

**SKYLINE UMBRELLA FUND ICAV**  
**Application Form Coho US Large Cap Equity Fund**

This Application Form, which acts as an account opening form, should be read in context of and together with the latest Prospectus & Supplement(s) of the ICAV (collectively referred to as the "Prospectus"), and save where otherwise defined in this Application Form, all capitalised terms shall have the same meaning as in the Prospectus. Please complete all the following sections as indicated.

Please note that separate forms are required for subsequent (repeat) subscriptions and redemptions of Shares. These forms are contained at Appendices I and II.

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**IMPORTANT:** You will need to contact the Distributor or the Administrator before completing this form if you are an Irish resident who is tax-exempt. You will need to request the specific declaration form.

This Application Form constitutes your agreement to subscribe for Shares in the Coho US Large Cap Equity Fund (the "Sub-Fund"). Once fully completed and signed, this Application Form should be sent to the following address and/or facsimile number, and **if sent by facsimile the original must follow by post**. Application Forms must be received by the Administrator by 3:00pm (Irish time) on the business day preceding the Dealing Day.

**Skyline Umbrella Fund ICAV**  
**Attention: Davy TA Queries Team**  
**c/o Northern Trust International Fund Administrators (Ireland) Limited**  
**Georges Court**  
**54-62 Townsend Street**  
**Dublin 2, Ireland**  
**T +353 (0)1 434 5124**  
**F +353 (0)1 434 5285**  
**E [davy\\_ta\\_queries@ntrs.com](mailto:davy_ta_queries@ntrs.com)**

# SKYLINE UMBRELLA FUND ICAV

## Application Form Coho US Large Cap Equity Fund

### 1. Registration Details

*Please complete in full*

Full Name of Applicant:	<input type="text"/>		
Registered Office Address	Mailing Address (if different)		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Telephone Number:	<input type="text"/>	Telephone Number:	<input type="text"/>
Fax Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Contact Name:	<input type="text"/>	Contact Name:	<input type="text"/>
E-mail Address:	<input type="text"/>	E-mail Address:	<input type="text"/>

### Details of Authorised Contactee/Agent\*

By ticking the box opposite and signing this Application Form, I hereby authorise the Administrator to transfer to the authorised contactee/agent copies of contract notes, statements, investor reports and other documentation that may contain my personal details and/or information in relation to my investment in the Sub-Fund.

\*If you do not wish to appoint an authorised contactee/agent, please leave this section blank.

Full Name:	<input type="text"/>		
Relationship with the Applicant: (e.g. agent)	<input type="text"/>		
Registered Office Address	Mailing Address (if different)		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Telephone Number:	<input type="text"/>	Telephone Number:	<input type="text"/>
Fax Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Contact Name:	<input type="text"/>	Contact Name:	<input type="text"/>
E-mail Address:	<input type="text"/>	E-mail Address:	<input type="text"/>

# SKYLINE UMBRELLA FUND ICAV

## Application Form Coho US Large Cap Equity Fund

### 2. Subscription Instructions

I/we hereby apply to purchase Shares in the amount of which sum will be paid by telegraphic transfer, and agree to be bound by the Instrument of Incorporation of the ICAV and its material contracts as set out in the Prospectus:

Share Class Name		Monetary Amount	Monetary Amount in words
US Dollar Institutional Class	USD	<input type="text"/>	<input type="text"/>
US Dollar Retail A Class	USD	<input type="text"/>	<input type="text"/>
US Dollar Retail B Class	USD	<input type="text"/>	<input type="text"/>
Euro Retail Class	EUR	<input type="text"/>	<input type="text"/>

The minimum initial subscription and minimum subsequent subscription amounts are set out below:

Share Class Name		Minimum initial subscription	Minimum subsequent subscription
US Dollar Institutional Class	USD	250,000	100
US Dollar Retail A Class	USD	500	100
US Dollar Retail B Class	USD	1,000	100
Euro Retail Class	EUR	1,000	100

# SKYLINE UMBRELLA FUND ICAV

## Application Form Coho US Large Cap Equity Fund

### 3. Bank Account Details

*Please complete in full*

**Applicant’s Banking Information**

Shareholders may change their banking information upon written notification to the Administrator. Redemption proceeds will not be paid to an account which is not in the applicant’s name.

Cleared subscription monies must be received no later than by the 3<sup>rd</sup> Business Day falling after the Dealing Day.

If payment in full in cleared funds is not received within the required number of Business Days any provisional allotment of shares may be cancelled.

**Bank account details for USD Subscription Payments**

Pay subscription monies in USD to the following bank account:

U.S. Dollar
<b>Beneficiary Bank:</b> The Northern Trust International Banking Corporation, New Jersey
<b>SWIFT:</b> CNORUS33
<b>Fedwire ABA:</b> 026001122
<b>CHIPS ABA:</b> 0112
<b>Beneficiary:</b> Skyline Umbrella Fund ICAV - 179481-20010
<b>Reference:</b> * Coho US Large Cap Equity Fund

**Bank account details for EUR Subscription Payments**

Pay subscription monies in EUR to the following bank account:

Euro – EUR
<b>Intermediary Bank:</b> Barclays Bank PLC, London
<b>SWIFT:</b> BARCGB22
<b>Beneficiary Bank:</b> The Northern Trust International Banking Corporation, New Jersey
<b>SWIFT:</b> CNORUS33
<b>Beneficiary:</b> Skyline Umbrella Fund ICAV - 627042-20019
<b>Reference:</b> * Coho US Large Cap Equity Fund

**Note: No third party payments will be undertaken**

**Note: A request to change bank account details must be made in writing to the administrator, requiring an original signed instruction, and must be accompanied by a bank statement or banker’s reference**

**Distribution/Dividend Requirement**

Please indicate below opposite the relevant share class whether you would like you like your distributions/dividends paid by telegraphic transfer to the account specified below or re-invested.

Share Class Name		Paid into my account (please tick)	Reinvested into the Fund (please tick)
US Dollar Institutional Class	USD	<input type="checkbox"/>	<input type="checkbox"/>
US Dollar Retail A Class	USD	<input type="checkbox"/>	<input type="checkbox"/>
US Dollar Retail B Class	USD	<input type="checkbox"/>	<input type="checkbox"/>
Euro Retail Class	EUR	<input type="checkbox"/>	<input type="checkbox"/>

**Bank Account Details for Payment of Distributions**

Please provide details of the bank account into which you would like any distributions proceeds to be paid:

**Bank account details for USD Distribution Payments**

Name of Bank	<input type="text"/>
SWIFT Code	<input type="text"/>
Account Number	<input type="text"/>
Account Name	<input type="text"/>
Sort Code & IBAN	<input type="text"/>

**Bank account details for EUR Distribution Payments**

Name of Bank	<input type="text"/>
SWIFT Code	<input type="text"/>
Account Number	<input type="text"/>
Account Name	<input type="text"/>
Sort Code & IBAN	<input type="text"/>

Distributions and dividends paid by telegraphic transfer will be paid to the accounts specified above. **Please note that if no option is indicated, distribution and dividend payments will be reinvested.**

Please contact the Administrator if payment details are required in any other currency. Any bank charges in respect of telegraphic transfers or otherwise will be deducted from the amount or value of subscriptions and the net amount invested in Shares. Requests for redemption or distribution payments to be made by telegraphic transfer will be subject to bank charges. The Base Currency of the Sub-Fund and the designated currency of any Shares will be set out in the Prospectus and is also noted above. Applications for Shares shall be accepted in the Base Currency of the relevant Sub-Fund or the designated currency of the relevant Share Class. At the discretion of the ICAV, applications may be accepted in currencies other than the Base Currency. Please note any subscription proceeds paid in currencies other than the Base Currency of the relevant Sub-Fund or the designated currency of the relevant Share Class will be converted into that currency at prevailing exchange rates. This foreign exchange transaction will be arranged by the Administrator at the cost and risk of the relevant investor. No redemption payment may be made until the original Application Form has been received by the Administrator and the Administrator is satisfied that all necessary anti-money laundering documentation and checks have been received and completed in full.

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

**4. Declaration of Residency**

**Resident Entities Composite Declaration**  
**Declaration referred to in Section 739D(6)**  
**Taxes Consolidation Act, 1997**

This declaration, if it is then still correct, shall apply in respect of any subsequent acquisition of Shares.

- 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;	<input type="checkbox"/>
a company carrying on life business within the meaning of section 706 TCA 1997;	<input type="checkbox"/>
an investment undertaking;	<input type="checkbox"/>
an investment limited partnership;	<input type="checkbox"/>
a special investment scheme;	<input type="checkbox"/>
a unit trust to which section 731 (5)(a) TCA 1997 applies;	<input type="checkbox"/>
a charity being a person referred to in section 739D(6)(f)(i) TCA1997;	<input type="checkbox"/>
a qualifying management company;	<input type="checkbox"/>
entitled to exemption from income tax and capital gains tax by virtue of section 784A(2) TCA, 1997* (see further requirement for Qualifying Fund Manager below);	<input type="checkbox"/>
a PRSA Administrator;	<input type="checkbox"/>
a credit union within the meaning of section 2 of the Credit Union Act 1997.	<input type="checkbox"/>

**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 treated 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) 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 / PRSA Administrator**

- I/we\* also declare that at the time this declaration is made, the Shares in respect of which this declaration is made
  - are assets of \* an approved retirement fund/an approved minimum retirement fund or a PRSA, and
  - are managed by the Declarant for the individual named below who is beneficially entitled to the Shares.
  
- I/we\* undertake that, if the Shares cease to be assets of \*the approved retirement fund/the approved minimum retirement fund or the PRSA, including a case where the Shares are transferred to another such fund or account, I/we\* 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\* also declare that I am/we are\* applying for Shares on behalf of persons who
  - To the best of my/our\* knowledge and belief, have beneficial entitlement to each of the Shares in respect of which this declaration is made, and
  - Is a person referred to in section 739D(6) TCA, 1997.
  
- I/we\* further 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 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: \_\_\_\_\_

Irish tax reference number of applicant: \_\_\_\_\_

Authorised signatory: \_\_\_\_\_(Declarant)

Title: (Mr/Ms. etc) \_\_\_\_\_

Capacity in which declaration is made: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Important Notes**

1. This is a form authorised by the Revenue Commissioners which may be subject to inspection. It is an offence to make a false declaration.
2. Tax 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 Share.
3. In the case of, (i) an exempt pension scheme, the administrator must sign the declaration; (ii) a retirement annuity contract to which Section 784 or 785 applies, the person carrying on the business of granting annuities must sign the declaration; (iii) a trust scheme, the trustees must sign the declaration. In the case of a charity, the declaration must be signed by the trustees or other authorised officer of a body of persons or trust established for charitable purposes only within the meaning of Sections 207 and 208 TCA 1997. In the case of an approved retirement fund/an approved minimum retirement fund or a PRSA, it must be signed by a qualifying fund manager or PRSA administrator. In the case of an intermediary, the declaration must be signed by the intermediary. In the case of a company, the declaration must be signed by the company secretary or other authorised officer. In the case of a unit trust it must be signed by the trustees. In any other case it must be signed by an authorised officer of the entity concerned or a person who holds a power of attorney from the entity. A copy of the power of attorney should be furnished in support of this declaration.



**Declaration of Residence outside Ireland**

Applicants resident outside Ireland are required by the Irish Revenue Commissioners to make the following declaration which is in a format authorised by them, in order to receive payment without deduction of tax. It is important to note that this declaration, if it is then still correct, shall apply in respect of any subsequent acquisitions of Shares. 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 Ireland, I will/we will\* so inform you, in writing accordingly.

***\*Delete as appropriate***

**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\* hold Shares, becomes resident in Ireland.

***\*Delete as appropriate***

Name and address of applicant: \_\_\_\_\_  
\_\_\_\_\_

Signature of applicant or authorised signatory; \_\_\_\_\_ (Declarant)

Capacity of authorised signatory (if applicable): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Joint Applicants:**

Names: \_\_\_\_\_ Signatures: \_\_\_\_\_  
\_\_\_\_\_

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### Important Notes

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

\*An "intermediary" means a person who

- carries on a business which consists of, or includes, the receipt of payments from an investment undertaking resident in the State on behalf of other persons;
- holds units in an investment undertaking on behalf of other persons.

### Notes in relation to residence / ordinary residence:

#### Residence — Individual

An individual will be regarded as being resident in Ireland for a tax year if s/he;

- spends 183 days or more in the State in that tax year; or
- has a combined presence of 280 days in the State, taking into account the number of days spent in the State in that tax year together with the number of days spent in the State in the preceding year.

Presence in a tax year by an individual of not more than 30 days in the State will not be reckoned for the purpose of applying the two-year test.

#### Ordinary Residence — Individual

The term "ordinary residence" as distinct from "residence" relates to a person's normal pattern of life and denotes residence in a place with some degree of continuity. An individual who has been resident in the State for three consecutive tax years becomes ordinarily resident with effect from the commencement of the fourth tax year.

An individual who has been ordinarily resident in the State ceases to be ordinarily resident at the end of the third consecutive tax year in which s/he is not resident. Thus, an individual who is resident and ordinarily resident in the State in 2017 and departs from the State in that year will remain ordinarily resident up to the end of the tax year in 2020.

#### Residence — Company

Prior to Finance Act 2014, company residence was determined with regard to the long established common law rules based on central management and control. These rules were significantly revised in Finance Act 2014 to provide that a company incorporated in the State will be regarded as resident for tax purposes in the State, unless it is treated as resident in a treaty partner country by virtue of a double taxation treaty. While the common law rule based on central management and control remains in place, it is subject to the statutory rule for determining company residence based on incorporation in the State set out in the revised section 23A TCA 1997.

The new incorporation rule for determining the tax residence of a company incorporated in the State will apply to companies incorporated on or after 1 January 2015. For companies incorporated in the State before this date, a transition period will apply until 31 December 2020.

**5. Identity Verification**

In accordance with the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010 as amended by the Criminal Justice Act 2013 (the “Act”), please complete the area below applicable to you and provide the identity verification documentation initially requested.

**IMPORTANT: Be aware that the ICAV reserves the right to request additional information and documentation, including requiring that previously submitted documentation be certified as a true copy and re-submitted to ensure the ICAV’s compliance with the Act and any associated regulations and authoritative guidance.**

**Guide to completing this section:**

- **Part I** Beneficial Ownership Detail must be provided by All Applicants
- **Part II** To be completed by any applicant which is a Recognised Regulated Entity; e.g. a bank, provider of financial services or nominee company investing on its own behalf or on behalf of a third party and if regulated for compliance with applicable Anti Money Laundering regulations in a Prescribed Country<sup>6</sup>
- **Part III** To be completed by any Individual (s) investing in their own name
- **Part IV** To be completed by any Unregulated Nominee Company that does not fall within scope of Part II above.
- **Part V** To be completed by any Politically Exposed Person(s) investing into the Sub-Fund.
- **Part VI** To be completed by Other Investors investing into the Sub-Fund.
- 

**Be aware that this may extend to identifying the beneficial owner and verifying their identity until such time that the ultimate natural persons beneficially owning the investment are identified.**

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

**Please note that for certain types of investors (for example a politically exposed person (“PEP”) <sup>6</sup> or a recognised regulated entity<sup>7</sup>) the administrator will require and request further information.**

**PART I – Beneficial Ownership Detail**

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

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

<sup>6</sup>Prescribed Countries: 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 .

**Note:** If there is/ are no Individual(s) with a beneficial interest of 25% or more in this investment or anyone that otherwise exercises control of the legal entity, where applicable please check the box below:

**PART II – Recognised Regulated Entities**

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

YES

Name of Regulatory Authority:

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Applicable Domestic Regulations:

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**PART III - Individual(s)**

**Please provide**

- 1. A copy photographic identity document e.g. Passport or Driver’s Licence and
- 2. Two copies of non-photographic identity documents<sup>7</sup> e.g. utility bill / bank statement dated within the last six months.

Current Occupation (s)

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Date of Birth

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**In the case of joint account holders, please supply the relevant documentation and information in respect of all holders.**

**PART IV – Unregulated Nominee Company**

**Please provide**

- 1. Standard Reliance Letter<sup>8</sup> and

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7. Please contact the Administrator directly if you have any queries

- 2. Proof of Regulatory Status of Parent Company or
- 3. Documentation in accordance with the legal form of the Nominee Company (see Part VI)

**PART V – Politically Exposed Persons**

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

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

**Required Identity Verification Documentation**

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

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

**Required Identity Verification Documentation**  
Please provide:

- A photocopy of a photographic identity documents such as a passport or driver’s license and
- Two non-photographic identity documents (such as a utility bill)

Corporate Entities

Country of Registration: \_\_\_\_\_

Registration Number: \_\_\_\_\_

**A. Source of Funds**

**Please provide details**

Earnings from Employment/Self Employment	<input type="checkbox"/>	Inheritance or Gift	<input type="checkbox"/>
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Investment Income	<input type="checkbox"/>	Matured Investment	<input type="checkbox"/>
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8 To be requested from the Administrator

	<input type="checkbox"/>		<input type="checkbox"/>
Lump Sum Retirement	<input type="checkbox"/>	Court Award	<input type="checkbox"/>
Sale of Property	<input type="checkbox"/>	Other – please specify below	<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

**B. Source of Wealth**

Please provide a brief description of your source of wealth (source of total accumulated net worth)

**PART VI – OTHER INVESTORS (Standard Customer Due Diligence)**

**Required Identity Verification Documentation**  
 Please provide

- A copy of one of (i) certificate of incorporation (or equivalent), or (ii) the memorandum & articles of association (or equivalent) or, (iii) the latest audited financial statements, and
- For each of two (2) directors of the company, please provide:  
 A photocopy of a photographic identity document such as passport or driver’s license and  
 Two non-photographic identity documents (such as a utility bill)

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

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

**Listed Company on a Recognised Exchange<sup>9</sup>**

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

**Listed Company – Not Appearing on a Recognised Exchange**

**Please provide:**

1. Proof of listing of the company.
2. Full name of the company.
3. Registered number of the company.

<sup>9</sup> A Recognised Exchange is regulated under MiFid or deemed to have equivalent transparent rules

4. Registered office address of the company.
5. Principal business address of the company.
6. Details of Directors of the company- including name, residential address and date of birth.
7. Detail of any beneficial owners who are natural persons, who own more than 25% of the share capital, profit or voting rights or otherwise exercise control over the management of the company.
8. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify any Beneficial Owner
9. Verification of identity of Company by providing one of the below:
  - Search of the relevant company registry; or
  - Copy of Certificate of incorporation or equivalent; or
  - Copy of Memorandum and Articles of Association or equivalent; or
  - Copy of latest audited financial statements.

**Wholly Owned Subsidiary of a Listed Company**

**Please provide**

1. Full name of the subsidiary company.
2. Registered number of the subsidiary company.
3. Registered office address of the subsidiary company.
4. Principal business address of the subsidiary company
5. Details of Directors of the company - including name, residential address and date of birth.
6. Detail of any Beneficial Owner beneficially entitled to more than 25% of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.
7. Confirmations as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) provide identity detail for any Beneficial Owner.
8. Verification of identity of the subsidiary company by providing one of the below:
  - Search of the relevant company registry; or
  - Copy of Certificate of incorporation or equivalent; or
  - Copy of Memorandum and Articles of Association or equivalent; or
  - Copy of latest audited financial statements.
  - Name of beneficial owners who own more than 25% of the entity or its voting rights or indicate if none (attach a sheet if necessary)

**Private Company**

**Please provide**

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

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**Partnership**

**Please provide**

1. Full name of the partnership.
2. Registered office address
3. Principal business address of the partnership.
4. Detail of all partners- including name, residential address and date of birth.
5. Documentation to verify the identity of two partners or one partner and one authorised signatory (If individuals, one proof of ID and one proof of address is required)
6. Detail of any partners who own more than 25% of the partnership capital, profit or voting rights or otherwise exercise control over the management of the partnership. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form. Note: Where the beneficial owner is a corporate entity, Northern Trust requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc.).
7. Constitutional Document for the partnership (e.g. Partnership Agreement).

**Limited Liability Company**

**Please provide**

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

**Collective Investment Scheme ('CIS')**

**Please provide**

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

**Trust, Foundation or similar entity**

**Please provide**

1. Full name of trust, foundation or similar entity.
2. Registered address of trust, foundation or similar entity.
3. Legal form of the trust, foundation or similar entity.
4. Trust deed or equivalent or confirmation of the entity to an appropriate register.
5. Detail of Nature / purpose of the Trust, foundation or similar entity.
6. Details of all trustees- including name, residential address and date of birth.
7. Documentation to verify the identity of two trustees or one trustee and one authorised signatory (If individuals, one proof of ID and one proof of address is required)



8. Identity detail for any beneficial owners who own more at least 25% of the share capital or voting rights or otherwise exercises control over the trust. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form. Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc.).
9. Details of settlor- including name, residential address and date of birth, as applicable
10. Details of protector (as appropriate)- including name, residential address and date of birth, as applicable

**Employee/ Superannuation Pension Scheme**

**Please provide**

1. Proof of registration from the relevant tax authorities

**General Pension Scheme**

**Please provide**

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

**Registered Charity**

**Please provide**

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

**Required Identity Verification Documentation**

**Please provide**

copy of the partnership agreement or equivalent, and

The appropriate identity verification documentation\*, depending on their legal nature, for:

The General Partner (or equivalent), or

Any two partners, or

Any one partner and one authorised signatory

*\* i.e. if they are a corporate entity, see Required Identity Verification Documentation within the Corporate Entities section above, or if they are a natural person, then the following is required:*

*A photocopy of a photographic identity document such as passport or driver's license and Two non-photographic identity documents (such as a utility bill)*

**Unregistered Charity**

**Please provide**

1. Full name of the charity.
2. Nature/purpose including the nature of the funding of the charity.
3. Registered office address of the charity.
4. Principal business address of the charity.
5. Details of Trustees/Directors/ Governors/Board Members or equivalent.- including name, residential address and date of birth.

6. Documentation to verify the identity of two Trustees / Directors/Governors/Board Members or one Trustee/ Director/Governor/ Board Member and one authorised signatory (If individuals, one proof of ID and one proof of address is required)
7. Details of beneficiaries (where ascertainable).
8. Constitutional/Formation Document for the charity

**Pensions Only — please confirm the following:**

- The scheme provides retirement benefits to employees Yes  No
- Contributions are made by an employer or by way of deduction from an employee's wages Yes  No
- The scheme's rules do not permit the assignment of a member's interest under the scheme Yes  No

**Please Provide**

A copy of the trust deed (or equivalent) or confirmation of the entity to an appropriate register, and The appropriate identity verification documentation\*, depending on their legal nature, for:

Any two trustees / directors / governors / equivalent, or

Any one trustee / director / etc. and one authorised signatory

*\*i.e. if they are a corporate entity, see Required Identity Verification Documentation within the Corporate Entities section above, or if they are a natural person, then the following is required:*

*A photocopy of a photographic identity document such as passport or driver's license and Two non-photographic identity documents (such as a utility bill)*

**None of the Above**

Please contact the Distributor or Administrator for requirements

**Club or Society**

**Please provide**

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

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

**Please provide**

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

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

**Please provide**

1. Full name of the government/public authority.
2. Nature and status the government/public authority.
3. Registered office address of the government/public authority.
4. Name of the home state authority and nature of its relationship with the government/public authority.
5. Detail of ownership of the government/public authority.
6. Details of main public body officials- including name, residential address and date of birth.
7. Identity detail for all persons who own or control over 25% of the entity's share capital, profit or voting rights or otherwise exercises control over the management of the entity.

Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc).

8. Appropriate background information on the entity (e.g. via internet search).

**School, College or University**

**Please provide**

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

**6. Benefit Plan Investors**

In order for the ICAV and each Fund to accurately monitor its "Benefit Plan Investor" participation, please review the following definition and make the appropriate representations by checking all applicable boxes following the definition

The Subscriber represents that it is:

A.  not a Benefit Plan Investor<sup>[1]</sup>; or

B.  a Benefit Plan Investor that is:

1.  subject to Part 4 of Title I of the Employee Retirement Income Security Act of 1974, as amended ("ERISA");
2.  subject to Section 4975 of the Internal Revenue Code of 1986, as amended (the "Code") (that has not checked B1);

<sup>[1]</sup> A Benefit Plan Investor means (1) an "employee benefit plan" within the meaning of Section 3(3) of the Employee Retirement Income Security Act of 1974, as amended, that is subject to the provisions of Part 4 of Title I of ERISA, (2) an individual retirement account, Keogh plan or other plan described in Section 4975(e)(1) of the US Internal Revenue Code of 1986, as amended, (3) an entity whose underlying assets include "plan assets" by reason of 25% or more of any class of equity interests in the entity being held by plans described in (1) or (2) above, or (4) any other entity (such as an insurance company separate or general account or a group or common trust) whose underlying assets include "plan assets" by reason of an investment in the entity by plans described in (1) or (2) above.

3.  an entity whose underlying assets include "**plan assets**". The Subscriber also represents that the percentage of its "plan assets" compared to the value of its total assets is not more than:

- 10% \*  20% \*  30%  40%
- 50%  60%  70%  80%
- 90%  100%;

(\* applicable to entities with multiple classes, one of which exceeds the 25% threshold for Benefit Plan Investors)

4.  an insurance company general account (or is investing general account assets under the U.S. Department of Labor Advisory Opinion Letter 2005-19A). The Subscriber also represents that the percentage of "plan assets" included in the general account is not more than:

- 10%  20%  30%  40%
- 50%  60%  70%  80%
- 90%  100%.

The Subscriber agrees to promptly notify the Manager and the Administrator immediately if the above response changes and to provide any other information reasonably requested by the Fund, the Manager or the Administrator for the purposes of determining whether or not the Fund is holding "plan assets".

If the Subscriber is, or is acting on behalf of, an employee benefit plan (a "**Plan**") which is subject to ERISA, the Subscriber represents and warrants that: (a) it is aware of and has taken into consideration any applicable diversification requirements of Section 404(a)(1)(C) of ERISA; (b) it has concluded that its proposed investment in the Fund is a prudent one and has independently decided to invest in the Fund; (c) the fiduciary or other person signing this Subscription Agreement is independent of the Fund and parties providing services to the Fund (including without limitation the Manager); (d) this subscription and the investment contemplated hereby is in accordance with all requirements applicable to the Plan under its governing instruments and under ERISA; (e) the Subscriber acknowledges and agrees that parties providing services to the Fund shall not be a "fiduciary" (within the meaning of Section 3(21) of ERISA) with respect to any assets of the Plan by reason of the Subscriber's investment in the Fund; (f) the Subscriber represents and warrants that neither the Manager nor any affiliate thereof has acted as a fiduciary to the Subscriber with respect to the decision to invest in the Fund nor have such persons provided investment advice or a recommendation with respect to the decision of the Subscriber to invest in the Fund; and (g) the investment by the Subscriber in the Fund will not result in a "prohibited transaction" under Section 406 of ERISA or Section 4975(c) of the Code.

**7. Representations, Authorities, and Indemnities**

1. I/we confirm that I am / we are 18 years of age or over (delete if you are not a natural person).
2. If you are joint applicants – We direct that, on the death of one of us, the Shares for which we are applying shall be held in the name of and to the order of the survivor(s) or the executor(s) or administrator of the last such survivor (delete if you are not a natural person or you are a sole investor).
3. I/we confirm that I am / we are not a US Person (as defined in the Prospectus) and am/are not acquiring Shares on behalf of, or for the benefit of, a US Person, nor do I/we intend transferring any Shares which I/we may purchase to any person who is a US Person. I/we confirm that I/we have the authority to make this investment whether the investment is our own or is made on behalf of another person or institution.
4. I/we indemnify the ICAV, Investment Manager, Depositary, Administrator and other Shareholders for any loss suffered by them as a result of me/us acquiring or holding Shares in the ICAV where, by virtue of my / our holding, I am / we are in breach of the laws of any competent jurisdiction.
5. I/we hereby acknowledge as part of this application that I/we have been provided with a copy of the Prospectus and applicable Supplement and where applicable the most recent annual or half-yearly reports and accounts for the ICAV and furthermore that this application is made on the terms thereof and subject to the provisions of the Instrument of Incorporation of the ICAV. In particular, I/we acknowledge that I am/we are aware of the potential risks associated with this investment and where appropriate have sought professional advice on matters of taxation and such other consequences applicable to the investment.
6. I/we hereby agree to indemnify and hold harmless the ICAV, the Administrator, the Depositary, the Investment Manager, 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 to by me/us to the ICAV or the Administrator. The ICAV, the Investment Manager, and the Administrator will not be responsible or liable for the authenticity of instructions received from us or any authorised person and may rely upon any instruction from any such person representing himself to be a duly authorised person reasonably believed to be genuine.
7. The Administrator, the Investment Manager, and the ICAV are each authorised and instructed to accept and execute any instructions in respect of the Shares to which this Application Form relates given by me/us in written form, or by facsimile.
8. I/we agree to indemnify each of the Administrator, the Investment Manager, and the ICAV 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 a facsimile instruction. In circumstances where such instructions relate to a change in the Applicant's Banking Information referred to above, I/we confirm that I/we will provide you with an original instruction.
9. The Administrator, the Investment Manager, and the ICAV may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed in good faith to be genuine or to be signed by properly authorised persons.
10. I/we acknowledge that the ICAV and/or Administration may refuse to accept any application to subscribe if a prospective investor delays in producing or fails to produce any information required for the purpose of verification as requested by the Administrator and, in that event, any funds received will be returned without interest to the account from which the moneys were originally debited. The ICAV and the Administrator shall not be held liable in this regard.
11. I/we acknowledge that the repurchase proceeds of Shares will only be paid on receipt by the Administrator of a repurchase request from me/us together with such documentation that the Administrator may reasonably require. I/we further acknowledge that any failure to supply the ICAV or the Administrator with any documentation requested by them may result in a delay in the settlement of redemption proceeds. I/we acknowledge that in such circumstances, the Administrator will process any redemption request received by me/us and by doing so I/we will no longer be considered a Shareholder/s notwithstanding that I/we have not received the redemption proceeds.

12. I/we confirm that I/we will notify the ICAV and the Administrator if there are any material changes during the lifetime of this investment in the Beneficial Owner Detail which I/we have provided.
13. I/we acknowledge that the ICAV must obtain and hold details of its beneficial owners for the purposes of compliance with the European Union (Anti-Money Laundering: Beneficial Ownership of Corporate Entities) Regulations 2016 (S.1. No 560 of 2016) and that my/our personal details may be provided to a central register of beneficial ownership as part of this process.
14. I/we confirm that I/we have the capacity and am/are duly authorised to make this application and to make the representations and give the indemnities referred to in this Application Form.
15. I/we shall provide the ICAV and the Administrator with any additional information which it may reasonably request in connection with tax and or/FATCA and/or CRS regulations/reporting requirements or other similar requirements in order to substantiate any representations made by me/us or otherwise and I/we authorise the ICAV or its agents to disclose such information relating to this application to such persons as they consider appropriate. For the purposes of the Tax Reporting Services, the Administrator may assume that the Sub-Fund has obtained any and all effective consents, agreements, waivers or approvals that may be required from Shareholders or others to whom a duty of confidentiality is owed and the Administrator shall not be obliged to enquire further but shall be entitled to rely on any representation made by the Sub-Fund or its duly authorised representatives in this respect.

I/we agree to provide to the ICAV and the Administrator at such times as each of them may request such declarations, 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 and/or CRS regulations/reporting requirements). Should any information furnished to any of them become inaccurate or incomplete in any way, I/we hereby agree to notify the ICAV or the Administrator immediately of any such change and further agree to request the redemption of Shares in respect of which such confirmations have become incomplete or inaccurate where requested to do so by the ICAV.

In addition to any information required to the Tax Information, I/we agree to promptly provide, and periodically update, at any times requested by the ICAV, any information (or verification thereof) the ICAV deems necessary to comply with any requirement imposed 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 ICAV deems necessary to determine whether the Shareholder 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 ICAV 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 Emerging Markets Intermediary Identification Number ("GIIN") assigned by the IRS; and (D) if I/we am/are an NFFE, any certification, statement or other information the ICAV deems necessary to determine whether a shareholder 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.

In addition to the Tax Information, I/we agree to promptly provide, at any times requested by the ICAV, any information (or verification thereof) the ICAV deems necessary for the ICAV 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 ICAV to withdraw from the Sub-Fund if necessary to comply with FATCA and or CRS and the IGA.

By providing the Tax Information, I/we represent and warrant the completeness and accuracy of such information (as at the date of submission) and authorise the ICAV to act upon such information in good

faith, including, but not limited to, disclosing or submitting such information to the Irish tax authorities. The ICAV 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 ICAV harmless from any liability resulting from the my/our failure to provide complete and accurate Tax Information.

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 ICAV.

I/we hereby acknowledge that if I/we fail to provide the Tax Information and such failure results in the ICAV being unable to comply with FATCA the IGA or CRS, the ICAV 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 ICAV 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 ICAV.

16. I/we hereby acknowledge that any notice or document may be served by the ICAV or Administrator on me/us in the manner specified from time to time in the Prospectus and, for the purposes of the Electronic Commence Act 2000, if I have provided an e-mail address or fax number to the ICAV 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 ICAV 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 ICAV 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 ICAV of written notice of such revocation.
17. I/we request that the Shares issued pursuant to this application are registered in the name and address set out on page 1 hereof.
18. I/we accept such lesser number of Shares if any, than may be specified above in respect of which this application may be accepted.
19. I/we acknowledge that all telephone calls with the Investment Manager, the Administrator or Depositary may be recorded and consent to such recording.
20. I/we agree (i) to provide these representations to the ICAV at such times as the ICAV may request, and (ii) to provide on request such certifications, documents or other evidence as the ICAV may reasonably require to substantiate such representations.
21. I/we agree to notify the ICAV immediately if I/we become aware that any of the representations made is no longer accurate and complete in all respects. I/we agree immediately either to sell or to tender to the ICAV for redemption of a sufficient number of Shares to allow the representations to be made again.
22. I/we acknowledge that in respect of a fund which has invested in equity related securities, all or part of that fund's fee and expenses may be charged to the capital of the fund and that this policy will have the effect of lowering the capital value of my/our investment.
23. I/we understand that the confirmations, representations, declarations and warranties made herein are continuing and apply to all subsequent purchases of Shares by me/us in the ICAV.
24. I/we understand that subscriptions monies paid by me/us into a Subscription/Redemption account will become the property of the Sub-Fund upon receipt and during the period between receipt of subscription monies and the Dealing Day on which Shares are issued, I/we will be treated as an unsecured creditor of the Sub-Fund.
25. I/we understand that any redemption proceeds held for any time in a Subscription/Redemption account shall remain an asset of the Sub-Fund. In the event of the insolvency of the ICAV or the Sub-Fund. I/we will rank as an unsecured creditor of the ICAV until such time as the Administrator is satisfied that its anti-money-laundering procedures have been fully complied with, following which redemption proceeds will be released to me/us.

**Key Investor Information Document (“KIID”)**

1. I/we hereby acknowledge and confirm that I/we have received, read and understood the KIID for the Sub-Fund and Class(es) to which this Application Form relates in good time prior to completing this Application Form. I/we hereby confirm that for any subsequent investments I/we will obtain and read the latest version of the appropriate KIID prior to each subscription and that any future investments to any other sub-fund or share class of the ICAV can also be transacted based on this confirmation. The KIID is available on <http://www.davy.ie/fund-services/funds>.

2. I/we represent and acknowledge that:

I/we have regular access to the internet and acknowledge and agree that the provision of the KIID by way of email or website is appropriate in the context in which the business between the ICAV, its delegate(s) and me/us is, or is to be, carried on and that the provision by me/us of my/our email address to the ICAV or its delegate(s) is evidence of this.

I/we have been offered the choice of receiving the prospectus and the KIID on paper and in electronic form by means of a website or by email and hereby specifically consent to receiving the KIID in electronic form by email or by accessing the latest version of the document online at <http://www.davy.ie/fund-services/funds> (or such other website as may be notified to me/us from time to time).

I/we have also been notified electronically of this website address and the place on the website where the KIID can be accessed.

I/we received or accessed by electronic means the KIID.

I/we consent to accessing the KIID by electronic means before making any subsequent and/or future subscriptions for Shares in any Class of the Sub-Fund.

The KIID shall be reviewed at least every 12 months and that the up-to-date version of the KIID at any given time shall be made available on <http://www.davy.ie/fund-services/funds> (or such other website as may be notified to me/use from time to time. I/We agree that I/we will inspect the KIID by accessing the website in good time before making any subsequent and/or future subscriptions for Shares in any Class of the Sub-Fund. I/We agree that I/we bear sole responsibility for ensuring that I/we have inspected the up-to-date version of the KIID and that, in any event, I/we consent to be, and shall be deemed to have been, provided with the up-to-date KIID by means of the website in good time before any subsequent or future subscriptions.

Where I/we are acquiring the Shares for or on behalf of any person in my/our capacity as a sub-distributor of the ICAV, I/we certify that prior to accepting any order for the acquisition of Shares, I/we will ensure that the investor will be provided with the current KIID for the relevant Share Class. Where permitted by applicable law, “provided” shall include informing the investor of the applicable website where the KIID may be obtained, which is <http://www.davy.ie/fund-services/funds> (or such other website address as may be notified to me/us from time to time).

I/we may at any time request a hard copy of any such documentation from the Sub-Fund free of charge and/or revoke, in writing or other authorised manner, the consent given to receive such information electronically or to subscribe or redeem Shares of the Sub-Fund electronically.

**Data Protection**

A. I/We consent to personal information obtained in relation to me/us being handled by the Administrator, the ICAV, or the Investment Manager and their delegates, agents or affiliates in accordance with the Irish Data Protection Acts 1988 to 2003. Information in relation to me/us will be held, used, disclosed and processed for the purposes of (a) managing and administering my/our holdings in the Sub-Fund and any related account on an ongoing basis; (b) for any other specific purposes where I have given specific consent to do so; (c) to carry out statistical analysis and market research (d) to comply with any applicable legal, tax or regulatory obligations including legal obligations under company law, tax law and anti-money laundering legislation and (e) for disclosure and transfer whether in Ireland or elsewhere (including companies situated in countries outside of the European Economic Area which may not have the same data protection laws as in Ireland) to third parties including my/our financial adviser (where appropriate), regulatory bodies,



taxation authorities, auditors, technology providers or to the Sub-Fund and its delegates and its or their duly appointed agents and any of their respective related, associated or affiliated companies for the purposes specified above; (f) For other legitimate business interests of the Sub-Fund. I/We hereby acknowledge my/our right of access to and the right to amend and rectify my/our personal data, as provided herein. I/We understand that the Sub-Fund is a data controller and will hold any personal information provided by me/us in confidence and in accordance with the Data Protection Act 1988. The Administrator may only transfer personal data outside of the EEA by using 'model contract' by means of which the non-EEA data receiver agrees to abide by the instructions of the data controller (the Administrator), and agrees to comply with security measures which are appropriate to the circumstances of the data transfer, and which are specified in the contract itself.

- B. I/We consent to the recording of telephone calls that I/we make to and receive from the Administrator, the ICAV or the Investment Manager and their delegates or duly appointed agents and any of their respective related, associated or affiliated companies for record keeping, security and/or training purposes. I/We consent to the ICAV or the Investment Manager sending information about other investment services to me/us by letter, telephone or other reasonable means of communication. I/We understand that I/we have a right to request not to receive such information. The Administrator or ICAV may disclose personal information to the Depositary 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 Irish Financial Regulator or agents of the Administrator who process the personal information for anti-money laundering purposes or for compliance with foreign regulatory requirements. The Administrator may and will hold all or part of the information in relation to your shareholding in accordance to legal and regulatory requirements even after you have fully redeem from the fund.
- C. I/we consent to the processing of my/our information and the disclosure of my/our information as outlined above and to the Investment Manager and where necessary or in the ICAV's legitimate interests to any company in the Investment Manager's group of companies or agents of the ICAV including companies situated in countries outside the European Economic Area, which may not have the same data protection laws as in Ireland.
- D. From time to time, the Investment Manager may send you information about other products or services which they offer. You have a right to request not to receive such information.

If you do wish to receive such information and/or marketing material, **please tick here:**

**8a. Entity Self-Certification for FATCA and CRS**

**Instructions for completion and data protection notice.**

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

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

For further information on FATCA or CRS please refer to the Irish Revenue or the OECD website at: <http://www.revenue.ie/en/business/aeoi/index.html> 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 account holder’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 Organisation:** \_\_\_\_\_

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

Number: \_\_\_\_\_ Street: \_\_\_\_\_

City, town, State, Province or County: \_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Mailing address (if different from above):**

Number: \_\_\_\_\_ Street: \_\_\_\_\_

City, town, State, Province or County: \_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

**\*Section 2: FATCA Declaration:**

# SKYLINE UMBRELLA FUND ICAV

## Application Form Coho US Large Cap Equity Fund

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>	<input type="checkbox"/>
II.	<i>Registered Deemed Compliant Foreign Financial Institution</i>	<input type="checkbox"/>
III.	<i>Participating Foreign Financial Institution</i>	<input type="checkbox"/>

### 3.2 Please provide the Entity's **Global Intermediary Identification number ("GIIN")**

□□□□□□.□□□□□□.□□.□□□□

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

I.	<p>The Entity has not yet obtained a <i>GIIN</i> but is sponsored by another entity which does have a <i>GIIN</i><sup>∞</sup> Please provide the sponsor's name and sponsor's <i>GIIN</i> :</p> <p><b>Sponsor's Name:</b> _____</p> <p><b>Sponsor's GIIN:</b> □□□□□□.□□□□□□.□□.□□□□</p>	<input type="checkbox"/>
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# SKYLINE UMBRELLA FUND ICAV

## Application Form Coho US Large Cap Equity Fund

	<p><b>∞NOTE:</b> 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><b>The Entity is an Exempt Beneficial Owner,</b></p> <p>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 Organisation</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>	<input type="checkbox"/>
III.	<p><b>The Entity is a Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the IGA Agreement)</b></p> <p>Indicate exemption: _____</p>	<input type="checkbox"/>
IV.	<p><b>The Entity is a Non-Participating Foreign Financial Institution</b></p>	<input type="checkbox"/>
V.	<p><b>The Entity is an Excepted Foreign Financial Institution</b></p> <p>Indicate exemption: _____</p>	<input type="checkbox"/>
VI.	<p><b>The Entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN</b></p> <p>Trustee's Name: _____</p>	<input type="checkbox"/>

# SKYLINE UMBRELLA FUND ICAV

## Application Form Coho US Large Cap Equity Fund

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

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

Please indicate the Entity's country of tax residence for CRS purposes, (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers ("TIN")). Please refer to the OECD CRS Web Portal for AEOI for more information on Tax Residence.

If the Entity is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that below and provide its place of effective management or country in which its principal office is located.

**SKYLINE UMBRELLA FUND ICAV**  
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**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)*

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- 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.

# SKYLINE UMBRELLA FUND ICAV

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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.	<b>A Reporting Financial Institution resident in a participating CRS jurisdiction</b>	<input type="checkbox"/>
II.	<p><b>A Financial Institution Resident in a Non-Participating Jurisdiction.</b></p> <p><input type="checkbox"/> <b>An Investment Entity resident in a Non-Participating Jurisdiction and managed by another Financial Institution</b> (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity in <b>section 6 below</b> and complete a separate individual self-certification forms for each of your Controlling Persons“)</p> <p><input type="checkbox"/> <b>An Investment Entity resident in a Non-Participating Jurisdiction that is not managed by another Financial Institution</b></p> <p><input type="checkbox"/> <b>Other Financial Institution</b>, including a Depository Financial Institution, Custodial Institution or Specified Insurance Company</p>	<input type="checkbox"/>
III.	<p><b>Non-Reporting Financial Institution under CRS. Specify the type of Non-Reporting Financial Institution below:</b></p> <p><input type="checkbox"/> Governmental Entity</p> <p><input type="checkbox"/> International Organization</p> <p><input type="checkbox"/> Central Bank</p> <p><input type="checkbox"/> Broad Participation Retirement Fund</p> <p><input type="checkbox"/> Narrow Participation Retirement Fund</p> <p><input type="checkbox"/> Pension Fund of a Governmental Entity, International Organization, or Central Bank</p> <p><input type="checkbox"/> Exempt Collective Investment Vehicle</p> <p><input type="checkbox"/> Trust whose trustee reports all required information with respect to all CRS Reportable Accounts</p> <p><input type="checkbox"/> Qualified Credit Card Issuer</p>	<input type="checkbox"/>

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## Application Form Coho US Large Cap Equity Fund

	<input type="checkbox"/> Other Entity defined under the domestic law as low risk of being used to evade tax.  Specify the type provided in the domestic law:  _____  _____	
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### 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.	<b>Active Non-Financial Entity</b> – a corporation the stock of which is regularly traded on an established securities market. Please provide the name of the established securities market on which the corporation is regularly traded:  _____	<input type="checkbox"/>
II.	<b>Active Non-Financial Entity</b> – 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.	<b>Active Non-Financial Entity</b> – a Government Entity or Central Bank	<input type="checkbox"/>
IV.	<b>Active Non-Financial Entity</b> – an International Organisation	<input type="checkbox"/>
V.	<b>Active Non-Financial Entity</b> – <b>other</b> than those listed in I, II, III or IV above.  <i>(for example a start-up NFE or a non-profit NFE)</i>	<input type="checkbox"/>
VI.	<b>Passive Non-Financial Entity</b> (""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"/>



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**Section 6: Controlling Persons**

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

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

*For further information on Identification requirements under CRS for Controlling Persons, see the Commentary to Section VIII of the CRS Standard. <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>*

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

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

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

I.	
II.	
III.	

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

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

**\*Section 7: Declarations and Undertakings**

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

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

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

\*Authorised Signature(s):

\_\_\_\_\_

\*Print Name(s):

\_\_\_\_\_

\*Capacity in which declaration is made:

\_\_\_\_\_

\*Date: (dd/mm/yyyy): \_\_\_\_\_

**8b. Individual (including Controlling Persons) Self-Certification for FATCA and CRS**

**Instructions for completion and data protection notice**

We are obliged under Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this form you are providing personal information which may constitute personal data within the meaning of the Data Protection Acts, 1998 and 2003 of Ireland. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Sub-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:** \_\_\_\_\_

# SKYLINE UMBRELLA FUND ICAV

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**\*Current Residential Address:**

Number: \_\_\_\_\_ Street: \_\_\_\_\_

City, Town, State, Province or County: \_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Mailing address (if different from above):**

Number: \_\_\_\_\_ Street: \_\_\_\_\_

City, Town, State, Province or County: \_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

**\*Place and Date Of Birth**

\*Town or City of Birth: \_\_\_\_\_ \*Country of Birth: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

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

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

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

\_\_\_\_\_

**OR**

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

**\*Section 3: 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

# SKYLINE UMBRELLA FUND ICAV

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∞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:**

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

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

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

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

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

\*Authorised Signature: \_\_\_\_\_

\*Print Name: \_\_\_\_\_

\*Date: (dd/mm/yyyy): \_\_\_\_\_

\*Capacity (if Controlling Person): \_\_\_\_\_

**9. Return of Values (Investment Undertakings) Regulations 2013 (for Irish resident investors only)**

Pursuant to the Return of Values (Investment Undertakings) Regulations 2013 (S.I. 245 of 2013) (the "Return Regulations"), the Sub-Fund is required to collect certain information from certain Irish residents. All applicants, whether individuals, bodies corporate or unincorporated bodies of persons, which are Irish resident or ordinarily resident should review the list of Exempt Irish Investors in the Prospectus. If the applicant is Irish resident or ordinarily resident and is not an Exempt Irish Investor, please provide the relevant Tax Identification Number (TIN) / PPS Number together with any one original or copy of the following additional documents: P60, P45, P21 Balancing Statement, Payslip (where employer is identified by name or tax number), Drug Payment Scheme Card, Tax Assessment, Tax Return Form, PAYE Notice of Tax Credits, Child Benefit Award Letter / Book,

# SKYLINE UMBRELLA FUND ICAV

## Application Form Coho US Large Cap Equity Fund

Pension book, Social Services Card, or Public Services Card. In addition, printed documentation issued by the Irish Revenue Commissioners or the Department of Social Protection which includes the applicant's name, address and tax reference number is also acceptable. In the case of joint account holders, the additional documentation is required for each applicant. By signing this Application Form the applicant acknowledges that information relating to its investment in Shares in the Sub-Fund, the value of such investment and its name(s), address(es) and tax reference / PPS number may be subject to disclosure to the Revenue Commissioners in accordance with the Return Regulations.

### 10. Applicant Signatures

*Please sign*

<b>Checklist prior to submission of the Account Opening Form to the Administrator (please tick ( v ) when complete where applicable)</b>	
Section 1: Are all registration details completed?	
Section 1: Are all registration details completed in relation to an authorised contactee/agent?	
Section 2: Have all details been completed to include the amount of shares in figures and words?	
Section 3: Are all bank account details provided?	
Section 3: Have you chosen the desired dividend option and provided supporting evidence?	
Section 4: Have you completed the Declaration of residency form completed and attached all relevant documentation?	
Section 5: Have you completed the Identity verification section fully?	
Section 6: Have you read and understood the Representations & Warranties section? Have you signed it?	
Section 7a: Have you completed the FATCA form if completing on behalf of an entity?	
Section 7b: Have you completed the FATCA form if you are an individual investor?	
Section 8a: Have you completed the CRS form if completing on behalf of an entity?	
Section 8b: Have you completed the CRS form if you are an individual investor?	
Section 9: Have you completed the Return of values (investment undertakings) section fully? (Irish resident investors only)	
Section 10: Have you fully signed and dated this Application Form?	
If applicable, have you attached supporting evidence for anti-money laundering (as outlined in appendices)?	

I/we agree to be bound by the representations and statements set out in this Application Form. If applicable, attach an authorised signatory list of those entitled to instruct on this investment.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Joint Applicant (if applicable) Signature**

\_\_\_\_\_

**Date**

**Appendix I**  
**SUBSEQUENT (REPEAT) APPLICATION FORM**

**This Application Form is for investors wishing to subscribe for additional shares in the Sub-Fund(s) indicated below.**

The completed Subsequent (Repeat) Application Form should be posted or sent by facsimile (with the original form to follow) to the Administrator at the address below.

**ADDRESS FOR DOCUMENTATION**

**Attention: Transfer Agency**  
**c/o Northern Trust International Fund Administrators (Ireland) Limited**  
**Georges Court**  
**54-62 Townsend Street**  
**Dublin 2, Ireland**  
**T +353 1 4345124**  
**F +353 1 4345285**  
**E davy\_ta\_queries@ntrs.com**

<b>Share Class Name</b>		<b>Monetary Amount</b>	<b>Monetary Amount in words</b>
US Dollar Institutional Class	USD	<input type="text"/>	<input type="text"/>
US Dollar Retail A Class	USD	<input type="text"/>	<input type="text"/>
US Dollar Retail B Class	USD	<input type="text"/>	<input type="text"/>
Euro Retail Class	EUR	<input type="text"/>	<input type="text"/>

The minimum subsequent subscription amounts are set out below:

<b>Share Class Name</b>		<b>Minimum subsequent subscription</b>
US Dollar Institutional Class	USD	100
US Dollar Retail A Class	USD	100
US Dollar Retail B Class	USD	100
Euro Retail Class	EUR	100

I/we hereby subscribe(s) for the additional amount set out above upon the terms and conditions described in the Prospectus. I/we restate(s) all of the declarations made in the original Application Form (“**Original Application**”) and certify that all of the information in the Original Application remains accurate and complete.

# SKYLINE UMBRELLA FUND ICAV

## Application Form Coho US Large Cap Equity Fund

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<b>Signature:</b>	<b>Signature:</b>
<b>Print name:</b>	<b>Print name:</b>

Position (only if signing on behalf of the beneficial owner)

**Date:**    /    /

**Date:**    /    /



**Appendix II**  
**REDEMPTION FORM**

**This Application Form is for client(s) redeeming Shares from the Sub-Fund(s) below.**

This completed Redemption Form should be posted or sent by facsimile (with the original form to follow) to the Administrator at the address below no later than the Dealing Deadline. Redemptions will not be processed on non-cleared/verified accounts.

**ADDRESS FOR DOCUMENTATION**

**Attention: Transfer Agency**  
**c/o Northern Trust International Fund Administrators (Ireland) Limited**  
**Georges Court**  
**54-62 Townsend Street**  
**Dublin 2, Ireland**  
**T +353 1 4345124**  
**F +353 1 4345285**  
**E [davy\\_ta\\_queries@ntrs.com](mailto:davy_ta_queries@ntrs.com)**

Please see the Prospectus for full details of how to apply for a redemption of shares.

Any redemption request which would reduce the value of your aggregate shareholding below the Minimum Subscription amounts specified in the Prospectus may be refused or may result in the redemption of all of your shares.

It should be noted that any outstanding unpaid interest that you owe, arising due to late settlement of subscription monies, may be deducted from the redemption proceeds.

Redemption monies for the Classes of Shares in the ICAV will be remitted in the designated currency of the Class of Shares (or such other currency as the Directors may from time to time determine).

I/We, having received and read a copy of the Prospectus and Instrument of Incorporation of the ICAV wish to redeem Shares in the ICAV as indicated in the table below:

<b>Share Class Name</b>		<b>Monetary Amount</b>	<b>Monetary Amount in words</b>
US Dollar Institutional Class	USD	<input type="text"/>	<input type="text"/>
US Dollar Retail A Class	USD	<input type="text"/>	<input type="text"/>
US Dollar Retail B Class	USD	<input type="text"/>	<input type="text"/>
Euro Retail Class	EUR	<input type="text"/>	<input type="text"/>

The minimum initial subscription and minimum subsequent subscription amounts are set out below:

<b>Share Class Name</b>		<b>Minimum initial subscription</b>	<b>Minimum subsequent subscription</b>
US Dollar Institutional Class	USD	250,000	100
US Dollar Retail A Class	USD	500	100
US Dollar Retail B Class	USD	1,000	100
Euro Retail Class	EUR	1,000	100

Payments will be made by default to the details provided at the time of registration. If these details have changed please complete the following and contact the Administrator.

# SKYLINE UMBRELLA FUND ICAV

## Application Form Coho US Large Cap Equity Fund

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**Bank Details (for the purposes of receiving redemption monies):**

<b>Bank Name:</b>	
<b>Branch Name:</b>	
<b>IBAN:</b>	
<b>BIC:</b>	
<b>Account Name:</b>	
<b>Account Number:</b>	
<b>Sort Code:</b>	

I/we acknowledge and agree that if all of the relevant anti-money laundering ("AML") information and Tax information requested under Application Form has not been supplied to the Administrator, that my/our shareholding will be redeemed but that the related monies will be held by the Administrator until such documentation requested has been supplied.

<b>Signature:</b>	<b>Signature:</b>
<b>Print name:</b>	<b>Print name:</b>

Position (only if signing on behalf of the beneficial owner)

**Date:**    /    /

**Date:**    /    /