Details of the principal Officers of the School, College or University.
6. Photographic identity document and proof of address for 2 principal Officers or 1 principal office and 1 authorized signatory of the School, College or University.
7. Details of the ownership of the School, College or University including whether the School, College or University is in public or independent ownership. Where independently owned, identify all persons who own or control over 25% of the entity's share capital, profit or voting rights.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

8. Photographic identity document and proof of address for any Beneficial Owner(s) who own or control over 25% of the entity's share capital, profit or voting rights in line.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Church

Where the applicant is a Church please provide the following confirmations/documentation:

1. Full name of the Church.
2. Registered legal address and principal business address of the Church.
3. Confirmation of the nature/purpose of the Church with details of how the Church is funded.
4. Complete a check of a relevant church register or source a copy of the revenue approval for the church;

or

5. Details of the Trustees/Directors/Governors/Board Members of the Church.

6. Photographic identity document and proof of address for 2 Trustees/Directors/Governors/Board Members of the Church.
7. Details of the beneficiaries of the Church.
8. Constitutional/formation document of the Church.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

9. Audited financial statements for the Church.
10. Details of any Beneficial Owner with photographic identity document and proof of address for such Beneficial Owner(s).

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Trade Union

Where the applicant is a Trade Union please provide the following confirmations/documentation:

1. Full name of the Trade Union.
2. Registered legal address and principal business address of the Trade Union.
3. Confirmation of the legal status of the Trade Union including whether the Trade Union is registered or otherwise listed by a controlling body for regulatory or oversight purposes (e.g. Congress of Trade Unions).
4. Confirmation of the stated purpose, aims and objectives of the Trade Union with also details of how the Trade Union is funded.
5. Details of the Officers of the Trade Union empowered to make investments on behalf of the Trade Union (e.g. president, secretary, treasurer or other senior committee members).
6. Constitutional/formation document of the Trade Union.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

7. Photographic identity document and proof of address for 2 principal Officers of the Trade Union

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

PART VIII- RETURN OF VALUES (INVESTMENT UNDERTAKINGS) REGULATIONS 2013

The Fund must collect additional information in order to satisfy Return of Values (Investment Undertakings) Regulations 2013 (S.I. 245 of 2013). Therefore any individual, company or any unincorporated body of persons which are an Irish resident or ordinarily Irish resident must provide the following additional information:

| | |
|-----------------------------------------------------|--|
| Tax Identification Number (TIN) / PPS Number | |
|-----------------------------------------------------|--|

Any one of the following additional documents is required to verify the TIN or PPS Number (either a copy or the original is sufficient)

P45
P21 Balancing Statement
Payslip (where employer is identified by name or tax number)
Drug Payment Scheme Card
European Health Insurance Card
Tax Assessment
Tax Return Form
PAYE Notice of Tax Credits
Child Benefit Award Letter /Book
Pension Book
Social Services Card
Public Services Card

In addition, any printed documentation issued by the Revenue Commissioners or by the Department of Social Protection which contain your name, address and tax reference number will also be acceptable. In the case of joint account holders, the additional documentation is required for each applicant.

Your personal information will be handled by the Administrator or it's duly appointed delegates as data processors for the Fund in accordance with the General Data Protection Regulation (Regulation (EU) 2016/679) and the applicable Irish data protection legislation. Your information provided herein will be processed for the purposes of complying with the Return of Values (Investment Undertakings) Regulations 2013 and this may include disclosure to the Irish Revenue Commissioners.

REPRESENTATIONS AND WARRANTIES

1. I/We confirm that I am/we are 18 years of age or over.
2. I/We, having received and considered a copy of the current Prospectus, any relevant supplements thereto and the most recent annual and/or semi-annual report of the Fund (if any), hereby confirm and declare that this application is based solely on the information contained in such documentation together with the Key Investor Information Document, and is made pursuant to the terms of this Application Form. In addition, I/We confirm that I/We have received and read the information contained in this form and confirm that a copy of the Key Investor Information Document has been supplied to me/us in good time prior to completing this form. I/We confirm that I/We have read and understood the Key Investor Information Document and I/We hereby confirm that for any subsequent investments for Shares in the Fund I/we will obtain the latest version of the appropriate Key Investor Information Document prior to each subscription. I/We hereby acknowledge and agree that the updated KIID for each Share Class is available at www.fundlogic.com and consent to its receipt in that form for subsequent applications for any Share Class in the Fund. I/We understand that a copy of the KIID is available in paper form, free of charge, upon request. I/We understand that the website location for the KIID will also be notified to me/us by an email sent to the email address specified by me/us in this application form. I further confirm that I/we will read and review the most up-to-date version of the relevant KIID prior to making any subsequent application for Shares in the Fund. I/We request and authorize FundLogic Alternatives Plc to act in accordance with my/our instructions.
3. I/We, having received and considered a copy of the current Prospectus, the memorandum and articles of association of the Fund (as may be amended from time to time) (the "M&A"), the material contracts referred to in the Prospectus and the most recent annual and/or semi-annual report of the Fund (if any), hereby confirm and declare that this application is based solely on the information contained in such documentation and is made pursuant to the terms of this Subscription Form.
 4. I/We undertake to observe and be bound by the provisions of the Articles of Association of the Company "M &A" (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).
5. I/We agree that the issue and allotment to me/us of a class of shares and any subsequent transaction is subject to the provisions of the Prospectus, that subscription for shares and any subsequent transaction 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 M&A, material contracts referred to in the Prospectus and the most recent annual or semi-annual report (if available) thereto.
6. I/We agree to notify the Fund, the Administrator or the Distributor 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 Directors may direct, including where appropriate, the redemption of my/our holding in its entirety. I/We agree to indemnify each of the Directors, the Fund, the Administrator and the Distributor 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 Subscription Form.
7. I/We have such knowledge and experience in business and financial matters or have obtained advice from a professional adviser such that I am/we are capable of evaluating the merits, and the risks, of an investment by me/us in the Fund.
8. I/We understand that the tax disclosure set forth in the Prospects 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 in a Sub-Fund depend on my/our individual circumstances.
9. I/We acknowledge the right of the Fund at any time to require the compulsory redemption of a class of shares in a Sub-Fund in the circumstances provided for in the Prospectus.
10. I/We acknowledge that:
 - (i) I/ We have conducted our own investigation of the Investment Manager and the Sub-Fund and we have not relied on any statements or other information provided by Morgan Stanley, and its officers, directors, employees and agents, or an affiliates and the officers, directors, employees and agents of such affiliates (collectively, "Morgan Stanley") concerning the Investment Manager other than those contained in the Prospectus or the Supplement (collectively, the "Offering Documents"), (b) we have had access to the Investment Manager and any financial and other information as we deem necessary to make our decision to purchase the Sub- Fund, and (c) have been offered the opportunity to ask questions of the Investment Manager and received answers thereto, as we deemed necessary in connection with the decision to purchase the Sub-Fund;
 - (ii) Morgan Stanley makes no representation or warranty to us, express or implied, with respect to the Investment Manager or the completeness or adequacy of any information concerning the Investment Manager contained in the Offering Documents, or any publicly available information concerning the Investment Manager nor shall any of the foregoing persons be liable for any loss or damages of any kind resulting the use of any such information;
 - (iii) in connection with the issue and purchase of the Sub-Fund, Morgan Stanley & Co. International plc and its officers, directors, employees and agents, have not acted as our financial advisor or fiduciary;

- (iv) we agree that we will not hold Morgan Stanley responsible for any statements in, or omissions from, the Offering Documents concerning the Investment Manager or any other communication in connection with the offer and sale of the Sub-Fund concerning the Investment Manager or any publicly available information concerning the Investment Manager.

11. Please tick (✓) as appropriate:-

- (a) I/We confirm that I/we are not prohibited by any applicable laws or regulations to subscribe to the Fund;
- (b) I/We understand that the Directors reserve the right to reject in whole or in part any transaction in shares and those monies received by the Fund for a rejected subscription will be returned without interest and at my/our risk. The Fund, the Directors, the Distributor, and the Administrator shall be held harmless and indemnified against any loss arising from the rejection of an application.
- (c) 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 Fund 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.

12. 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 Fund 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 organized 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”.

13. 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.
14. I/We, if not a natural person, am/are duly organized, validly existing and in good standing under the laws of the jurisdiction in which I am/we are organized and I/we have the power and authority to enter into and perform my/our obligations under this Subscription Form.
15. 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.
16. The Administrator and the Fund are each hereby authorized 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 Fund (on its own behalf and as agent of the Fund) 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 facsimile instructions. The Administrator and the Fund 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 authorized persons.
17. I/We acknowledge that due to anti-money laundering requirements operating within their respective jurisdictions the Administrator, the Fund and any distributor of the Fund (as the case may be) may require further identification of the applicant(s) before the application can be processed and the Administrator, the Fund and any distributor of the Fund (on its own behalf and as agent of the

Fund) 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.

18. I/We request that the Shares issued pursuant to this application are registered in the name(s) and address set out below.
19. 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.
20. (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.
21. I/We acknowledge that personal information obtained in relation to me/us will be used and disclosed in accordance with the Privacy Statement available at www.fundlogic.com. I/we confirm that I/we have received and read a copy of the Privacy Statement and have been informed of my/our rights under the General Data Protection Regulation (Regulation (EU) 2016/679) and the applicable Irish data protection legislation.
22. Where I/we provide personal data in relation to another individual to the Fund, I/we warrant that I/we have provided a copy of the Privacy Statement to that individual.
23. I/We consent to the recording of telephone calls that I/we make to and receive from the Administrator, the Fund, the Depositary or the Investment Manager, the Distributor and their delegates or duly appointed agents and any of their respective related, associated or affiliated companies for record keeping, security and/or training purposes.
24. I/We hereby acknowledge that the Fund and the Administrator shall retain all documentation provided by me/us in relation to my/our investment in the Fund for such period of time as may be required by Irish law, but for not less than five years after the period of investment has ended.
23. I/We shall provide the Fund, the Manager or the Administrator with any additional information which it may reasonably request in connection with tax and / or FATCA regulations / reporting requirements and / or regulations / reporting requirements under the OECD Common Reporting Standard (“CRS”), in order to substantiate any representations made by me/us or otherwise and I/we authorize the Fund or its agents to disclose such information relating to this application to such persons as they consider appropriate.
24. I/we shall supply the Fund with executed copies of relevant documents upon request (such as W-8BEN, W-8BEN-E, W-8IMY, W-8ECI, W-8EXP, or W-9, or a self-certification document).
25. I/We agree to provide to the Fund, the Manager and the Administrator at such times as each of them may request such declarations, affidavits, certificates or documents as each of them may reasonably require (the “**Tax Information**”) in connection with this investment (including for the purposes of tax and/or FATCA regulations and/or CRS or any other reporting requirements). Should any information furnished to any of them become inaccurate or incomplete in any way, I/we hereby agree to notify the Fund, the Manager and the Administrator immediately of any such change and further agree to request the redemption of Shares/Units in respect of which such confirmations have become incomplete or inaccurate where requested to do so by the Fund.
26. I/We acknowledge that the Fund may report certain information to the Irish Revenue Commissioners and that such information may be shared with the US Internal Revenue Service, jurisdictions who have implemented the CRS regime or other jurisdictions pursuant to any other exchange of information or tax reporting regime.
27. In addition to any information required to the Tax Information, I/We agree to promptly provide, and periodically update, at a NY times requested by the Manager or the Administrator with any information (or verification thereof) the Manager or the Administrator deems necessary to comply with any requirement imposed on the Fund including pursuant to the following:

by Sections 1471-1474 of the U.S. Internal Revenue Code of 1986, as amended (the “Code”), and any Treasury Regulations, forms, instructions, or other guidance issued pursuant thereto in order to reduce or eliminate FATCA withholding taxes. The information required to be provided by the preceding sentence may include, but shall not be limited to, (A) information the Manager or the Administrator deems necessary to determine whether the Unitholder is a “foreign financial institution” (“FFI”) as defined in Code § 1471(d)(4) or a “non-financial foreign entity” (“NFFE”) as defined in Code § 1472(d), (B) if I/We am/are an FFI, any certification, statement or other information the Manager or the Administrator deems necessary to determine whether I/we meet the requirements of Code §1471(b) (including entering into an agreement with the IRS pursuant to Code § 1471(b) (an “FFI Agreement”) and complying with the terms thereof or, if the FFI is in a jurisdiction that has signed an intergovernmental agreement (“IGA”) with the United States, complying with the terms of the IGA and any local laws or regulations implementing its terms) or is otherwise exempt from withholding required under Code § 1471, (C) if I/We am/are an FFI, including an FFI in a jurisdiction that has signed an IGA, a Global Intermediary Identification Number (“GIIN”) assigned by the IRS; and (D) if I/We am/are an NFFE, any certification, statement or other information the Manager or the Administrator deems necessary to determine whether the Unitholder meets the requirements of Code § 1472(b) (which information may be given to the

U.S. Internal Revenue Service (“IRS”) pursuant to Code § 1472(b)(3)) or is otherwise exempt from withholding required under Code § 1472.

28. In addition to the Tax Information, I/We agree to promptly provide, at any times requested by the Manager or the Administrator, any information (or verification thereof) the Manager or the Administrator deems necessary for the Fund to comply with the terms of the IGA and any Irish laws, regulations or other guidance implementing the IGA, and any information required to comply with the terms of that agreement on an annual or more frequent basis. I/We agree to waive any provision of foreign law that would, absent such a waiver, prevent compliance with such requests and acknowledges that, if it fails to provide such waiver, it may be required by the Manager or the Administrator to withdraw from the Fund if necessary to comply with FATCA and the IGA.
29. By providing the Tax Information, I/We represent and warrant the completeness and accuracy of such information (as at the date of submission) and authorize the Fund, the Manager and the Administrator to act upon such information in good faith, including, but not limited to, disclosing or submitting such information to the Irish tax authorities. The Fund shall have no obligation to carry out any investigation with respect to the truth, accuracy or completeness of the Tax Information provided by us and I/We will, on demand, hold the Fund harmless from any liability resulting from the my/our failure to provide complete and accurate Tax Information.
30. I/We hereby acknowledge that if I/we fail to provide the Tax Information on a timely basis, I/We may be subject to 30% U.S. withholding tax on the investor’s share of “withholdable payments” (as defined for purposes of FATCA) received by the Fund.
31. I/We hereby acknowledge that if I/we fail to provide the Tax Information and such failure results in the Fund being unable to comply with the IGA, the Manager or the Administrator may exercise its right to completely redeem an applicant (at any time upon any or no notice). I/We further acknowledge and agree to indemnify the Fund and its other investors for any losses resulting from our failure to meet its obligations under this Section, including any U.S. withholding tax imposed on the Fund.
32. By subscribing, purchasing or acquiring Shares, I/We represent, warrant and agree to the Investment Manager, the Directors of the Fund and the Distributor, and any applicable Sub-Distributor, that:
- (i) I am/We are eligible to invest or subscribe the Shares under the applicable laws and regulations in force to which I am/We are subject;
 - (ii) I/We have obtained all consents, approvals or permissions required for the purchase and subscription of the Shares under the applicable law in force to which I am/We are subject;
 - (iii) I/We have complied with all applicable securities laws and regulations in force in any jurisdiction in which I/We purchased or subscribed the Shares; and
 - (iv) No invitation or offer has been made to me/us to subscribe, purchase, and acquire the Shares which are contrary to the applicable laws and regulations in my /our jurisdiction.
33. The Fund, or the Administrator on the Fund’s behalf, may disclose personal information to the Depository and/or the Investment Manager and/or third parties where necessary or for legitimate business interests. This may include disclosure to third parties such as auditors and the Central Bank of Ireland or agents of the Administrator who process the personal information for anti-money laundering purposes or for compliance with foreign regulatory requirements. The Fund, or the Administrator on the Fund’s behalf, may and will hold all or part of the personal information in relation to my/our unit/shareholding in accordance with legal and regulatory requirements even after you have fully redeemed from the Fund
34. I/We hereby acknowledge that any notice or document may be served by the Fund or Administrator on me/us in the manner specified from time to time in the Prospectus and, for the purposes of the Electronic Commerce Act 2000, if I have provided an e-mail address or fax number to the Fund or its delegate, consent to any such notice or document being sent to me/us by fax or electronically to the fax number or e-mail address previously identified to the Fund or its delegate which I/we acknowledge constitutes effective receipt by me/us of the relevant notice or document. I/we acknowledge that I/we am/are not obliged to accept electronic communication and may at any time choose to revoke my/our agreement to receive communications by fax or electronically by notifying the in writing at the above address, provided that my/our agreement to receive communications by fax or electronically shall remain in full force and effect pending receipt by the Fund and or Administrator of written notice of such revocation.
- 34. For Hong Kong residents only:**
I/We hereby confirm that
- (i) I/We have read and understood the Prospectus (in particular the risk factors),
 - (ii) I/We acknowledge that no regulatory authority in Hong Kong has authorized the Prospectus or subscription agreement,
 - (iii) I/We have relied solely on its own independent analysis and understand that no representation is made by the Fund, its affiliates or advisors on the accuracy or completeness of the Prospectus and subscription agreement,
 - (iv) I/We have knowledge and experience of financial and business matters to evaluate the merits and risks of the investment, and have access to all information I/We consider necessary to make a proper evaluation of the investment,
 - (v) I/We have had an opportunity to obtain professional advice about the investment,
 - (vi) I/We are not prohibited from receiving the Prospectus and subscription agreement by virtue of selling restrictions in the Prospectus relating to Hong Kong residents,
 - (vii) I/We are a "professional investor" within the Securities and Futures Ordinance (Cap. 571) of Hong Kong.

35. For South Korean residents only:

- a. I/We are subscribing as a result of an unsolicited request made by the Distributor;
- b. I/We have complied or will comply with all local regulations relating to foreign investments by South Korean investors;
- c. I/We acknowledge that interests in the Fund are not registered in Korea and cannot be offered or sold to South Korean residents except in accordance with local law and if the purchaser complies with any applicable restrictions including restrictions on foreign investments.

FATCA AND CRS SELF-CERTIFICATION

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 General Data Protection Regulation (Regulation (EU) 2016/679) and the applicable Irish data protection legislation. 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 investor's tax residency status, please speak to a tax adviser or local tax authority.

For further information on FATCA or CRS please refer to Irish Revenue website at

<http://www.revenue.ie/en/business/aeoi/index.html> or the following link:

<http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.

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

(Mandatory fields are marked with an *)

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".

***Section 1: Account holder Identification**

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

Country of Incorporation or Organization: _____

***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 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> | |
| II. | <i>Registered Deemed Compliant Foreign Financial Institution</i> | |
| III. | <i>Participating Foreign Financial Institution</i> | |

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

□□□□□□.□□□□□□.□□.□□□□

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

| | | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| I. | <p><i>The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN Please provide the sponsor’s name and sponsor’s GIIN :</i></p> <p>Sponsor’s Name: _____</p> <p>Sponsor’s GIIN: _____</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 GIIN with the IRS unless and until U.S. reportable accounts are identified.</p> | |
| II. | <p>The Entity is an Exempt Beneficial Owner, Please tick and confirm the category of Exempt Beneficial Owner;</p> <p>I. <input type="checkbox"/> Government Entity</p> <p>II. <input type="checkbox"/> International Organization</p> <p>III. <input type="checkbox"/> Foreign Central Bank</p> <p>IV. <input type="checkbox"/> Exempt Retirement Fund</p> <p>V. <input type="checkbox"/> Collective Investment Vehicle Wholly Owned by Exempt Beneficial Owners.</p> | |
| III. | <p>The Entity is a Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the IGA Agreement)</p> | |

| | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | Indicate exemption: _____ | |
| IV. | The Entity is a Non-Participating Foreign Financial Institution | |
| V. | The Entity is an Excepted Foreign Financial Institution Indicate exemption: _____ | |
| VI. | The Entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN Trustee's Name: _____ Trustee's GIIN: □□□□□□.□□□□□□.□□.□□□□ | |

3.4. Non-Financial Institutions (Non-Foreign Financial Entity/NFFE) under FATCA:

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

| | | |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| I. | <i>Active Non-Financial Foreign Entity</i> | |
| II. | Passive Non-Financial Foreign Entity (NFFE) <i>(Please tick the box that applies)</i> I. Passive Non-Financial Foreign Entity with no Controlling Persons that are specified U.S Persons. 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 | <input type="checkbox"/> <input type="checkbox"/> |
| III. | <i>Excepted Non-Financial Foreign Entity</i> | |
| IV. | Direct Reporting NFFE <i>Please provide your GIIN</i> □□□□□□.□□□□□□.□□.□□□□ | |

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

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 Residency.

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

5.2 Non Financial Institutions (“NFE”) under CRS:

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

| | | |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| I. | Active Non-Financial Entity – a corporation the stock of which is regularly traded on an established securities market. Please provide the name if the established securities market on which the corporation is regularly traded: _____ | <input type="checkbox"/> |
| II. | Active Non-Financial Entity – if you are a Related Entity of a regularly traded corporation. Please provide the name of the regularly traded corporation that the Entity is a Related Entity of: Please provide details of the securities market that the entity is listed on : | <input type="checkbox"/> |
| III. | Active Non-Financial Entity – a Government Entity or Central Bank _____ | <input type="checkbox"/> |
| IV. | Active Non-Financial Entity – an International Organization _____ | <input type="checkbox"/> |
| V. | Active Non-Financial Entity – <i>other</i> than those listed in I, II, III or IV above. (for example a start-up NFE or a non-profit NFE) | <input type="checkbox"/> |
| VI. | Passive Non-Financial Entity (“”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) | <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 authorized signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

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

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

By ticking here, I/We consent to the Fund, the Investment Manager, the Distributor and their delegates, agents sending information about other investment services to me/us by letter, telephone or other means of communication.

I/We understand that I/we have a right to change my/our mind about receipt of such information at any time by contacting the Distributor.

***Authorized Signature(s):**

***Print Name(s):**

***Capacity in which declaration is made:**

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

Individual (including 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 General Data Protection Regulation (Regulation (EU) 2016/679) and the applicable Irish data protection legislation. 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> or the following link to the OECD CRS Information Portal at: <http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.

If any of the information below about the 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.

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

I am not a U.S. citizen or resident in the U.S. for tax purposes.

***Section 3: 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 | | |
| 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 re CRS

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 Organization for Economic Co-operation and Development (OECD).

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

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

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

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

*Authorized Signature: _____

*Print Name: _____

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

*Capacity (if Controlling Person): _____

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 authorized 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 authorized signatory: _____(declarant)

Capacity of 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 Subscription 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 authorized officer.
3. If the Subscription 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.

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.

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

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, 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, 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: _____

²Irish Tax Reference Number of Applicant: _____

³Authorized Signatory: _____

Capacity in which declaration is made: _____ **Date:** _____

IMPORTANT NOTES

¹This is a form authorized 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 authorized officer of a body of persons or trust established for charitable purposes only within the meaning of Sections 207 and 208 TCA 1997. In the case of a company, the declaration must be signed by the company secretary or other authorized 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 authorized 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.

**APPENDIX : REBATE REQUIREMENTS
(FOR OFFICE USE ONLY)**

Apply Rebate on this fund

- Management Fee
- Investor Fee rebate
- Frequency of rebate
- Paid or Re-invested
- Side letter received
- Date

ADDITIONAL SUBSCRIPTION FORM

ACUMEN INCOME - PROTECTION PORTFOLIO - A (the
"Sub Fund")
FundLogic Alternatives plc (the "Fund")

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

FundLogic Alternatives Plc
C/o Northern Trust International Fund Administration Services (Ireland) Limited
Georges Court
54-62 Townsend Street
Dublin 2 - Ireland

Phone: +353 1 434 5090
Fax: +353 1 434 5286

THE SUBSCRIPTION FORM FOR THE SUB-FUND MUST BE RECEIVED BY 11.00AM (IRISH TIME) ON THE RELEVANT DEALING DAY AND CLEARED FUNDS TO BE RECEIVED BY 12 NOON (IRISH TIME) 3 BUSINESS DAYS AFTER THE RELEVANT DEALING DAY.

REGISTERED INFORMATION

Registered Account Name

Account Number

Your Company Contact

Name:

Phone No:

Fax No:

E-Mail Address:

DEAL INSTRUCTIONS

PLEASE TICK (✓) THE CLASS OF SHARES IN WHICH THE INVESTMENT WILL BE MADE

- ACUMEN INCOME - PROTECTION PORTFOLIO – Class A GBP
- ACUMEN INCOME - PROTECTION PORTFOLIO – Class A EUR
- ACUMEN INCOME - PROTECTION PORTFOLIO – Class A USD
- ACUMEN INCOME - PROTECTION PORTFOLIO – Class A CHF
- ACUMEN INCOME - PROTECTION PORTFOLIO – Class LUCEO GBP

PLEASE COMPLETE EITHER THE “MONETARY AMOUNT” FIELD OR THE “NUMBER OF SHARES” FIELD

N.B: Investors must subscribe for a class of shares in a Sub-Fund in the currency in which that share class is denominated. Redemption payments will also be made in the currency in which the relevant share class of a Sub-Fund is denominated.

Monetary Amount

Amount in Words

OR

Number of Shares

ORIGINATING ACCOUNT DETAILS

Bank Name

Bank Address

Sort Code ABA

Account Name

Account Number

Payment Reference

Please note:

- Monies must originate from the account of the investor. Failure to complete these details accurately and in accordance with the original signed Subscription Form and forward monies within the settlement time scale will result in the loss of good value and an interest claim from the Fund
- I/We confirm that I/we have the authority to make this investment.
- I/We hereby agree to indemnify and hold harmless the Fund, the Administrator, and 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 Administrator. The Fund, the Administrator, or the Distributor will not be responsible or liable for the authenticity of instructions received from me/us or any authorized person and may rely upon any instruction from any such person representing himself to be a duly authorized person reasonably believed to be genuine.
- I/We confirm that I/We have received read and understood the information contained in this form and confirm that a copy of the Key Investor Information Document has been supplied to me/us in relation to this Sub-Fund or Share Class in good time prior to the completion of this form.
- I/We confirm that I/We have read and understood the Key Investor Information Document and I/We hereby confirm that for any subsequent investments for Shares in the Fund I/we will obtain the latest version of the appropriate Key Investor Information Document prior to each subscription.
- I/We also acknowledge and agree that the updated KIID for each Share Class is available at www.fundlogic.com and consent to its receipt in that form for subsequent applications for any Share Class in the Fund. I/We understand that a copy of the KIID is available in paper form, free of charge, upon request.

I/We understand that the website location for the KIID has been notified to me/us by email. I/we will read and review the most up-to-date version of the relevant KIID prior to making any subsequent application for Shares in the Fund.

Authorized Signatories

Print Name

Signatory 1

Signatory 2

Signatory 3

Date

The undersigned acknowledges and agrees: (i) that the undersigned is making the additional subscription on the terms and conditions contained in the Subscription Form, dated _____, previously executed by the undersigned and accepted by the Fund; (ii) that the representations and covenants of the undersigned contained in the Subscription Form and the anti-money laundering supplement thereto are true and correct in all material respects as of the date set forth below; (iii) that the information provided on the investor profile form in the Subscription Form is correct as of the date set forth below; and (iv) that the background information provided to the Administrator is true and correct in all material respects as of the date set forth below.

THE UNDERSIGNED AGREES TO NOTIFY THE ADMINISTRATOR, THE DISTRIBUTOR OR THE FUND PROMPTLY IN WRITING SHOULD THERE BE ANY CHANGE IN ANY OF THE FOREGOING INFORMATION.

REDEMPTION FORM

ACUMEN INCOME - PROTECTION PORTFOLIO - A (the
"Sub-Fund")
FundLogic Alternatives plc (the "Fund")

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

FundLogic Alternatives Plc
C/o Northern Trust International Fund Administration Services (Ireland) Limited
Georges Court
54-62 Townsend Street
Dublin 2 - Ireland

Phone: +353 1 434 5090
Fax: +353 1 434 5286

THE REDEMPTION FORM FOR THE SUB-FUND MUST BE RECEIVED BY RECEIVED BY 11.00AM (IRISH TIME) ON THE RELEVANT DEALING DAY

REGISTERED INFORMATION

Registered Account Name

Account Number

Your Company contact

Name:

Phone No:

Fax No:

E-mail Address:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

DEAL INSTRUCTIONS

PLEASE TICK (✓) THE CLASS OF SHARES IN WHICH THE INVESTMENT WILL BE MADE

- ACUMEN INCOME - PROTECTION PORTFOLIO – Class A GBP
- ACUMEN INCOME - PROTECTION PORTFOLIO – Class A EUR
- ACUMEN INCOME - PROTECTION PORTFOLIO – Class A USD
- ACUMEN INCOME - PROTECTION PORTFOLIO – Class A CHF
- ACUMEN INCOME - PROTECTION PORTFOLIO – Class LUCEO GBP

PLEASE COMPLETE EITHER THE “MONETARY AMOUNT” OR THE “NO. OF SHARES” FIELD

N.B: Investors must subscribe for a class of shares in a Sub-Fund in the currency in which that share class is denominated. Redemption payments will also be made in the currency in which the relevant share class of a Sub-Fund is denominated.

Monetary Amount

Amount in Words

OR

Number of Shares

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 | <input style="width: 100%;" type="text"/> | | | | | | |
| Bank Address | <input style="width: 100%;" type="text"/> | | | | | | |
| Sort Code | <input style="width: 150px;" type="text"/> | ABA | <input style="width: 150px;" type="text"/> | | | | |
| Account Name | <input style="width: 100%;" type="text"/> | | | | | | |
| Account Number | <input style="width: 100%;" type="text"/> | | | | | | |
| IBAN Number | <input style="width: 100%;" type="text"/> | | | | | | |
| Correspondent Bank & Swift Code | <table border="0" style="width: 100%;"> <tr> <td style="width: 100px;">Name:</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Swift Code:</td> <td><input style="width: 90%;" type="text"/></td> </tr> </table> | | | Name: | <input style="width: 90%;" type="text"/> | Swift Code: | <input style="width: 90%;" type="text"/> |
| Name: | <input style="width: 90%;" type="text"/> | | | | | | |
| Swift Code: | <input style="width: 90%;" type="text"/> | | | | | | |

F.F.C to

| | |
|----------------|-------------------------------------------|
| Account Name | <input style="width: 100%;" type="text"/> |
| Account Number | <input style="width: 100%;" type="text"/> |

Please note:

- Failure to complete these details accurately and in accordance with the original signed Subscription Form will result in the loss of good value and an interest claim from the Fund.
- I/We confirm that I/we have the authority to make this redemption request.
- I/We hereby agree to indemnify and hold harmless the Fund, 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 Administrator. The Fund, Administrator or the Distributor will not be responsible or liable for the authenticity of instructions received from me/us or any authorized person and may rely upon any instruction from any such person representing himself to be a duly authorized person reasonably believed to be genuine.
- I/We confirm that I/We have received ,read and understood the information contained in this form and confirm that a copy of the Key Investor Information Document has been supplied to me/us in relation to this Sub-Fund or Share Class in good time prior to the completion of this form.
- I/We confirm that I/We have read and understood the Key Investor Information Document and I/We hereby confirm that for any subsequent investments for Shares in the Fund I/we will obtain the latest version of the appropriate Key Investor Information Document prior to each subscription.
- I/We also acknowledge and agree that the updated KIID for each Share Class is available at www.fundlogic.com and consent to its receipt in that form for subsequent applications for any Share Class in the Fund. I/We understand that a copy of the KIID is available in paper form, free of charge, upon request. I/We understand that the website location for the KIID has been notified to me/us by email. I/we will read and review the most up-to-date version of the relevant KIID prior to making any subsequent application for Shares in the Fund.

Authorized Signatories

Print Name

Signatory 1

Signatory 2

Signatory 3

Date

Note: Redemption proceeds shall be paid to the same account from which the shareholder's investment in the Sub-Fund was originally remitted. No third party payments are permitted. Redemption proceeds will be remitted by electronic transfer net of handling charges and fees to the registered shareholder. Redemption proceeds will be retained or delayed until such time as the Administrator has received the original Subscription Form and all anti money laundering documentation.

APPENDIX 1

This notice sets out how [the Fund] will process personal information (as a Data Controller)

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

Purposes of Processing and Legal basis for processing

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

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

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

Recipients of Data and International Transfer of Data

The Fund may disclose your personal information as follows:

- to its service providers, including the Administrator, and their affiliates, and other third party service providers engaged by the Fund in order to process the data for the above mentioned purposes;

- to competent authorities (including tax authorities), courts and bodies as required by law or requested or to affiliates for internal investigations and reporting; and

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

Retention period

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

Data Subject Rights

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

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

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

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

How to contact us

If you have any questions about our use of your personal information, please contact us at fundlogic-ir@morganstanley.com