

Date: _____

For register accounts held at
FundPartner Solutions (Europe) S.A.

By Fax: + 352 46 71 71 7667

FundPartner Solutions (Europe) S.A.
15, avenue J.F. Kennedy
L-1855 Luxembourg
Attn: Transfer Agent Team
Tel: +352 46 71 71 7666

Name of Register Holder (ALLCAPS): _____

Register account number: _____

Address: _____

Specific Client Reference (If applicable): _____

Tel.: _____

Fax: _____

Name of Fund/sub-fund	Isin code	N.A.V. CCY	Payment CCY	Amount to subscribe	Or Shares to subscribe	Please confirm the figures in letters

We, the undersigned, agree that we have received a copy of the most recent prospectus of the above-mentioned fund(s) ("Prospectus"). We agree that we have read and accept all the terms and conditions of the said prospectus so that we invest in the fund with full knowledge of the facts, and that we accept all the terms and conditions of the Prospectus and agree to be bound by such terms and conditions. We understand and agree that any further application for shares by us shall be made in accordance with the then-current Prospectus.

We understand that the acceptance of our subscription is subject to the receipt of all the necessary documentation and information required by FundPartner Solutions (Europe) S.A.

We hereby confirm that the money or assets invested by us are neither directly nor indirectly the proceeds of any criminal act.

Authorized signature _____ Authorized signature _____

Name (ALLCAPS): _____ Name (ALLCAPS): _____

Date: _____

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Name of Fund/sub-fund	Isin code	N.A.V. CCY	Payment CCY	Amount to redeem	Or Shares to redeem	Please confirm the figures in letters

Please be advised that payment details will be accepted if indicated and duly signed by 2 authorized persons on a separate written instruction.

We understand that the acceptance of our redemption is subject to the receipt of all the documentation and information required by FundPartner Solutions (Europe) S.A

Authorized signature _____ Authorized signature _____

Name (ALLCAPS): _____ Name (ALLCAPS): _____

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Address: _____

Specific Client Reference (If applicable): _____

Tel.: _____

Fax: _____

Name of Fund/sub-fund	ISIN code Switch Out	ISIN code Switch In	Shares to be converted	Or Amount to be converted	Please confirm the figures in letters

We, the undersigned, agree that we have received a copy of the prospectus of the above-mentioned fund(s) ("Prospectus"). We agree that we have read and accept all the terms and conditions of the said prospectus so that we invest in the fund with full knowledge of the facts and that we accept all the terms and conditions of the Prospectus and agree to be bound by such terms and conditions.

We understand that the acceptance of our conversion is subject to the receipt of all the necessary documentation and information required by FundPartner Solutions (Europe) S.A.

Authorized signature _____ Authorized signature _____

Name (ALLCAPS): _____ Name (ALLCAPS): _____