



ATLAS Global Infrastructure UCITS ICAV (the “ICAV”)

[UCITS ICAV – tick box]

Series A: Application Form

Important Account Opening Information

Internal Use Only TFC 716

This duly signed Account Opening Form together with full Anti-Money Laundering (AML) Due Diligence Documentation (as per Appendix 6) and a valid signed FATCA/CRS forms are required before an account can be opened. The original signed Account Opening Form together with original signature list (if applicable) and supporting copy bank statement must be returned to the Administrator’s address to complete the account registration process.

Once signed Account Opening Form and full **AML Due Diligence Documentation** is received, the Administrator will send the account number confirmation to the authorised contact(s) upon which you can **then** place dealing instructions (see Appendix 1 for dealing information, Appendix 2 for payment details and Appendix 3 for subscription instruction). The account number must be specified on all forms to place transactions. Subscription instructions and proceeds must **not** be forwarded until the account number confirmation is issued to you by the Administrator. Please note this may take up to 5 Business Days. Any subscription deal received as part of the account opening form will be rejected.

You should post this Account Opening Form or fax (in which case the original Account Opening Form and supporting documentation (where required) must then also be forwarded) to the Administrator at the address on the cover page.

Incomplete Account Opening Forms (where compulsory information¹ and AML verification documents have not been provided in advance) will be rejected and any subscription monies received will be returned. If an application is rejected, the Administrator at the cost and risk of the Applicant will, subject to any applicable laws, return application monies or the balance thereof, without interest, expenses or compensation by electronic transfer to the account from which it was paid (less any applicable bank charges where applicable).

¹ Please note compulsory data that is required is name, address, and Tax details

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

Please complete the form in blue or black ink and use BLOCK CAPITALS where possible.

Administrator Details

Postal Address

Northern Trust International Fund Administration Services (Ireland) Limited
2nd Floor, Block A, City East Plaza, Towlerton, Ballysimon, Limerick, V94 X2N9, Ireland

Registered Address

Northern Trust International Fund Administration Services (Ireland) Limited
George's Court, 54-62 Townsend Street, Dublin 2, D02 R156, Ireland

Telephone: +353 1 434 5122

Facsimile: +353 1 553 9411

Email: atlasTA@ntrs.com

Key Investor Information Document (KIID)

Please ensure that you have read the Prospectus [and the Key Investor Information Document (the "KIID")] before completing this Account Opening Form. [The KIID is available at the Investment Manager's website www.atlasinfrastructure.com ²]

Data Protection

Your personal information will be handled by the Administrator or its duly appointed delegates as Data Processor for the Fund in accordance with the Irish Data Protection Acts 1988 to 2018 and the General Data Protection Regulation (Regulation 2016/679) (together the "Data Protection Legislation"). Your information provided herein will be processed for the purposes of complying with the Data Protection Legislation and this may include disclosure to the Irish Revenue Commissioners. Please see the Prospectus for further details.

² Only applicable to UCITS funds

Section 1: Registration Details (this section must be completed)

A) Individual/Joint Shareholders

Shareholder 1	Shareholder 2
First Name* <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>
Family Name* <input style="width: 95%;" type="text"/>	Family Name <input style="width: 95%;" type="text"/>
Date of Birth* <input style="width: 95%;" type="text"/>	Date of Birth <input style="width: 95%;" type="text"/>
Registered Address -Street 1* <input style="width: 95%;" type="text"/>	Registered Address - Street 1 <input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Town/Country/Postcode* <input style="width: 95%;" type="text"/>	Town/Country/Postcode <input style="width: 95%;" type="text"/>
Contact Telephone Number * <input style="width: 95%;" type="text"/>	Contact Telephone Number <input style="width: 95%;" type="text"/>
Contact Email Address* <input style="width: 95%;" type="text"/>	Contact Email Address <input style="width: 95%;" type="text"/>
Occupation/Business Activity* <input style="width: 95%;" type="text"/>	Occupation/Business Activity <input style="width: 95%;" type="text"/>
Shareholder 3	Shareholder 4
First Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>
Family Name <input style="width: 95%;" type="text"/>	Family Name <input style="width: 95%;" type="text"/>
Date of Birth <input style="width: 95%;" type="text"/>	Date of Birth <input style="width: 95%;" type="text"/>
Registered Address - Street 1 <input style="width: 95%;" type="text"/>	Registered Address -Street 1 <input style="width: 95%;" type="text"/>
Street 2 <input style="width: 95%;" type="text"/>	Street 2 <input style="width: 95%;" type="text"/>
Town/Country/Postcode <input style="width: 95%;" type="text"/>	Town/Country/Postcode <input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Contact Telephone Number

Contact Telephone Number

Occupation/Business Activity

Occupation/Business Activity

Mailing address (if different from the address of the first named holder)

B) Institutional / Corporate Investors

Registered Account Name* (including Designation where applicable):

Registered Address - Street 1*

Street 2*

Town/Country/Postcode*

Contact Telephone Number*

Country of Incorporation*

Occupation/Business Activity*

Mailing address (if different from the registered address)

Existing/ Related Account Number (If applicable):

**** Please note that an account cannot be registered in the name of a Trust. In the case of a Trust the registered account holder(s) must be the Trustee(s) as trustee for the Trust with the name of the Trust added under the Designation.**

Section 2: Contact Details (if applicable)

Email correspondence, where provided, will be the preferred method of communication. If no email is provided, correspondence will then be issued via post. SWIFT communication will be issued where possible.

Please note that an email address is compulsory for the welcome email which will contain the account number confirmation required to place transactions.

EMAIL OR SWIFT CODE (Please ensure the appropriate document is selected to ensure receipt otherwise all options will be selected)	Welcome Email	Contract Note	Statements	SWIFT

Section 3: Bank Details (this section must be completed)

Important information regarding bank accounts for subscriptions and redemptions

Third party payments are not permitted for redemptions. Please confirm the details of the bank accounts from which and to which payments will be made below.

A copy of a recent bank statement (no more than 6 months old) or a banker’s reference, must accompany the application to evidence the bank account details provided for subscriptions and redemption payments are for a bank account in the registered account name. Accounts in the name of regulated entities are exempt from this requirement

To meet our anti-money laundering and counter terrorist financing obligations under the current legislation, all joint bank account holders will be required to complete identity and verification requirements, even where those joint bank account holders will not be registered holders of shares or units in the fund.

Failure to provide all the bank account information and documentation requested as part of this application may result in a delay in setting up the account and subscribing to the fund.

THIS SECTION MUST BE COMPLETED BY ALL INVESTORS

BANK ACCOUNT DETAILS FROM WHICH SUBSCRIPTIONS WILL BE PAID
 BANK ACCOUNT DETAILS FOR SETTLEMENT OF REDEMPTION (AND DIVIDEND/DISTRIBUTION
 PROCEEDS IF APPLICABLE)

BENEFICIARY BANK INFORMATION

Name of Bank		
A/c Name		
Address of Bank		
A/c Number		
Sort Code		
IBAN:		
Swift Code / ABA		Reference Code:

CORRESPONDENT BANK INFORMATION

Note: Required if Payment CCY differs to bank account residency or if your bank account does not support Multi currency payments

Correspondent Bank Name	
Correspondent BIC/SWIFT Code/Sort Code/ABA Code	
Correspondent A/c Name	
Correspondent Account Number / IBAN	
Correspondent Bank Address	

A request to change bank account details **MUST BE MADE IN WRITING TO THE ADMINSTRATOR AND MUST BE ACCOMPANIED BY** a bank statement or banker's reference to evidence the new bank account details provided are for a bank account registered account name

NOTES: Please ensure that you have read the Prospectus before completing this Account Opening Form. Defined terms used in this Account Opening Form and Subscription Instruction are those used in the Prospectus (unless the context otherwise requires).

Section 4: Investor AML Due Diligence Information (section must be completed by all applicants)

Anti-Money Laundering (AML) due diligence requirements in accordance with The Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010 – 2018.

➤ Guide to completing due diligence.

Part I – To be completed by all applicants.

Part II – To be completed by all applicants.

Appendix 6 – All applicants to provide AML due diligence documentation outlined in Appendix 6 (as per investor type) in order to establish the identity of an investor and verify same to the extent warranted by risk. **AML documents must be provided in advance before an account can be opened.**

Due Diligence Information - Purpose of the Investment

Part I

Part I (A) to be completed only by natural persons and legal persons investing in their own name for their own benefit. Institutional investors and legal entities investing as part of their normal economic activity of investing in their own name for the benefit of one or more third parties must tick Part I (B). This information is required to meet our AML obligations under the current AML legislation in Ireland and will be used solely for those purposes.

A. What is the expected annual subscription to the Fund _____

How frequent do you expect to trade in the Fund (please tick): Once-Off Subscription

Once a: Month Quarter Year

If more frequently than the options provided,
please provide an estimate of frequency:

Please indicate the term of your investment (please tick): 3-5 years 5-10 years 10+ years

Natural Persons only:

Source of Wealth (activities that generated total net worth): _____

Source of Funds (activity that generated transaction funding): _____

B. Institutional investor/ legal entity investing as part of their normal economic activity of investing in their own name for the benefit of one or more third parties. If no, see Part 1 (A). Yes No

Due Diligence Documentation- Investor Type

Part II

Please tick investor type below (please note, investor type indicates the documents/ confirmations required to open account as per Appendix 6):

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

Occupation/Business Activity: _____

If you, or any beneficial owners, are a Politically Exposed Person. Yes No

A Politically Exposed Person ('PEP') means an individual (or family member or close associate of such individual) who is, or has, at any time in the preceding 12 months, been entrusted with a prominent public function (e.g. this can include but not limited to: head of state/ government, government / deputy minister, member of parliament, senior official of a political party or member of the supreme court).

If the application form is signed under power of attorney, a copy of the power of attorney must be furnished in support of the signature along with due diligence in line with legal type.

Due Diligence Documentation- Leverage Across Investments

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

Yes No

Due Diligence Documentation- Ultimate Beneficial Owner

Please complete the relevant section to your entity type. The Ultimate Beneficial Owner section must be completed. Non-completion could delay acceptance of subscription.

Corporate Entities

Ultimate Beneficial Owners are individuals who directly or indirectly hold ownership of 25% or more of the shares or voting rights in an entity, or control of the entity.

* In cases where shareholder(s) are entities with 25% or more ownership or control, please provide the details of Individual(s) who hold beneficial ownership 25% or more. For Trusts or similar arrangements, Ultimate Beneficial Owners include the beneficiaries, the settlor, the trustee(s) and the protector (if any). The beneficiaries are the individuals benefiting from the trust or similar legal arrangement.

Please complete the below regarding Ultimate Beneficial Owner(s):

Name	Address	% Ownership or control	Nationality	Date of Birth

For Trusts or similar arrangements, where the beneficiaries are not yet been determined, the class of persons in whose main interest the trust or similar legal arrangement has been set up should be stated (please provide an additional document/ information as required):

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

Related Person Detail

Full names of all Related Persons:

- In the case of natural persons, Related Persons means any person authorised to act on behalf of the investor
- In the case of a company, Related Persons means the directors.
- In the case of a Partnership, Related Persons means the partners.
- In the case of a limited liability company (LLC), Related Persons means the managing members.
- In the case of a trust, foundation or similar legal arrangement, Related Persons means the trustees.
- In the case of a charity/government body/ university/ school/ college/ club/ society, Related Persons means the authorising officers/ board members/ officials.

Please complete the below:

Name	Address	Nationality	Date of Birth

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

Signature 1 _____ Print Name _____ Date _____

Signature 2 _____ Print Name _____ Date _____

Section 5: Distribution / Dividend Option (this section must be completed)

I/We would like our distribution

Re-invested

Paid by Cash

Distributions paid by Cash will be paid to the account specified above. Should you require your distribution to be paid to another account, please enter the banking details below. **Please note if no option is indicated such dividend payments will be reinvested.**

If separate bank details are provided a copy of a recent bank statement (no more than 6 months old) or a banker's reference, must accompany the application to evidence the bank account details provided for redemption payments are for a bank account in the registered account name

BENEFICIARY BANK INFORMATION

Name of Bank		
A/c Name		
Address of Bank		
A/c Number		
Sort Code		
IBAN NO		
Swift Code		Reference Code:

CORRESPONDENT BANK INFORMATION

Note: Required if Payment CCY differs to bank account residency or if your bank account does not support Multi currency payments

Correspondent Bank Name		
Correspondent BIC/SWIFT Code/Sort Code/ABA Code		
Correspondent A/c Name		
Correspondent Account Number / IBAN		
Correspondent Bank Address		

NOTE: NO THIRD PARTY PAYMENTS ARE PERMITTED FOR REDEMPTIONS

Section 6: Agent Information (if applicable)

Agent Name

Agent Address

Contact Name

Contact Telephone Number

VAT Registration Number

Regulator

Regulator Approval Number

Agents Stamp

Agency Number

Commission Terms agreed with the Fund Promoter

Section 7: Investor Tax Residency (this section must be completed)

PLEASE TICK (✓) THE RELEVANT BOX

- A) NON-U.S. TAXPAYER
- B) U.S. TAXPAYER*
- C) ONE OR MORE JOINT APPLICANTS IS A U.S. TAXPAYER
- D) NON-U.S. TAXPAYER HOLDING SHARES ON BEHALF OF A U.S. TAXPAYER

If B, C or D has been ticked then each U.S. taxpayer must complete and sign IRS Form W-9 to certify their tax identification number. The form can be downloaded from www.irs.com. Failure to submit a completed IRS Form W-9 (where applicable) will result in a delay in the settling of redemption/dividend proceeds (no interest will accrue).

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

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

U.S. Taxpayers will be required to furnish the Administrator with a properly executed IRS Form W-9. Amounts paid to Unitholders who are U.S. Taxpayers as a distribution from the Fund, or as gross proceeds from a redemption of Shares, will generally be reported to Unitholders who are U.S. Taxpayers and the IRS on an IRS Form 1099 (except as otherwise noted below). Failure to provide an appropriate and properly executed IRS Form W-9 (for Unitholders who are U.S. Taxpayers) may subject such Unitholders to backup withholding tax. Backup withholding tax is not an additional tax. Any amounts withheld may be credited against such Unitholders’ U.S. federal income tax liability.

Tax exempt entities, corporations, non-U.S. Unitholders and certain other categories of Unitholders generally will not be subject to reporting on IRS Form 1099 or backup withholding, provided that, in the case of tax exempt entities and corporations such Unitholders furnish the Administrator with an appropriate and properly executed IRS Form W-9 certifying as to their tax exempt status.

Investment Undertaking Tax - Declaration of Residence

Declaration of Residence inside or outside Ireland (OWN BEHALF ONLY)

Please tick (i), (ii) or (iii) as appropriate

(i) Irish residents

I am/we are an Irish resident who will cause the Fund to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. *Irish resident companies entitled to the lower rate of Investment Undertaking Tax are required to provide a statement on its letterhead confirming that the company is within the charge of corporation tax.*

OR

(ii) Exempt Irish residents

I am/we are an Irish resident who will not cause the Fund to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. ***If this box is ticked, please also complete the declaration of exempt Irish residents below.***

OR

(iii) Non-Irish residents

I am/we are not currently resident or ordinarily resident who will not cause the Fund to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. ***If this box is ticked, please also complete the declaration of residence outside Ireland below.***

Declaration of Residence for the beneficial owner inside or outside Ireland (INTERMEDIARIES ONLY)

Please tick (i), (ii) or (iii) as appropriate

(i) Irish residents

As an Intermediary, I/we declare that the person who will be beneficially entitled to the units is an Irish resident who will cause the Fund to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. *Irish resident companies entitled to the lower rate of Investment Undertaking Tax are required to provide a statement on its letterhead confirming that the company is within the charge of corporation tax.*

OR

(ii) Exempt Irish residents

As an Intermediary, I/we declare that the person who will be beneficially entitled to the shares/units is an Irish resident who will not cause the Fund to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. ***If this box is ticked, please also complete the declaration of exempt Irish residents below.***

OR

(iii) Non-Irish residents

As an Intermediary, I/we declare that the person who will be beneficially entitled to the shares/units is not currently resident or ordinarily resident who will not cause the Fund to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. ***If this box is ticked, please also complete the declaration of residence outside Ireland below.***

Authorised signatory: _____

Authorised signatory: _____

Date: ____ / ____ / ____

Declaration of exempt Irish resident entities

Declaration referred to in Section 739D(6), Taxes Consolidation

[It is important to note that this declaration, if it is then still correct, shall apply in respect of any subsequent acquisitions of shares/units.]

- I declare that the information contained in this declaration is true and correct.
- I also declare that I am applying for the shares/units on behalf of the applicant named below who is entitled to the units in respect of which this declaration is made and is a person referred to in Section 739D(6) of the Taxes Consolidation Act, 1997, being a person who is: *(please tick as appropriate)*
 - a pension scheme;
 - a company carrying on life business within the meaning of section 706 TCA 1997;
 - an investment undertaking;
 - an investment limited partnership;
 - a special investment scheme;
 - a unit trust to which section 731(5)(a) TCA 1997 applies;
 - a charity being a person referred to in section 739D(6)(f)(i) TCA 1997;
 - a qualifying management company;
 - 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);
 - a PRSA Administrator;
 - a credit union within the meaning of section 2 of the Credit Union Act 1997.

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

- I also declare that at the time of making this declaration, the units 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 units 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 units.
- I/we* undertake that, if the units cease to be assets of *the approved retirement fund/the approved minimum retirement fund or the PRSA, including a case where the units 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/units on behalf of persons who
 - to the best of my/our* knowledge and belief, have beneficial entitlement to each of the shares/units 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/units made by me/us* from the date of this application will be made on behalf of persons referred to in section 739D 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)**

Capacity in which declaration is made: _____

Authorised signatory: _____ **(declarant)**

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/units.

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

It is important to note that this declaration, if it is then still correct, shall apply in respect of any subsequent acquisitions of shares/units. 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/units on my own/our own behalf/on behalf of a company* and that I am/we are/the company* is entitled to the shares/units in respect of which this declaration is made and that

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

*Delete as appropriate

Declaration as Intermediary

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

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

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.

Return of Values (Investment Undertakings) Regulations 2013³
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The [Company] must collect additional information in order to satisfy Return of Values (Investment Undertakings) Regulations 2013(S.I. 245 of 2013). Therefore any individual, company or any unincorporated body of persons which are an Irish resident or ordinarily Irish resident must provide the following additional information:

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

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

P60
P45
P21 Balancing Statement
Payslip (where employer is identified by name or tax number)
Drug Payment Scheme Card
European Health Insurance Card
Tax Assessment
Tax Return Form
PAYE Notice of Tax Credits
Child Benefit Award Letter /Book
Pension Book
Social Services Card
Public Services Card

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

Your personal information will be handled by the Administrator or it's duly appointed delegates as Data Processor for the [Company] in accordance with the Data Protection Legislation. Your information provided herein will be processed for the purposes of complying with the Return of Values (Investment Undertakings) Regulations 2013 and this may include disclosure to the Irish Revenue Commissioners.

³ Only for Irish IUTs

Section 8: FATCA & CRS (this section must be completed by all applicants)

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 Account Opening Form you are providing personal information, which may constitute personal data within the meaning of the General Data Protection Regulation (697/2016/EU) (the "GDPR") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2003. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Fund, with the Irish tax authorities, the Revenue Commissioners. They in turn may exchange this information, and other financial information with foreign tax authorities, including tax authorities located outside the EU.

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

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

<http://www.revenue.ie/en/business/aeoi/index.html>

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

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

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

(Mandatory fields are marked with an *)

***Section 1: Account Holder Identification**

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

Country of Incorporation or Organisation: _____

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

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

***Section 2: FATCA Declaration:**

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

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

U.S. TIN: _____

Or

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

Or

c) The Entity is a **US person but not a Specified U.S. Person** (Please also complete Sections 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:

<p>I.</p>	<p>The Entity has not yet obtained a <i>GIIN</i> but is sponsored by another entity which does have a <i>GIIN</i>. Please provide the sponsor's name and sponsor's <i>GIIN</i> :</p> <p>Sponsor's Name: _____</p> <p>Sponsor's <i>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"/></p> <p>NOTE: this option is only available to Sponsored Investment Entities in Model 1 IGA jurisdictions. Sponsored Investment Entities that do not have U.S. reportable accounts are not required to register and obtain a <i>GIIN</i> with the IRS unless and until U.S. reportable accounts are identified.</p>	<p><input type="checkbox"/></p>
<p>II.</p>	<p>The Entity is an Exempt Beneficial Owner,</p> <p>Please tick and confirm the category of Exempt Beneficial Owner;</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Government Entity ➤ <input type="checkbox"/> International Organisation ➤ <input type="checkbox"/> Foreign Central Bank ➤ <input type="checkbox"/> Exempt Retirement Fund ➤ <input type="checkbox"/> Collective Investment Vehicle Wholly Owned by Exempt Beneficial Owners. 	<p><input type="checkbox"/></p>
<p>III.</p>	<p>The Entity is a Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the IGA Agreement)</p> <p>Indicate exemption: _____</p>	<p><input type="checkbox"/></p>
<p>IV.</p>	<p>The Entity is a Non-Participating Foreign Financial Institution</p>	<p><input type="checkbox"/></p>
<p>V.</p>	<p>The Entity is an Excepted Foreign Financial Institution</p> <p>Indicate exemption: _____</p>	<p><input type="checkbox"/></p>
<p>VI.</p>	<p>The Entity is a Trustee Documented Trust.</p> <p>Please provide your Trustee's name and <i>GIIN</i></p> <p>Trustee's Name: _____</p> <p>Trustee's <i>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"/></p>	<p><input type="checkbox"/></p>

3.4. Non-Financial Institutions (Non-Financial Foreign 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 below categories

I.	Active (NFFE)	<input type="checkbox"/>
II.	Passive (NFFE) <i>(Please tick the box that applies)</i>	
	<p>I. Passive (NFFE) with no Controlling Persons that are specified U.S Persons.</p> <p>II. Passive (NFFE) with Controlling Persons that are specified U.S Persons. <i>(If this box is ticked, please also complete section 6.1 for each of the Controlling Person(s) of the Entity and complete an “Individual (Including Controlling Person(s) Self-certification for FATCA and CRS” form for each Controlling Person(s) as outlined in section 6.2.</i></p>	<input type="checkbox"/> <input type="checkbox"/>
III.	Excepted (NFFE)	<input type="checkbox"/>
IV.	Direct Reporting (NFFE) <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="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 and TIN’s.

<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759>

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

NOTE: Under the Irish legislation implementing the CRS, provision of a Tax ID number (TIN) is required to be provided unless:

- a) You are tax resident in a Jurisdiction that does not issue a (TIN)
- Or
- b) You are tax resident in a non-reportable Jurisdiction (i.e. Ireland or the USA)

Country of Tax Residency	Tax ID Number	If TIN unavailable Select (A, B or C) and check box below

If a TIN is unavailable, please provide the appropriate reason A, B or C where indicated below:

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents

Reason B - The Account Holder is otherwise unable to obtain a TIN *(Please explain why you are unable to obtain a TIN if you selected Reason B)*

Reason C - No TIN is required. (Note: Only select this reason if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)

***Section 5: Entity’s CRS Classification**

(The information provided in this section is for CRS. Please note an Entity's CRS classification may differ from its FATCA classification in Section 3 above).

In addition please note that the information that the Entity has to provide may differ depending on whether they are resident in a participating or non-participating CRS Jurisdiction.

For more information please see the OECD CRS Standard and associated commentary.

<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/>

5.1 Financial Institutions under CRS:

If the Entity is a *Financial Institution*, **Resident in either a Participating or Non-Participating CRS Jurisdiction** please review and tick one of the below categories that applies and specify the type of Financial Institution below.

Note: Please check the Irish Revenue AEOI portal at the time of completion of this form to confirm whether your country of Tax Jurisdiction is considered Participating or Non-Participating for the purposes of CRS Due-Diligence in Ireland.

<http://www.revenue.ie/en/business/aeoi/participating-jurisdictions.pdf>

I.	A Reporting Financial Institution resident in a participating CRS jurisdiction	<input type="checkbox"/>
II.	<p>A Financial Institution Resident in a Non-Participating Jurisdiction (Please also tick the box that applies)</p> <p><input type="checkbox"/> An Investment Entity resident in a Non-Participating Jurisdiction and managed by another Financial Institution (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity in section 6 below and complete a separate individual self-certification forms for each of your Controlling Persons“)</p> <p><input type="checkbox"/> An Investment Entity resident in a Non-Participating Jurisdiction that is not managed by another Financial Institution</p> <p><input type="checkbox"/> Other Financial Institution, including a Depository Financial Institution, Custodial Institution or Specified Insurance Company</p>	<input type="checkbox"/>
III.	<p>Non-Reporting Financial Institution under CRS.</p> <p>Specify the type of Non-Reporting Financial Institution below:</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> <p><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:</p> <p>_____</p>	<input type="checkbox"/>

5.2 Non Financial Institution (“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.	<p>Active NFE – 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: _____</p>	<input type="checkbox"/>
II.	<p>Active NFE – 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: _____</p> <p>Please provide details of the securities market that the entity is listed on: _____</p>	<input type="checkbox"/>
III.	<p>Active NFE – a Government Entity or Central Bank</p>	<input type="checkbox"/>
IV.	<p>Active NFE – an International Organisation</p>	<input type="checkbox"/>
V.	<p>Active NFE – other than those listed in I, II, III or IV above. (for example a start-up NFE or a non-profit NFE)</p>	<input type="checkbox"/>
VI.	<p>Passive NFE - (if this box is ticked, please also complete Section 6.1 below and indicate the name of all natural Controlling Person(s) of the Entity and complete a separate Individual Self-Certification Form for each of your Controlling Person(s))</p>	<input type="checkbox"/>

Section 6: Controlling Persons

NB: Please note that each Controlling Person must complete a separate “Individual (including Controlling Persons) FATCA and CRS 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/>

6.1 Controlling Person(s) of the Account Holder:

If you have ticked a Passive NFE with Controlling Persons in **either the FATCA or CRS Classification sections above**, then please also complete this section for each of the Controlling Person(s) of the account holder and provide a separate “Individual (including Controlling Persons) FATCA and CRS Self-Certification” form for each Controlling person as per 6.2 below:

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/We 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):**

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 General Data Protection Regulation (697/2016/EU) (the "GDPR") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2003. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Fund, with the Irish tax authorities, the Revenue Commissioners. They 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>

<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.

(Mandatory fields are marked with an *)

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

***Account Holder / Controlling Person Name:** _____

***Current Residential Address:**

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

***Place and Date Of Birth**

*Town or City of Birth: _____ *Country of Birth: _____

*Date of Birth: _____

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

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

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

OR

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

***Section 3: Common Reporting Standard (CRS) Declaration of Tax Residency/Residencies (please confirm all Tax Residencies)**

Please indicate your country of tax residence (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers (“TINs”)).

For further guidance on Tax Residence and TINs, please refer to the OECD CRS Information Portal <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759>

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 tick the appropriate box as follows;

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 NFE or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution)

For Joint or multiple Controlling Person(s) please complete a separate “*Individual (Including Controlling Persons) Self-Certification for FATCA and CRS*” 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).

***Authorised Signature:** _____

***Print Name:** _____

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

***Capacity (if Controlling Person):** _____

Section 9: Representations and Warranties (this section must be completed by all applicants)

- I/We confirm that I am/we are 18 years of age or over.
- I/We, having received and considered a copy of the current Prospectus, any relevant supplements thereto and the most recent annual and/or semi-annual report of the Fund (if any), hereby confirm and declare that this application is based solely on the information contained in such documentation and is made pursuant to the terms of this Account Opening Form. In addition, I/We confirm that I/We have received and read the information contained in this form and confirm that a copy of the Key Investor Information Document has been supplied to me/us. I/We confirm that I/We have read the Key Investor Information Document and that any future investments to any other sub-fund or share class of the umbrella fund can also be transacted based on this confirmation. I/We hereby acknowledge and agree that the updated KIID for each Share Class is available at the Investment Manager's website at www.atlasinfrastructure.com and that I/we will read and review the most up-to-date version of the relevant KIID prior to making any subsequent application for Shares in the Fund. I/We request and authorise ATLAS Infrastructure to act in accordance with my/our instructions. Only applies to UCITS Funds.⁴
- Requests for redemption or distribution payments to be made by telegraphic transfer will be subject to bank charges. Such charges will normally be payable by the Shareholder/Unitholder although the Fund has the discretion to determine that these charges should be borne by the Fund or the relevant Sub-Fund.
- I/We agree that the issue and allotment to me/us of the [Shares/Units] is subject to the provisions of the Prospectus, that subscription for [Shares/Units] will be governed and construed in accordance with Irish law and I/we confirm that by subscribing for [Shares/Units], I/we are not relying on any information or representation other than such as may be contained in the Prospectus and the most recent annual or semi-annual report (if available) thereto.
- I/We certify that I am a/we are eligible to invest in the Fund and I am/we are not acquiring [Shares/Units] for or on behalf of, or for the benefit of, any person or entity who/which is not eligible to invest in the Fund nor do I/we intend transferring any [Shares/Units] which I/we may purchase to any person or entity who/which is not eligible to invest in the Fund. I/We confirm that I/we are aware of the risks involved in the proposed investment and of the fact that inherent in such investment is the potential to lose the entire sum invested.
- I/We agree to notify the Fund or the Administrator immediately if I/we become aware that any of the representations, declarations or warranties given by me/us in this Account Opening Form is/are no longer accurate and complete in all respects and agree immediately to take such action as the Fund may direct, including where appropriate, redemption of my/our entire holding.
- I/We agree to indemnify the Administrator, on its own behalf and as agent of the Fund and agree to keep the Administrator and the Fund indemnified against any loss of any nature whatsoever arising to any of them as a result of any breach of any of the representations, warranties or declarations given by me/us in this Account Opening Form.
- I/We have such knowledge and experience in business and financial matters or have obtained advice from a professional adviser such that I am/we are capable of evaluating the merits, and the risks, of an investment by me/us in the Fund.

⁴ Only applies to UCITS Funds

- I/We understand that the tax disclosure set forth in the Prospectus is of a general nature and may not cover the jurisdiction in which I am /we are subject to taxation and that the tax consequences of my/our purchase of [Shares/Units] depend on my/our individual circumstances.
- I/We acknowledge the right of Fund at any time to require the mandatory redemption of [Shares/Units] in the circumstances provided for in the Prospectus.
- Please tick (✓) as appropriate:-⁵
 - (a) I am a U.S. Person (as defined in the Prospectus) and have completed the Account Opening Form⁶ for applicants who are U.S. Persons; or
 - (b) I/We hereby certify that the [Shares/Units] are not being acquired for the benefit of, directly or indirectly, any U.S. Person nor in violation of any applicable law, and that I/we will not, subject to the conditions set forth in the Prospectus, sell or offer to sell or transfer [Shares/Units] in the United States or to or for the benefit of a U.S. Person.

In particular: (a) I/we understand that the Fund has not been and will not be registered under the United States Investment Company Act of 1940, as amended, that the [Shares/Units] have not been registered and will not be registered under the United States Securities Act of 1933, as amended, and that the [Shares/Units] have not been qualified under the securities laws of any state of the United States and may not be offered, sold or transferred in the United States or

to or for the benefit of, directly or indirectly, any U.S. Person; (b) I am not/none of us is a U.S. Person; and (c) I am not/none of us is acquiring the [Shares/Units] for the account or benefit, directly or indirectly, of any U.S. Person or with a view to their offer, sale or transfer within the United States or to or for the account or benefit, directly or indirectly, of any U.S. Person.

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

Yes No (please tick the appropriate box)

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

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

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

⁵ Client Client’s US counsel to review.

⁶ Client’s US counsel to provide US Person specific Application Form.

- I/We declare that the entity hereby subscribing for [Shares/Units] is neither a Benefit Plan Investor nor investing on behalf of or with any assets of a Benefit Plan Investor as defined below. (Benefit Plan Investors should contact the Fund.) “Benefit Plan Investor” is used as defined in U.S. Department of Labor (“DOL”) Regulation § 2510.3-101(f)(2), and includes (i) any employee benefit plan (as defined in Section 3(3) of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”)), whether or not such plan is subject to Title I of ERISA (which includes both U.S. and non-U.S. plans, plans of governmental entities as well as private employers, church plans, and certain assets held in connection with nonqualified deferred compensation plans); (ii) any plan described in Section 4975(e)(1) of the Internal Revenue Code of 1986, as amended, (the “Code”) (which includes a trust described in Code Section 401(a) which forms a part of a plan, which trust or plan is exempt from tax under Code Section 501(a), a plan described in Code Section 403(a), an individual retirement account described in Code Section 408 or 408A or an individual retirement annuity described in Code Section 408(b), a medical savings account described in Code Section 220(d) and an education savings account described in Code Section 530); and (iii) any entity whose underlying assets include plan assets by reason of a plan’s investment in the entity (generally because 25 per cent. or more of a class of interests in the entity is owned by plans). Benefit Plan Investors also include that portion of any insurance company’s general account assets that are considered “plan assets” and (except if the entity is an investment company registered under the 1940 Act) the assets of any insurance company separate account or bank common or collective trust in which plans invest.
- If I am/we are a commodity pool, my/our investment is directed by an entity which (i) is not required to be registered in any capacity with the CFTC or to be a member of the National Futures Association (“NFA”), (ii) is exempt from registration or (iii) is duly registered with the CFTC in an appropriate capacity or capacities and is a member in good standing of the NFA.
- Investment Company Representations:
 - (a) I am/We are neither an investment company required to be registered under the Investment Company Act of 1940, as amended (the “1940 Act”), nor an issuer that, but for an exception from the definition of “investment company” under the 1940 Act, would be an investment company,
 - (b) I am/We are an investment company subject to registration or would be an investment company but for an exception under the 1940 Act.

I/We have ____ U.S. Person beneficial owner(s).

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

- I/We, if not a natural person, am/are duly organised, validly existing and in good standing under the laws of the jurisdiction in which I am/we are organised and I/we have the power and authority to enter into and perform my/our obligations under this Account Opening Form.
- I am/we are able to bear the economic risk of an investment in the [Shares/Units], including, without limitation, the risk of loss of all or a part of my/our investment. I/we do not have an overall commitment to investments which are not readily marketable that is disproportionate to my/our net worth, and my/our investment in the [Shares/Units] will not cause such overall commitment to be excessive.
- The Administrator and the Fund are each hereby authorised and instructed to accept and execute any instructions in respect of the [Shares/Units] to which this application relates given by me/us in written form or by facsimile. I/We hereby agree to indemnify the Administrator, on its own behalf and as agent

of the Fund and agree to keep the Administrator indemnified against any loss of any nature whatsoever arising as a result of the Administrator acting upon facsimile instructions. The Administrator 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.

- I/We acknowledge that due to anti-money laundering requirements operating within Ireland, the Administrator or the Fund (as the case may be) may require further identification of the applicant(s) before the application can be processed and the Administrator, on its own behalf and as agent of the Fund and the Fund shall be held harmless and indemnified against any loss arising as a result of a failure to process the application, or a delay in processing any redemption requests, if such information requested by the Administrator or the Fund has not been provided by me/us or has been provided in incomplete form.
- I/We hereby accept such lesser number of [Shares/Units], if any, than may be specified above in respect of which this application may be accepted.
- In respect of joint applicants only, we direct that on the death of one of us the [Shares/Units] for which we hereby apply be held in the name of and to the order of the survivor or survivors of us or the executor or administrator of the last of such survivor or survivors.
- I/We confirm that I/we have read in detail the Data Protection Notice appended to this Account Opening Form as Appendix 5. I/We acknowledge that this document provides an outline of my/our data protection rights and the Fund's [and Manager's] data protection obligations as they relate to my/our investment in the Fund.
- I/We shall supply the [Fund] with executed copies of those documents attached, or referred to, in Annex 1⁷ (for US and Non-US Taxpayers).
- I/We agree to provide to the Fund, the [Manager and the] Administrator at such times as each of them may request such declarations, certificates, self-certification forms, withholding statements or documents as each of them may reasonably require (the "Tax Information") in connection with this investment (including for the purposes of tax, FATCA and/or CRS⁸ regulations and reporting requirements). Should any information furnished to any of them become inaccurate or incomplete in any way, I/we hereby agree to notify the Fund, [the Manager or the] Administrator immediately of any such change and further agree to request the redemption of [Shares/Units] in respect of which such confirmations have become incomplete or inaccurate where requested to do so by the Fund.
- In addition to the Tax Information, I/We agree to promptly provide, and periodically update, at any times requested by the [Manager or the], Administrator with any information (or verification thereof) the [Manager of the] Administrator deems necessary for the Fund to comply with tax reporting requirements, FATCA and/or CRS (including any imposed by any inter-governmental agreement (IGA) or

⁷ [Annex 1 – Forms W-8BEN, W-8BEN-E, W-8IMY, W-8ECI, W-8EXP, or W-9 as applicable; A fund should generally need to collect W-8s from non-US investors only if the fund is tax-transparent; it should generally collect W-9s from US investors Note also collect the Irish Funds approved self certs.

⁸ If not defined in the Prospectus, we should include a definition of CRS: (a) the Standard for Automatic Exchange of Financial Account Information for Tax Matters published by the Organisation for Economic Co-operation and Development on 15 July 2014 (the "Standard") (including any commentary thereon; and (b) any treaty, law, regulation or other official guidance of any jurisdiction, or relating to a competent authority agreement (including any commentary thereon and any notification issued pursuant to a multilateral competent authority agreement) or intergovernmental agreement which (in either case) facilitates the implementation of the Standard.

any legislation, law, regulation or other official guidance in relation to any IGA on the implementation of FATCA or CRS). This may include such information as is required to evidence the Fund's (or any accountholder in the Fund's) status for FATCA or CRS purposes, including (not limited to) whether the Fund is a financial institution, or whether its account holders are US persons for purposes of FATCA, or what the account holder's country of tax residence for purposes of CRS.

- We represent and warrant the completeness and accuracy of any information (as at the date of submission) and authorise the Fund, the [Manager and the] Administrator to act upon such information in good faith, including, but not limited to, disclosing or submitting such information to the Irish tax authorities. I/We agree to waive any provision of foreign law that would, absent such a waiver, prevent compliance with such requirements. The Fund shall have no obligation to carry out any investigation with respect to the truth, accuracy or completeness of any information provided by us and I/We will, on demand, hold the Fund harmless from any liability resulting from the my/our failure to provide complete and accurate Information.
- I/We hereby acknowledge that if I/we fail to provide any information on a timely basis, I/We may be subject to 30% U.S. withholding tax on the investor's share of "withholdable payments" (as defined for purposes of FATCA) received by the Fund.⁹
- I/We hereby acknowledge that if I/we fail to provide any information and such failure results in the Fund being unable to comply with FATCA, any IGA or CRS, the [Manager] may exercise its right to completely redeem an applicant (at any time upon any or no notice). I/We further acknowledge and agree to indemnify the Fund and its other investors for any losses resulting from our failure to meet its obligations under this Section, including any U.S. withholding tax imposed on the Fund.
- I/We hereby acknowledge that any notice or document may be served by the Fund or Administrator on me/us in the manner specified from time to time in the Prospectus and, for the purposes of the Electronic Commerce Act 2000, if I have provided an e-mail address to the Fund or its delegate, consent to any such notice or document being sent to me/us electronically to the e-mail address previously identified to the Fund or its delegate which I/we acknowledge constitutes effective receipt by me/us of the relevant notice or document. I/we acknowledge that I/we am/are not obliged to accept electronic communication and may at any time choose to revoke my/our agreement to receive communications electronically by notifying the Fund in writing at the above address, provided that my/our agreement to receive communications electronically shall remain in full force and effect pending receipt by the Fund of written notice of such revocation.
- Where I/we am/are investing as nominee, I/ we shall provide our client(s) with the KIID issued in respect of the Sub-Fund and/or Unit Class (as the case may be) and I/we shall ensure that we do so in compliance with Commission Regulation (EU) No. 583/2010, as amended from time to time or by any supplemental legislation and in compliance with the applicable legislation in any jurisdiction in carrying out this activity. I/We shall maintain records of my/our provision of the KIID to my/our clients and shall furnish such records to the Fund, or its delegates, upon request.]

⁹ Should not be applicable unless the fund is tax-transparent i.e. in the event withholding on pass thru payments comes into force

Signature

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

Date: _____

Signed

Signatory Capacity if applicable (i.e. Director/manager)

1. _____

2. _____

3. _____

4. _____

**IMPORTANT –
RETAIL INVESTORS - IN THE CASE OF ALL JOINT HOLDERS – ALL HOLDERS MUST COMPLETE THIS
DECLARATION & PROVIDE A VALID PROOF OF IDENTIFICATION**

**INSTITUTIONAL INVESTORS - IN THE CASE OF CORPORATE INVESTORS – A VALID SIGNATURE LIST MUST
BE PROVIDED AT ACCOUNT OPENING**

Section 10: Appendices

Appendix 1 - Dealing Procedure

All dealing instructions in relation to the [Shares/Units] in the Fund must be received before the time(s) specified in the Fund's [Prospectus and/or relevant Sub-Fund Supplement as the case may be, together, the "Prospectus"]. Dealing Instructions received after such times will generally be deemed to have been received for the next relevant dealing day.

No redemption payment may be made until the original Account Opening Form has been received and the Administrator is satisfied that all necessary anti-money laundering checks have been 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 Fund.	<input type="checkbox"/>
--	--------------------------

Dealing and Holding Minimums for ATLAS Global Infrastructure Fund – Series A

Minimum Initial Subscription	£50,000 / €50,000 / US\$50,000 / A\$50,000
Minimum Holding	£50,000 / €50,000 / US\$50,000 / A\$50,000
Minimum Subsequent Subscription	£10,000 / €10,000 / US\$10,000 / A\$10,000
Minimum Redemption	£10,000 / €10,000 / US\$10,000 / A\$10,000

NOTES:

- Requests for redemption or distribution payments to be made by telegraphic transfer will be subject to bank charges. Such charges will normally be payable by the Shareholder/Unitholder although the Fund has the discretion to determine that these charges should be borne by the Fund or the relevant Sub-Fund.
- If subscribing for [Shares/Units] in more than one Sub-Fund investors must clearly mark the payment reference accounts for each particular Sub-Fund and the sub-account.
- The Base Currency of the Sub-Fund and the designated currency of any [Shares/Units] will be set out in the Prospectus and is also noted above. Applications for [Shares/Units] shall be accepted in the Base Currency of the relevant Sub-Fund or the designated currency of the relevant [Share/Unit] Class. At the discretion of the Fund, applications may be accepted in currencies other than the Base Currency.
- Any subscription proceeds paid in currencies other than the Base Currency of the relevant Sub-Fund or the designated currency of the relevant [Share/Unit] 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.

Appendix 2 - Payment details

- Please pay monies in accordance with the deadlines outlined in the Prospectus.
- Please remit payment to the following bank account: -

For EUR Share Class (EUR settlement only)

To: Barclays Bank PLC, Frankfurt
Address: Taunustor 1, Frankfurt am Main 60310
Swift Code: BARCEFF

Beneficiary Bank: The Northern Trust International Banking Corporation, New Jersey
Swift: (CNORUS33) A/C Number: 0210472800
Beneficiary Account Name & Number: ATLAS Global Infrastructure UCITS ICAV Investor Money
Collection Account 64863420019

For GBP Share Class (GBP settlement only)**International Payments**

To: Barclays Bank
Address: 1 Churchill Place, London E14 5HP
Swift Code: BARCGB22

Beneficiary Bank: The Northern Trust International Banking Corporation, New Jersey
Swift: (CNORUS33) A/C Number: 53529495
Beneficiary Account Name & Number: ATLAS Global Infrastructure UCITS ICAV Investor Money Collection
Account 64862620019

For GBP payment by CHAPS:

SWIFT: BARCGB22
GBP Sort Code: 203253 Account Number: 53529495
IBAN: GB64BARC20325353529495

Beneficiary Bank: The Northern Trust International Banking Corporation
For Further Credit: ATLAS Global Infrastructure UCITS ICAV Investor Money Collection Account -
64862620019
Beneficiary Reference: Investor Name & Register Number

For USD Share Class (USD settlement only)

Beneficiary Bank: The Northern Trust International Banking Corporation
Swift: (CNORUS33) A/C Number: FedwireABA: 026001122 // CHIPS ABA: 0112

Beneficiary Account Name & Number: ATLAS Global Infrastructure UCITS ICAV Investor Money Collection
Account 14896520010

For AUD Share Class (AUD settlement only)

To: National Australia Bank
BSB: 083-011
Address: Melbourne
Swift Code: NATAAU33

Beneficiary Bank: The Northern Trust International Banking Corporation
Swift: (CNORUS33) A/C Number: 1803007471500
Beneficiary Account Name & Number: ATLAS Global Infrastructure UCITS ICAV Investor Money Collection
Account 64864220019

(please do not include a dash in the beneficiary account number)

Note: Currency subscription settlement times

GBP 16:00 GMT
EURO 14:30 GMT
USD 16:00 GMT
AUD 14:30 GMT -1 BUSINESS DAY

Note: Monies must come from the account of the investor.

Please specify your Ordering Institution details for subscriptions*

Currency	_____	Correspondent Bank	_____
Swift/ABA	_____	Account Number	_____

Appendix 3 - Subscription Form (complete only upon receipt of account number confirmation)

ATLAS Global Infrastructure Fund (the "Fund")

This Subscription Form constitutes your agreement to subscribe for [Shares/Units¹⁰] in the Fund. Please note the administrator does not require the original of this document to be posted to them.

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

ATLAS Global Infrastructure Fund
 C/o Northern Trust International Fund Administration Services (Ireland) Limited
 2nd Floor, Block A, City East Plaza, Towlerton, Ballysimon,
 Limerick,
 V94 X2N9,
 Ireland

REGISTERED INFORMATION

Registered Account Name

Account Number¹¹

Your Company Contact
 Name:
 Phone No:
 E-Mail Address:

DEAL INSTRUCTIONS

Amount to be invested Amount Shares/Units

Amount in words

SELECT SHARE/UNIT CLASS AND SETTLEMENT CURRENCY*

Please tick (✓) the currency in which the investment will be made into the ATLAS Global Infrastructure Fund:

- | | | | |
|--|--------------------------|--|--------------------------|
| Series A EUR Hedged (Inc) ISIN: IE00BF6X2Z66 | <input type="checkbox"/> | Series A EUR Unhedged (Inc) ISIN: IE00BF6X2Y59 | <input type="checkbox"/> |
| Series A GBP Hedged (Inc) ISIN: IE00BF6X3197 | <input type="checkbox"/> | Series A GBP Unhedged (Inc) ISIN: IE00BF6X3080 | <input type="checkbox"/> |
| Series A USD Hedged (Inc) ISIN: IE00BF6X2X43 | <input type="checkbox"/> | Series A USD Unhedged (Inc) ISIN: IE00BF6X2W36 | <input type="checkbox"/> |
| Series A AUD Hedged (Inc) ISIN: IE00BF6X3312 | <input type="checkbox"/> | Series A AUD Unhedged (Inc) ISIN: IE00BF6X3205 | <input type="checkbox"/> |

¹⁰ Defined terms should mirror those on offer document

¹¹ Please note you would have received this by email from the Administrator

ORIGINATING ACCOUNT DETAILS

Bank Name	<input type="text"/>		
Bank Address	<input type="text"/>		
Sort Code	<input type="text"/>	ABA	<input type="text"/>
Account Name	<input type="text"/>		
Account Number	<input type="text"/>		
Payment Reference	<input type="text"/>		

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/Unit] 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.

A REQUEST TO CHANGE BANK ACCOUNT DETAILS MUST BE MADE IN WRITING TO THE ADMINSTRATOR AND MUST BE ACCOMPANIED BY A BANK STATEMENT OR BANKER'S REFERENCE.

PLEASE NOTE:

- Monies must originate from the account of the investor.
- Failure to complete these details accurately and in accordance with the original signed Account Opening Form and forward monies within the relevant settlement time scale may result in the loss of good value and an interest claim from the Fund.
- I/We confirm that I/we have the authority to make this investment.
- I/We confirm that I/We have received and read the information contained in this form and confirm that a copy of the Key Investor Information Document has been supplied to me/us in relation to this new Sub-Fund or Share/Unit Class. I/We confirm that I/We have read the Key Investor Information Document. I/We also acknowledge and agree that the updated KIID for each Share Class is available at the Investment Manager's website at www.atlasinfrastructure.com and that I/we will read and review the most up-to-date version of the relevant KIID prior to making any subsequent application for Shares in the Fund. I/We confirm that any future investments to any other Sub-Fund or Class of the Fund can also be transacted based on this confirmation.
- I/We hereby agree to indemnify and hold harmless the Administrator, on its own behalf and as agent for the Fund, and its directors, officers and employees against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly, from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document delivered by me/us to the Fund or the Administrator. The Administrator will not be responsible or liable for the authenticity of instructions received from me/us or any authorised person and may rely upon any instruction from any such person representing himself to be a duly authorised person reasonably believed by the Administrator to be genuine.

Authorised Signatories

Print Name

Signatory 1

Signatory 2

Signatory 3

Signatory 4

Date

Appendix 4 - Redemption Form

ATLAS Global Infrastructure Fund (the "Fund")

Please note the administrator does not require the original of this document to be posted to them.

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

ATLAS Global Infrastructure Fund
 C/o Northern Trust International Fund Administration Services (Ireland) Limited
 2nd Floor, Block A, City East Plaza, Towlerton, Ballysimon,
 Limerick,
 V94 X2N9,
 Ireland

REGISTERED INFORMATION

Registered Account Name

Account Number

Your Company contact
 Name:
 Phone No:
 E-mail Address:

DEAL INSTRUCTIONS

Amount to be redeemed Amount Shares/Units]

Amount in words

Name of Sub-Fund

Share/Unit Class

BANK ACCOUNT DETAILS (Where the below bank account instructions differ from those held on file by the Administrator, an original, signed copy of the new instructions together with a copy of a bank statement (less than 6 months old) or banker's reference must be received by the Administrator in advance of the remittance of redemption proceeds).

Bank Name

Bank Address

Sort Code ABA

Account Name

Account Number

IBAN Number	<input style="width: 560px; height: 25px;" type="text"/>
Correspondent Bank & Swift Code F.F.C to:	<input style="width: 560px; height: 45px;" type="text"/>
Account Name	<input style="width: 560px; height: 25px;" type="text"/>
Account Number	<input style="width: 560px; height: 25px;" type="text"/>

Any redemption proceeds paid in currencies other than the Base Currency of the relevant Sub-Fund or the designated currency of the relevant [Share/Unit] 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.

PLEASE NOTE

- I/We confirm that I/we have the authority to make this redemption request.
- I/We hereby agree to indemnify and hold harmless the Administrator on its own behalf and as agent for the Fund and its respective directors, officers and employees against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly, from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document delivered by me/us to the Fund or the Administrator. The Administrator will not be responsible or liable for the authenticity of instructions received from me/us or any authorised person and may rely upon any instruction from any such person representing himself to be a duly authorised person reasonably believed by the Administrator to be genuine.

Authorised Signatories

Print Name

Signatory 1

Signatory 2

Signatory 3

Signatory 4

Date

Appendix 5 - Data Protection**This notice sets out how [the Fund] will process personal information (as a Data Controller)**

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

Purposes of Processing and Legal basis for processing

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

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

Recipients of Data and International Transfer of Data

The Fund may disclose your personal information as follows:

- to its service providers, including the Administrator, and their affiliates, and other third party service providers engaged by the Fund in order to process the data for the above mentioned purposes;
- to competent authorities (including tax authorities), courts and bodies as required by law or requested or to affiliates for internal investigations and reporting; and

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

Retention period

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

Data Subject Rights

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

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

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

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

How to contact us

If you have any questions about our use of your personal information, please contact us at compliance@atlasinfrastructure.com and +44 203 890 4709.

Appendix 6 – Investor AML Due Diligence Requirements (all investors- provision in advance)

Outlined below is guidance on the documentation which the Fund/ICAV/ Manager & Northern Trust (as Administrator) will require when undertaking due diligence to establish the identity of an investor and verify same to the extent warranted by risk. **AML documents must be provided in advance before an account can be opened.**

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

Examples of Photographic Identity Documentation

- Current passport.
- Current driving licence.
- Current national identity card.
- Identity document with photographic identity issued by a government department.

Examples of Proof of Address

- Bank statements/credit card statements.
- Utility bill.
- Household/motor insurance certificate and renewal notices.
- Correspondence from local authorities.
- Correspondence from the revenue commissioners or equivalent.
- Correspondence from any government body.
- Driving licence which confirms the address provided it has not also been used to satisfy the photographic identity requirement above.
- Payslip or salary advice dated within the previous 3 months.
- Confirmation of address from a lawyer or financial institution.

Note: All documentation must reflect the current residential address and must be dated within the previous 3 months other than in the case of an official document known to be issued only or typically at fixed intervals of more than 3 months, in which case such document may be accepted during that period, to a maximum of 12 months (e.g. correspondence from local authorities).

Certification of Documents – Required for High-risk countries

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

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

Suitable persons include:

- An authorised signatory of a Regulated Financial Institution or Credit Institution.
- An authorised signatory of a Financial Adviser.
- A Justice of the Peace.
- A Notary Public or Practising Solicitor.
- A Practising Chartered or Certified Public Accountant.
- A person authorised to sign on behalf of an Embassy or a Consul.
- A practicing Barrister

Certification of each document should include:

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

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

Note2: For multiple page documents, the certifier should sign or initial each page of the copy and confirm on the first or last page of the document the actual number of pages in the document.

Note3: Where available, the statement of certification as a true copy of the sighted original should be accompanied by the professional stamp or seal of the certifier.

Note 4: When certifying documents as true copies, the certifier should not be a close family member of, or have any apparent or potential conflicts of interest with, the investor.

English Translations

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

Letter of Assurance

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

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

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

Australia, Austria, Argentina, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Guernsey, Hong Kong, Ireland, Isle of Man, Israel, Italy, Japan, Jersey, Luxembourg, Malaysia, Netherlands (including Aruba, Curacao and Saint Marten), New Zealand, Norway, Portugal, Republic of Korea, Singapore, South Africa, Spain, Sweden, Switzerland, United Kingdom and United States

Deemed High-risk Countries

Afghanistan, Albania, Angola, Azerbaijan, Bahamas, Belarus, Belize, Benin, Bolivia, Bosnia and Herzegovina, Botswana, Burma (Myanmar), Burundi, Cabo Verde, Cambodia, Central African Republic, Chad, China, Colombia, Comoros, Congo (Republic of the), Costa Rica, Cyprus (Greek Cypriot administered), Cyprus (Turkish Cypriot administered), Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, Egypt, Ethiopia, Ghana, Guatemala, Guinea, Guinea Bissau, Guyana, Haiti, Honduras, India, Iraq, Ivory Coast (Cote d'Ivoire), Jamaica, Jordan, Kyrgyzstan, Laos, Latvia, Lebanon, Liberia, Libya, Macau, Maldives, Mali, Mauritania, Mexico, Moldova, Monaco, Montenegro, Morocco, Mozambique, Nicaragua, Nigeria, Pakistan, Palestinian Territories, Panama, Peru, Russia, Saint Kitts and Nevis, Saudi Arabia, Senegal, Serbia, Sierra Leone, Somalia, South Sudan, Sudan, Sri Lanka, Swaziland, Tanzania, Tunisia, Trinidad and Tobago, Turkey, Uganda, United Arab Emirates, Uzbekistan, Vanuatu, Venezuela, Vietnam, Yemen and Zimbabwe.

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

Regulated Credit or Financial Institution

Where the applicant is a Regulated Credit or Financial Institution in one of the above referenced Equivalent Jurisdictions, please provide the following:

1. Proof of regulation.
2. Identify any beneficial owner entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 25% or more, then the natural person(s) who hold the position of director(s) of the entity must be identified (along with address, date of birth and nationality).

Where the applicant is a Regulated Credit or Financial Institution but is not regulated in an Equivalent Jurisdiction, please provide the following:

1. Full name of the company
2. Registered number of the company
3. Registered office address & principal business address of the company,
4. Details of directors of the company and verify the identity of two directors, or where applicable, one director and one authorised signatory.
5. Identify and verify any beneficial owner beneficially entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of director(s) of the entity must be identified.

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. reflecting the direct and/ or indirect ownership and control structure).

6. 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 entitled to 25% or more of the investment.

Note: Where the beneficial owner of the investment or the company is deemed high-risk per NT risk rating requirements, the identity should be verified in line with its legal form.

7. Verification of identity of the company from:
 - Extract from the relevant company registry providing details of the company; and/or
 - Copy of the Certificate of Incorporation or equivalent of the company; and/or
 - Copy of the Memorandum and Articles of Association or equivalent of the company; and/or
 - Copy of the latest audited financial statements of the company.

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

8. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the company.
9. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify and verify the identity of any beneficial owner entitled to more than 10% of the investment.

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

Nominee Company

Where the applicant is a Regulated Nominee Company from one of the above referenced Equivalent Jurisdictions, please provide the following:

1. Proof of regulation.
2. A letter of assurance from the regulated nominee company
3. Identify any beneficial owner entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the parent entity. Where there is no beneficial owner entitled to 25% or more, then the natural person(s) who hold the position of director(s) of the entity (investor) must be identified (along with address, date of birth and nationality).

Where the applicant is 1) not directly regulated and 2) a wholly owned subsidiary of a regulated parent entity (in an Equivalent Jurisdiction), please provide the following:

1. Letter of Assurance from the Regulated Credit or Financial Institution (Parent Company).
2. Identify any beneficial owner entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 25% or more, then the natural person(s) who hold the position of director(s) of the entity (investor) must be identified (along with address, date of birth and nationality).

Alternatively, where an acceptable AML letter of assurance can't be provided by the regulated parent company with respect to the nominee company, please provide the following:

1. Full name of the nominee company.
2. Registered number of the nominee company.
3. Registered office address & principal business address of the nominee company.
4. Details of directors of the company and verify the identity of two directors, or where applicable, one director and one authorised signatory.
5. Proof of regulation for the Regulated Parent Company.
6. Identify and verify any beneficial owner beneficially entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of director(s) of the entity (investor) must be identified.

Note: Where the nominee company is not a subsidiary of a regulated parent company, verify any beneficial owner entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity.

7. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable), identify and verify any beneficial owner entitled to 25% or more of the investment through the nominee company.

Note: Where the beneficial owner of the investment or the company 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 from:
 - Extract from the relevant company registry providing details of the nominee company; and/or
 - Copy of the Certificate of Incorporation or equivalent of the nominee company; and/or
 - Copy of the Memorandum and Articles of Association or equivalent of the nominee company; and/or
 - Copy of the latest audited financial statements of the nominee company.

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

9. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the company.

10. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify and verify the identity of any beneficial owner entitled to more than 10% of the investment.

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

Listed Company

Where the applicant is a Listed Company on a regulated market (E.g. a regulated market that subjects companies, whose securities are admitted to trading, to disclosure obligations which are consistent with the Legislation of the European Communities- see above Equivalent Jurisdictions), please provide the following:

1. Please provide proof of listing on a Regulated Market.

Where the applicant is not a Listed Company on an above referenced regulated market, please provide the following:

1. Proof of listing of the company.
2. Full name of the company.
3. Registered number of the company.
4. Registered office address & principal business address of the company.
5. Details of directors of the company and verify the identity of two directors, or where applicable, one director and one authorised signatory.
6. Identify and verify any beneficial owner beneficially entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of director(s) of the entity must be identified.

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. reflecting the ownership and control structure).

7. 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 entitled to 25% or more of the investment.

Note: Where the beneficial owner of the investment or the company 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 from:
 - Extract from the relevant company registry providing details of the company; and/or
 - Copy of the Certificate of Incorporation or equivalent of the company; and/or
 - Copy of the Memorandum and Articles of Association or equivalent of the company; and/or
 - Copy of the latest audited financial statements of the company.

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

9. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity.
10. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify and verify the identity of any beneficial owner entitled to more than 10% of the investment.

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

Subsidiary of a Listed Company

Where the applicant is a Subsidiary of a Listed Company on a regulated market (E.g. a regulated market that subjects companies, whose securities are admitted to trading, to disclosure obligations which are consistent with the Legislation of the European Communities- see above Equivalent Jurisdictions), please provide the following:

1. Proof of listing for the listed parent company on a Regulated Market (E.g. a regulated market that subjects companies, whose securities are admitted to trading, to disclosure obligations which are consistent with the Legislation of the European Communities- see above Equivalent Jurisdictions).
2. Evidence of ownership by the listed company.
3. Identify the beneficial owner(s) including the natural person(s) who hold the position of director(s) of the entity (investor) must be identified (along with address, date of birth and nationality).

Where the parent company is not a Listed Company on an above referenced regulated market, please provide the following:

1. Full name of the subsidiary company.
2. Registered number of the subsidiary company.
3. Registered office address & principal business address of the subsidiary company.
4. Details of directors of the company and verify the identity of two directors, or where applicable, one director and one authorised signatory.
5. Identify and verify any beneficial owner beneficially entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of director(s) of the entity must be identified.

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. reflecting the ownership and control structure).

6. 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 entitled to 25% or more of the investment.

Note: Where the beneficial owner of the investment or the subsidiary company is deemed high-risk per NT risk rating requirements, the identity should be verified in line with its legal form.

7. Verification of identity of the company from:
 - Extract from the relevant company registry providing details of the company; and/or
 - Copy of the Certificate of Incorporation or equivalent of the company; and/or
 - Copy of the Memorandum and Articles of Association or equivalent of the company; and/or
 - Copy of the latest audited financial statements of the company.

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

8. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the company.
9. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify and verify the identity of any beneficial owner entitled to more than 10% of the investment.

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

Government / Public Body

Where the applicant is a Government/ Public Body in Ireland, please provide the following:

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

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

1. Full name of the government body or public authority.
2. Nature and status of the government body or public authority.
3. Registered office address.
4. Name of the home state of the public authority and details of the nature of its relationship with the public authority.
5. Evidence of ownership of the public authority.
6. Names of the main officials of the government body or public authority and verify the identity of two officials or, where applicable, one official and one authorised signatory.
7. Appropriate background information on the government body or public authority.

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

8. Identify and verify the identity of at least two directors or, where applicable, one director and one authorised signatory.
9. Certified copy of the audited financial statements of the government body or public authority.

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

Pension Scheme

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

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

Note: The above can be confirmed through constitutional documentation of the scheme or through receipt of written confirmation from the trustees of the scheme.

Where the applicant is not an Employee/ Superannuation or similar scheme in one of the above referenced Equivalent Jurisdictions, please provide the following:

1. Full name of the pension scheme.
2. Registered office address of the pension scheme
3. One of the following:
 - Confirmation of registration of the pension scheme (as appropriate) from the relevant tax authorities or pensions board.
 - Or
 - Identity of the controllers (trustees/ directors/ governors /board members or equivalent) of the scheme; and
 - Constitutional/Formation Document (e.g. Trust Deed); and

- Appropriate background information.

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

4. Identify and verify the identity of the scheme administrator and entity carrying out AML/CTF controls on scheme investors (per legal form); or
5. Written confirmation from the entity carrying out AML/CTF controls similar to that requested from a regulated third party undertaking due diligence.

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

Collective Investment Scheme

Where the applicant is a Collective Investment Scheme ('CIS') regulated as a designated person or listed on a regulated financial market in one of the above referenced Equivalent Jurisdictions, please provide the following:

1. Please provide proof of regulation/ listing.

Where the CIS is not either listed on a regulated financial market (as above) or regulated as a designated person in one of the above referenced Equivalent Jurisdictions, please provide the following:

1. Full name of the CIS.
2. Registered address of the CIS.
3. Prospectus or equivalent.
4. Name and address of the scheme promoter.
5. Name and address of the scheme administrator.
6. Name and address of the entity carrying out due diligence on the investors in the CIS and confirmation that this entity is regulated for AML purposes.
7. Names of any investors (beneficial owners) in the CIS who own 25% or more (directly or indirectly) of the share capital. Where CIS is a corporate body and there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of director(s) of the entity (investor) must be identified

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

8. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity; or
9. Written confirmation from the entity carrying out AML/CTF controls similar to that requested from a regulated third party undertaking due diligence.

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

Individuals (including Joint Account Holders)

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

1. Photographic identity document.
2. Proof of address.

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

3. Confirmation of Source of Funds.
4. Confirmation of Source of Wealth.

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

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

Private and Unlisted Company

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

1. Full name of the company.
2. Registered number of the company.
3. Registered office address & principal business address of the company.
4. Details of the directors of the company and verify the identity of at least two directors or, where applicable, one director and one authorised signatory.
5. Identify and verify any beneficial owner beneficially entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of director(s) of the entity (investor) must be identified.

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. reflecting the ownership and control structure).

Note: Where the beneficial owner is deemed high-risk per NT risk rating requirements, the identity should be verified in line with its legal form.

6. Verification of identity of the company from:
 - Extract from the relevant company registry providing details of the Company; and/or
 - Copy of the Certificate of Incorporation or equivalent of the Company; and/or
 - Copy of the Memorandum and Articles of Association or equivalent of the Company; and/or
 - Copy of the latest audited financial statements of the Company.

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

7. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity.

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

Limited Liability Company

Where the applicant is a Limited Liability Company (LLC), please provide the following:

1. Full name of the LLC.
2. Registered office address & principal business address of the LLC.
3. Identify all managing members
4. Verify the identity of at least two managing members or, where applicable, one managing member and one authorised signatory.
5. Identify and verify any beneficial owner beneficially entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no

beneficial owner entitled to 25% or more, the natural person(s) who hold the position of director(s) of the entity must be identified.

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.).

Note: Where the beneficial owner is deemed high-risk per NT risk rating requirements, the identity should be verified in line with its legal form.

6. Constitutional document for the LLC (e.g. Certificate of Formation).
7. Operating agreement for the LLC

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

8. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity.

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

Partnership

Where the applicant is a Partnership, please provide the following:

1. Full name of the partnership.
2. Registered office address & principal business address of the partnership.
3. Identify all partners.
4. Verify the identity of all partners who own 25% or more (directly or indirectly) of the partnership capital, profit or voting rights or otherwise exercise control over the management of the Partnership Fund.
5. Verify the identity of the general partner and a second partner (or in the absence of same an authorised signatory).

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. reflecting the direct and/ or indirect ownership and control structure).

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

Where the applicant is not a Partnership Fund or located in one of the aforementioned deemed high-risk jurisdictions, the following is also required:

7. Identify and verify the identity of at least two partners or, where applicable, one partner and one authorised signatory.
8. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the partnership.

Where the applicant not a Partnership Fund or is domiciled in an aforementioned high-risk jurisdiction, documentation should be certified as true copies of the original.

Trust

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

1. Full name of trust.
2. Country of establishment of trust.
3. Legal form of the trust.
4. Trust deed or equivalent or confirmation of the trust etc. by reference to an appropriate register.
5. Confirmation of the nature/purpose of the trust.
6. Identify all Trustees and verify the identity of at least two trustees where applicable.
7. Identify the settlor and verify the settlor.
8. Identify and verify the protector.
9. Identify all beneficiaries or the class of beneficiary beneficially entitled to trust's assets or the beneficial interest (Note: Verification of the beneficiaries may be required by the administrator to the extent warranted by the risk).

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. reflecting the direct and/ or indirect ownership and control structure).

Where the applicants are not Regulated Trustees investing on behalf of a Trust, or where the applicant is domiciled in an aforementioned high-risk jurisdiction, the following is also required:

10. Verify the identity of the beneficiaries beneficially entitled to trust's assets or beneficial interest.
11. Confirmation as to how the settlor was in a position to make the investment.
12. Verify the identity of all trustees (i.e. in accordance with their legal structure or for each individual)

Where the applicants are not Regulated Trustees investing on behalf of a Trust or where the applicant is domiciled in an aforementioned high-risk jurisdiction, documentation should be certified as true copies of the original.

Foundation

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

1. Full name of the foundation.
2. Registered address of the foundation.
3. Confirmation of the legal form of the Foundation.
4. Constitutional documents equivalent OR confirmation of the foundation by reference to an appropriate register.
5. Identify and verify the founder, and the nature/purpose of the foundation.
6. Identify all trustees, and verify the identity of two trustees, where applicable. Identify any beneficiary beneficially entitled to 25% or more of the foundation's assets.
7. Note: Where there is a named individual beneficiary with a 25% interest or more, the beneficiary will need to be verified.

Note: Where there is a named individual beneficiary with a 25% interest or more, the beneficiary will need to be verified.

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. reflecting the direct and/ or indirect ownership and control structure).

Where the applicants are not Regulated Trustees investing on behalf of a Foundation or similar entity, or where the applicant is domiciled in an aforementioned high-risk jurisdiction, the following is also required:

8. Identify and verify the identity of the founder.

9. Confirmation of the funding of the foundation.
10. Identify and verify the identity of the beneficiaries who hold more than 10% of the beneficial interest.

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

Charity

Where the applicant is a registered Charity, please provide the following:

1. Full name of the charity.
2. Nature/purpose of the charity
3. Nature and source of funding of the charity
4. Registered office address & principal business address of the charity.
5. Names of all trustees/directors (or equivalent) of the charity.
6. Identify and verify the identity of the company secretary or equivalent or, where applicable, verify the identity of one of the trustees.
7. (If a charitable trust), details of the settlor of the charitable trust.
8. Names or classes of persons who stand to benefit from the objects of the charity.
9. Copy of relevant charities register or confirmation of the registration of the charity with the relevant tax authorities (e.g. UK Charities Commission/ HMRC).

Note: Where there is a named individual beneficiary with a 25% interest or more, the beneficiary will need to be verified.

Where the applicant is not a registered Charity or where the applicant is domiciled in an aforementioned high-risk jurisdiction, the following is also required:

10. Certified copies of the audited financial statements.
11. Identify and verify the identity of at least two trustees /directors/governors/ board members or, where applicable, one trustee /director/governor/ board member/ company secretary and one authorised signatory of the charity.
12. Certified constitutional/ formation document of the charity.
13. Identify and verify the identity of the beneficiaries (where ascertainable) of the charity.
14. Identify and verify the settlor, where applicable.

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

Club or Society

Where the applicant is a Club or Society, please provide the following:

1. Full name of the club/society.
2. Registered office address & principal business address of the club/society.
3. Confirmation of the legal status of the Club/Society.
4. Nature/Purpose including the nature of funding of the club/society.
5. Constitutional/Formation Document (e.g. Trust Deed) and/or copy of audited financial statements (if available) or confirmation of a relevant club/ society register.
6. List of officers of the club/society.
7. Verify the identity of two officers of the Club/Society authorised to operation on behalf of the club/society or, where applicable, one officer and one authorised signatory.
8. Names or classes of persons who stand to benefit from the Club or Society.

Note: Where there is a named individual beneficiary with a 25% interest or more, the beneficiary will need to be verified.

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

9. Audited financial statements for the Club/Society.
10. Constitutional/ formation document of the club/society
11. Identify and verify the identity of all persons who own or control over 10% of the entity's share capital, profit or voting rights.
12. Confirmation of the funding of the club or society.

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

School, College or University

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

1. Full name of the School, College or University.
2. Registered office address & principal business address of the School, College or University.
3. Confirmation of a relevant School, College or University register or appropriate background information.
4. Names of main officials of the school.
5. Identify and verify the identity of at least two officials or, where applicable, one official and one authorised signatory.
6. Details of ownership of the entity. In particular, confirmation if in public ownership or independent. Where independently owned, identify and verify all persons who own or control 25% or more of the entity's share capital, profit or voting rights.
7. Identify and verify the settlor, where applicable.

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

8. Identify and verify the identity of all persons who own or control over 10% of the entity's share capital, profit or voting rights.

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

Church

Where the applicant is a Church, please provide the following:

1. Full name of the Church.
2. Registered office address & principal business address of the church.
3. Confirmation of the nature/purpose of the Church with details of how the Church is funded.
4. Confirmation of a relevant church register or a copy of the revenue approval for the church;
5. Names of all trustees/directors (or equivalent) of the church.
6. Identify and verify the identity of the church secretary or equivalent or, where applicable, verify the identity of one of the trustees.
7. Names or classes of persons who stand to benefit from the objects of the church (where ascertainable).
8. Identify and verify the settlor where applicable.
9. Where there is a named individual beneficiary with a 25% interest or more, the beneficiary will need to be verified.

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

10. Audited financial statements for the church.

11. Constitutional/formation document of the church.
12. Identify and verify the identity of either two trustees /directors/governors/ board members or one trustee/ director/governor/board member and one authorised signatory of the church.
13. Identify and verify the beneficiaries (where ascertainable)

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

Trade Union

Where the applicant is a Trade Union, please provide the following:

1. Full name of the Trade Union.
2. Registered address of the trade union.
3. Establish whether the trade union is registered or otherwise listed by a controlling body for regulatory or oversight purposes (e.g. Congress of Trade Unions).
4. Consider the legal form of the trade union, its stated purpose, aims and objectives using information from documents supplied for the trade union and through internet searches.
5. Deed or equivalent establishing the existence of the trade union (for example its constitution, bye-laws, rules).
6. Identify all persons and their functions who are empowered to make the investment on behalf of the trade union (president, secretary, treasurer and other senior committee members).

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

7. Identify and verify the identity of at least two senior committee members of the trade union

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

ATLAS GLOBAL INFRASTRUCTURE UCITS ICAV: Data Privacy Notice (DPN)

This notice sets out how the ICAV will process personal data (as data controller).

When your details are provided to ATLAS Global Infrastructure UCITS ICAV (the "ICAV") as a consequence of your investment in the ICAV, then the ICAV, acting as a data controller, may itself or through a third party (such as Northern Trust International Fund Administration Services (Ireland) Limited) (the "Administrator") acting as a data processor in its capacity as the ICAV's administrator) process your personal data or that of your directors, officers, employees and / or beneficial owners.

This DPN applies to you and to third parties whose information you provide to us in connection with our relationship with you. Please ensure that you provide a copy of this DPN to any third parties whose personal data you provide to us. The ICAV may update this DPN at any time and will notify you of any changes.

This DPN sets out how the ICAV will process your personal data. The ICAV uses your personal data only for the purposes and in the manner set forth below which describes the steps taken to ensure the processing of your personal data is in compliance with the General Data Protection Regulation (EU) 2016/679 ("GDPR") as amended or replaced from time to time and any implementing legislation.

Purposes of Processing and Legal Basis for processing

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

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

The above uses of your data are necessary in furtherance of our legitimate business interests.

Please note: You have the right to object to processing which is done in furtherance of our legitimate interests.

The legitimate interests referenced above include:

- Assertion of legal entitlements and defence in the event of a legal dispute;
- Prevention of criminal acts;
- Measures for business control and the further development of products; and
- Risk management.

We do not consider such interests would prejudice your rights or fundamental freedoms as a data subject. For more information on our legitimate interests and the balancing exercise, please contact us using the details below.

Recipients of Data

The ICAV may disclose your personal data as follows:

- to affiliates and business partners of the ICAV in order to manage your holdings and in furtherance of our legitimate business interests;
- to the ICAV's service providers, including the Administrator, Northern Trust Fiduciary Services (Ireland) Limited, as Depository and their affiliates, and other third party service providers engaged by the ICAV, in connection with the requirements, oversight, safekeeping, distribution or operation of the ICAV, in order to process the data for the above mentioned purpose; and
- to competent authorities (including tax authorities), law enforcement agencies, the Central Bank of Ireland, courts and bodies as required by law or requested or to affiliates for internal investigations and reporting.

In any case where the ICAV shares your personal data with a third party data controller (including, as appropriate, the Administrator), the use by that third party of your personal data will be subject to the third party's own privacy policies. In the event that the Administrator acts as an independent data controller, its privacy policy may be accessed at <https://protect-eu.mimecast.com/s/SngfC4EySBvvoxtOdOEI?domain=northerntrust.com>.

International Transfer of Data

The disclosure of personal data to the third parties set out above will, to the extent necessary to perform the Services, involve the transfer of data to the USA and other jurisdictions outside the European Economic Area ("EEA") in accordance with the requirements of the GDPR. Such countries may not have the same data protection laws as your jurisdiction.

Where such countries are not recognised as having an adequate level of data protection by the European Commission, the ICAV has, or has authorised the Administrator as its agent, to put in place Standard Contractual Clauses with relevant parties to whom personal data will be transferred.

Please contact the Administrator for copies of the Standard Contractual Clauses that have been entered into on behalf of the ICAV by the ICAV and/or the Administrator and details of other safeguards that have been put in place.

Retention Period

The ICAV and the Administrator will retain your personal data for as long as required for the performance of the Services or for a longer period, depending on whether additional legal/regulatory obligations mandate that the ICAV retains your personal data.

Data Subject Rights

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

- Request access to your personal data (commonly known as a "data subject access request"). This enables you to receive a copy of the personal data we hold about you and to check that we are lawfully processing it.
- Request correction of the personal data that we hold about you. This enables you to have any incomplete or inaccurate information we hold about you corrected; Right to restrict the use of your personal data (in certain specific circumstances).
- Request erasure of your personal data. This enables you to ask us to delete or remove personal data where there is no good reason for us continuing to process it. You also have the right to ask us to delete or remove your personal

data where you have exercised your right to object to processing (see below); Right to object to processing of your personal data (in certain specific circumstances including in instances where we rely on our legitimate interests).

- Object to processing of your personal data where we are relying on a legitimate interest (or those of a third party) and there is something about your particular situation which makes you want to object to processing on this ground. You also have the right to object where we are processing your personal data for direct marketing purposes.
- Request the restriction of processing of your personal data. This enables you to ask us to suspend the processing of personal data about you, for example if you want us to establish its accuracy or the reason for processing it.
- Request the transfer of your personal data to another party.

We will respond to your request in writing, or orally if requested, as soon as practicable and in any event not more than within one month after of receipt of your request. In exceptional cases, we may extend this period by two months and we will tell you why. We may request proof of identification to verify your request. For more details in relation to your rights, including how to exercise them, please see our full privacy policy or contact us – refer to the “Contacting us” details below.

We may also seek your consent for the processing of your personal data for specific purposes. Where we do so, and where you give consent, you have the right to subsequently withdraw that consent at any time (by contacting us using the details below).

You have the right to lodge a complaint, if you consider that the processing of personal data relating to you carried out by the ICAV or its service providers infringes the GDPR:

- with the supervisory authority in the EU Member State of your habitual residence or place of work or in the place of the alleged infringement; or
- where you are, or represent, an Investor in a ICAV authorised in Ireland, with the Irish Data Protection Commission, contactable at 21 Fitzwilliam Square South, Dublin 2, D02 RD28, Ireland, or +353 (0)761 104 800.

Consequences of not Providing Required Data

Where the ICAV or the Administrator requires your personal data to comply with anti-money laundering or other legal and/or regulatory requirements, failure to provide this information means the ICAV may not be able to accept you as an investor in the ICAV and/or may be unable to process, or release your investment in the ICAV. This may result in the ICAV terminating its relationship with you. We will tell you when we ask for your information whether it is a statutory or contractual requirement to give us the information and the consequences of not providing this information.

How to contact us

If you have any questions about our use of your personal data, please contact us at compliance@atlasinfrastructure.com and +44 203 890 4709.