



EDMOND
DE ROTHSCHILD

IDENTIFICATION & VERIFICATION FORM

INDIVIDUALS

LEVEL OF CONFIDENTIALITY



EDMOND DE ROTHSCHILD, BOLD BUILDERS OF THE FUTURE.



1. INTRODUCTION

Acting as central administration on behalf of its clients (each a “Fund”), Edmond de Rothschild Asset Management (Luxembourg) is required to complete, under local applicable laws, particularly relating to the prevention of money laundering, Due Diligence duties on investors.

This Identification & Verification Form is aimed to identify and verify the identity of the investors as well as the source of the funds that are to be invested. The verification must be supported by relevant documentation and evidences.

This questionnaire collects the information usually required to comply with the regulatory requirements. As the information needed vary depending on the investor type and the assessed risk, **the list of information and documentation required in this form is non-exhaustive**. Following the receipt and verification of material, **Edmond de Rothschild Asset Management (Luxembourg) may request additional information**.

Subsequent subscriptions of shares/units/interests within the Fund(s) shall not require again the investor to provide Edmond de Rothschild Asset management (Luxembourg) with the identification documents to the extent that the investor’s situation has remained unchanged since the previous subscriptions.

Notwithstanding the foregoing, the investor may be requested to provide additional or updated identification documents from time to time pursuant to on-going due diligence requirements under relevant laws and regulations.

In case of delay or failure by the investor to provide the required documents, the application for shares or units subscription may not be accepted and in case of a shares or units redemption request, the payment of the redemption proceeds and/or distributions may not be processed. Neither the Fund(s) nor Edmond de Rothschild Asset management (Luxembourg) shall have any liability for delays or failure to process orders into the Fund(s) as a result of the account holder providing incomplete documentation.

In order to open your register account with Edmond de Rothschild Asset Management (Luxembourg), please fill in the following:

- ▶ My personal details
- ▶ My banking details
- ▶ My tax details
- ▶ My mandatory documentation
- ▶ My representation

Please first return this questionnaire and the relevant documents by email to CSMInvestors@bpere.eu.

After analysis of the documents, you will be contacted by Edmond de Rothschild Asset Management (Luxembourg), CSM Investors relations/Kyc analyst team, with the confirmation that the received package is complete or with a list of additional needed documents. You can then address all original/certified true copies by post mail to Edmond de Rothschild Asset Management Luxembourg, Investors Relations Department at 4, rue Robert Stumper, L-2557 Luxembourg.

IMPORTANT: Please be sure to complete all fields that are marked with an asterisk (* mandatory field) and fill in the form in **BLOCK CAPITALS**.



2. MY PERSONAL DETAILS

INVESTOR

Identity information

Last name*

Maiden name*

First name*

Birth country*

Birth place*

Birth date*

Passport No./ID card No.* Please indicate the document type.

☐ ID card / ☐ Passport:

Nationality*

Official national identification number*

Profession*

(if retired, please specify last profession or occupation before retirement) (if director, please specify the name of the entity)

RESIDENTIAL ADDRESS (PERMANENT RESIDENCE)

Street/No.* (P.O. Boxes are not permitted)

City*

Postal code*

Country*

CONTACT DETAILS

Telephone number (home)

Telephone number (mobile)*

Email*

INVESTOR CURRENT TOTAL ANNUAL INCOME

Select*

☐ < EUR 100,000

☐ EUR 100,000 to 250,000

☐ EUR 250,000 to 500,000

☐ EUR 500,000 to 1,000,000

☐ EUR 1,000,000 to 3,000,000

☐ > EUR 3,000,000

Main source(s) :



INVESTOR FINANCIAL SITUATION

Select*

Estimated range of your current wealth

- | | |
|---|--|
| <input type="checkbox"/> < EUR 100,000 | <input type="checkbox"/> EUR 100,000 to 1,000,000 |
| <input type="checkbox"/> EUR 1,000,000 to 3,000,000 | <input type="checkbox"/> EUR 3,000,000 to 5,000,000 |
| <input type="checkbox"/> EUR 5,000,000 to 10,000,000 | <input type="checkbox"/> EUR 10,000,000 to 20,000,000 |
| <input type="checkbox"/> EUR 20,000,000 to 50,000,000 | <input type="checkbox"/> EUR 50,000,000 to 100,000,000 |
| <input type="checkbox"/> > EUR 100,000,000 | |

INVESTOR SOURCE OF WEALTH

Which of the following sources made most of your wealth? *(You may select several options if relevant)*

Select*

TYPES OF SOURCES	Yes	No
	It does contribute Please indicate the box reflecting the relevant percentage of contribution to your total wealth**	It does not significantly contribute*
Remuneration from a professional activity	<input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P	<input type="checkbox"/>
Capital gains, dividends, unrealized gains from holding of shares in commercial companies	<input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P	<input type="checkbox"/>
Inheritance/donation	<input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P	<input type="checkbox"/>
Capital gains, renting revenues, unrealized gains from real estate properties	<input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P	<input type="checkbox"/>
Capital gains, income distributed, unrealized gains from investments in financial assets	<input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P	<input type="checkbox"/>
Others	<input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P	<input type="checkbox"/>

* "It does not significantly contribute" = Less than 30% of your total wealth

** 30% – 50% Ancillary (A), 50% – 70% Largely (L), > 70% Predominantly (P)

Where you selected L and P, please complete Appendix 1.



INVESTOR POLITICAL AND OTHER PUBLIC ACTIVITIES

Have you (or any of your first degree relatives) held a political office or exercised a public function over the last 12 month?

☐ No

☐ Yes

If yes, please describe:

If yes, do you (or your first degree relative(s)) still hold this political office or exercise this public function?

☐ Yes

☐ No

If no, please explain:

EXPECTED INVESTMENT AMOUNTS:

How much and at which frequency do you expect to invest? *(Please select one option on each line.)*

By transaction:	<input type="checkbox"/> Less than EUR 100,000 (or equivalent)	<input type="checkbox"/> Between EUR 100,000 and EUR 1,000,000 (or equivalent)	<input type="checkbox"/> Over EUR 1,000,000 (or equivalent)
Frequency:	<input type="checkbox"/> One-off	<input type="checkbox"/> At regular intervals Please specify:	<input type="checkbox"/> Irregularly Please specify:

IF THE INFORMATION IS PROVIDED BY A FINANCIAL PROFESSIONAL ON THE BEHALF OF THE INVESTOR

Name of the professional*

Represented by (and job title)*

Address*

Regulated by*

Relationship with you*



CO-INVESTOR

Identity information

You are acting as either*:

☐ Co-Investor of the joint account¹ or

☐ Co-Investor of the common account²

Last name*

Maiden name*

First name*

Birth country*

Birth place*

Birth date*

Passport No./ID card No.* *Please indicate the document type*

☐ ID card / ☐ Passport:

Nationality*

Official national identification number*

Profession*

(if retired, please specify last profession or occupation before retirement) (if director, please specify the name of the entity)

RESIDENTIAL ADDRESS (PERMANENT RESIDENCE)

Street/No.* (P.O. Boxes are not permitted)

City*

Postal code*

Country*

CONTACT DETAILS

Telephone number (home)

Telephone number (mobile)* Email*

¹ Bank account in the name of two or more natural persons (account owners) for which each account owner must sign the identification form and any attached document.

² Bank account in the name of two or more natural persons (account owners) for which at least one account owner must sign the identification form and any attached document.



INVESTOR CURRENT TOTAL ANNUAL INCOME

Select*

- | | | |
|---|---|---|
| <input type="checkbox"/> < EUR 100,000 | <input type="checkbox"/> EUR 100,000 to 250,000 | <input type="checkbox"/> EUR 250,000 to 500,000 |
| <input type="checkbox"/> EUR 500,000 to 1,000,000 | <input type="checkbox"/> EUR 1,000,000 to 3,000,000 | <input type="checkbox"/> > EUR 3,000,000 |

Main source(s) :



CO-INVESTOR FINANCIAL SITUATION

Select*

Estimated range of your current wealth

- | | |
|---|--|
| <input type="checkbox"/> < EUR 100,000 | <input type="checkbox"/> EUR 100,000 to 1,000,000 |
| <input type="checkbox"/> EUR 1,000,000 to 3,000,000 | <input type="checkbox"/> EUR 3,000,000 to 5,000,000 |
| <input type="checkbox"/> EUR 5,000,000 to 10,000,000 | <input checked="" type="checkbox"/> EUR 10,000,000 to 20,000,000 |
| <input type="checkbox"/> EUR 20,000,000 to 50,000,000 | <input type="checkbox"/> EUR 50,000,000 to 100,000,000 |
| <input type="checkbox"/> > EUR 100,000,000 | |

CO-INVESTOR SOURCE OF WEALTH

Which of the following sources made most of your wealth? *(You may select several options if relevant.)*

Select*

TYPES OF SOURCES	Yes	No
	It does contribute Please indicate the box reflecting the relevant percentage of contribution to your total wealth**	It does not significantly contribute*
Remuneration from a professional activity	<input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P	<input type="checkbox"/>
Capital gains, dividends, unrealized gains from holding of shares in commercial companies	<input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P	<input type="checkbox"/>
Inheritance/donation	<input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P	<input type="checkbox"/>
Capital gains, renting revenues, unrealized gains from real estate properties	<input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P	<input type="checkbox"/>
Capital gains, income distributed, unrealized gains from investments in financial assets	<input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P	<input type="checkbox"/>
Others	<input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> P	<input type="checkbox"/>

* "It does not significantly contribute" = Less than 30% of your total wealth

** 30% – 50% Ancillary (A), 50% – 70% Largely (L), > 70% Predominantly (P)

Where you selected L and P, please complete Appendix 1.



CO-INVESTOR POLITICAL AND OTHER PUBLIC ACTIVITIES

Have you (or any of your first degree relatives) held a political office or exercised a public function over the last 12 month?

☐ No

☐ Yes

If yes, please describe:

If yes, do you (or your first degree relative(s)) still hold this political office or exercise this public function?

☐ Yes

☐ No

If no, please explain:

IF THE INFORMATION IS PROVIDED BY A FINANCIAL PROFESSIONAL ON THE BEHALF OF THE CO-INVESTOR

Name of the professional*

Represented by (and job title)*

Address*

Regulated by*

Relationship with you*



GUARDIAN/LEGAL REPRESENTATIVE³

Identity information

First name*

Last name*

Birth country*

Birth place*

Birth date*

Passport No./ID card No.* *Please indicate the document type.*

☐ ID card / ☐ Passport:

Nationality*

Official national identification number*

Profession*

(if retired, please specify last profession or occupation before retirement) (if director, please specify the name of the entity)

RESIDENTIAL ADDRESS (PERMANENT RESIDENCE)

Street/No.* (P.O. Boxes are not permitted)

City*

Postal code*

Country*

CONTACT DETAILS

Telephone number (home)

Telephone number (mobile)* **Email***

Link with the account holder/co-holder

³ Person or legal entity who is legally responsible for the care and management of a person and/or his/her property to the extent that such person has been declared incompetent by a Court or is a minor in accordance with the Grand-duchy laws and regulations.



3. MY BANKING DETAILS

Please complete your bank details and ensure the bank account is in the name of the Investor, as we are not permitted to process third party payments. Redemption proceeds and distributions will be paid to the account below for any currency. Edmond de Rothschild Asset Management Luxembourg will be unable to open your account if standard payment instructions are not provided.

Bank account (* mandatory)

Bank name*

SWIFT/BIC* *(Bank Identification Code)*

Bank address*

Account holder(s)*

Please complete at least one of the following settlement currencies*

EUR payment

Account number/IBAN:

USD payment

Account number/IBAN:

GBP payment

Account number/IBAN:

Select either: JPY ☐ CHF ☐ HKD ☐

Account number/IBAN:

Note:

- In case of banking details changes, you must notify such a change prior to any instruction relating to a redemption and/or dividend payments. Otherwise, such payments will be transferred to the former banking details.
- The bank account details provided must be for an account held in the Investor's name. We cannot accept neither execute third party payments (payments to another party other than the Investor(s) are not permitted).
- Please provide only one bank account per currency.
- For additional payment instructions, please provide banking details on a separate document.



4. MANDATORY DOCUMENTATION

For compliance purposes, you are required to provide the following documentation:

- Certified Copy of a valid ID card/Passport*
- Proof of address (e.g. copy of a utility bill)
- Source of funds (for an investment above € 150 000), please provide a certified copy of the most appropriate supporting document(s): e.g. bank or portfolio statement (from your broker/bank), notary act, declaration by the payer, sale contract, income tax document.
- Source of wealth (for an investment above € 500 000)
- FATCA documentation (i.e. GIIIN or W9 Form, please refer to the section below).
- AEOI documentation (if applicable)

Please note that according to our analysis, Edmond de Rothschild Asset Management (Luxembourg) reserves the right to request any additional documentation.

* Document certification must be applied and dated by a National or Local Authority, a Police Office, a Post Office, a Notary, a recognized Financial Institution or regulated Financial Intermediary (provided it is submitted to Equivalent identification rules as those applied in Equivalent member countries).



5. MY TAX DETAILS

The Tax Regulations⁴ currently in force require the collection (via a specific self-certification) of additional information from Investors, such as the tax residency, the tax classifications and the citizenship status. You are legally required to complete and provide this tax form upon an account opening. Specific tax conditions can be found in the Fund's prospectus.

For any question regarding Tax Regulations, please contact your tax adviser or the competent tax authorities.

Please fill in all the appropriate sections below and if there is any change in circumstances, provide an updated self-certification including such changes within 30 (thirty) days following the said change of circumstances. You declare that the information provided is to the best of your knowledge and belief, accurate and complete.

A. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

For further information on this regulation (e.g. definitions), please go to the official website: <https://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA>.

Under FATCA, you are required to declare if you are a US PERSON⁵ or a Non-US PERSON. Please tick the box(es) as appropriate:

	Account Holder	Co-Holder
I am a US Person	<input type="checkbox"/>	<input type="checkbox"/>

Or:

	Account Holder	Co-Holder
I am not a US Person, and	<input type="checkbox"/>	<input type="checkbox"/>
I have no US Bank account(s)	<input type="checkbox"/>	<input type="checkbox"/>
I have no address within the US territory	<input type="checkbox"/>	<input type="checkbox"/>
I have no US phone or fax number	<input type="checkbox"/>	<input type="checkbox"/>
I have granted neither a power of attorney nor a signatory authority to a person with a US address	<input type="checkbox"/>	<input type="checkbox"/>
I am not born in the US	<input type="checkbox"/>	<input type="checkbox"/>

⁴ The term "Tax regulations" refers to regulations created to enable Automatic Exchange Of Information (AEOI). It is not limited but includes the Foreign Account Tax Compliance Act (FATCA) contained in the US Hire Act 2010 and the Common Reporting Standard (CRS) approved by the Organisation for Economic Co-operation and Development (OECD) Council on 15 July 2014 for automatic exchange of financial account information.

⁵ A US Person is defined as a natural person resident of the US, a corporation, partnership or other entity created or organized in or under US laws, or any person falling within the definition of the term US Person under Regulation S promulgated under the US Securities Act of 1933, as amended, or under Rule 4.7 under the US Commodity Exchange Act, as amended.



If you are a US PERSON, then you are required to provide Edmond de Rothschild Asset Management Luxembourg with a **W9 Form** duly filled out and signed in accordance with the principles of the US Tax laws.

If you are not a US PERSON:

- If you are not a US PERSON but you did not tick all the boxes above, then you are required to provide Edmond de Rothschild Asset Management Luxembourg with a **W8 form** duly filled and signed in accordance with the principles of the US Tax laws. (Please note that if you are born in the USA, you are also required to provide a US nationality renunciation certificate to attest your Non-US status. Should you not be in the capacity to provide a US nationality renunciation certificate, then you need to provide a W9 Form.)
- If you are not a US PERSON and you ticked ALL the boxes above, then you are not required to provide any further documentation for FATCA identification purposes.



B. AUTOMATIC EXCHANGE OF INFORMATION FOR THE COMMON REPORTING STANDARD (AEOI-CRS) UNDER THE ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT (OECD)

For further information on this regulation (e.g. the definitions), please go to the official website: <http://www.oecd.org/tax/automatic-exchange/>.

Tax residency and other information below is required for AEOI-CRS purposes. Please indicate the country in which you are resident for tax purposes as well as the associated Tax Identification Number (TIN):

	Account Holder	Co-Holder
Country of residence for tax purposes		
Tax Identification Number		
If the TIN is unavailable, please explain the reason:		

If you have additional tax residence country(ies), please provide:

- such additional tax residence country(ies) and TIN(s) on a separate sheet (duly signed, dated with the last and first names of the authorised signatory); and
- documentary evidence (e.g. certificate of residence, tax income document) for each additional country in which the individual is resident for tax purposes.

Account opening and subscriptions are not authorised if you do not provide the above mentioned tax information.

- ☐ **I acknowledge that the information contained in this Identification & Verification Form (and especially in this tax form and all other required tax information such as the account balance, the amount of revenue and sale proceeds paid or credited to the Financial Account) may be reported to the competent tax authorities, if required.**

6. PROTECTION OF PERSONAL DATA

The personal data collected in this form is processed by us as:

- **Processor (or sub-processor)** within the meaning of the *Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016, on the protection of natural persons with regard to the processing of personal data and on the free movement of such data ("GDPR")*: when we process this personal data (ultimately) on behalf of the Fund. Further information on personal data processing in the context of the investment in the Fund is provided in the Fund's personal data protection policy/notice; and/or
- **Controller** within the meaning of GDPR: when we process this personal data on our own behalf in the context of our activities. The conditions under which this data is processed by us as controller are detailed in our personal data protection charter which is available in several languages on the website www.edmond-de-rothschild.eu in the "your personal data" section. Further information thereon may also be obtained at the following email address: DPO-eu@edr.com. You are kindly requested to transmit this



charter to any relevant natural persons whose personal data could be processed by us as controller, such as (where applicable) your relatives, representatives, officers, attorneys, agents, contact persons, and/or any other related persons.

7. REPRESENTATION

You declare that:

- You have read and understood the terms of the latest prospectus of the Fund and you confirm that you meet the Fund's eligibility requirements; This representation applies for this and any subsequent investment by you in the Fund.
- This Identification & Verification Form has been filled in properly and all information provided is true and accurate.
- You understand and acknowledge that EDRAM compares signatures with the specimens held at its offices without having to proceed with a more detailed investigation. You confirm that, with the exception of legally binding regulations, EDRAM's obligations shall be limited to an obligation of means and EDRAM will only be liable in the case of gross misconduct. Once the signature complies at first glance with the specimen held at EDRAM offices, EDRAM shall not be held responsible for any direct or indirect losses, damages, costs, fees or any other liabilities caused by the fact that the signature on the instructions or declarations given to it is fraudulent. EDRAM can rely on the signature below without having to proceed with a more detailed investigation and decline all responsibility for any direct or indirect losses, damages, costs, fees or any other liabilities that could result from the absence of any legitimization or any undetected forgery.
- You are aware that EDRAM assumes no liability for failure to process an order as a result of incomplete or inaccurate information presented by you in this Identification & Verification Form.
- You understand and acknowledge that EDRAM shall not be liable for any losses, damages, costs, fees or any other liabilities which may be directly or indirectly caused by the lack of authenticity or validity of the authorisations which refer to you or third parties with the legal capacity to act on your behalf.
- You understand and acknowledge that EDRAM reserves the right to refuse to process an instruction from any person whose identity and permissions have not been sufficiently established in our eyes.
- You acknowledge and confirm that EDRAM shall not be responsible for any direct or indirect losses, damages, costs, fees or any other liabilities caused due to a change of your capacity or the capacity of third party's authorised to act on your behalf, unless EDRAM has received conclusive and documented prior reasonable written notice of such change.
- You acknowledge and confirm that you shall compensate and reimburse EDRAM for all complaints, claims, legal action, fees, expenses, damages, losses or other sums paid or responsibilities incurred by EDRAM resulting from the proper execution by it of an instruction on your part.
- You will immediately inform EDRAM of any change in the information provided in this Identification & Verification Form.
- You are duly authorised to sign this Identification & Verification Form.
- You authorise EDRAM to share your information with its delegate(s) and/or sub-contractor(s) and with any entity in the Edmond de Rothschild group.



- The source of funds and the source of wealth declared by You in this Identification & Verification Form does not derive from illegal activities as described under the recommendations issued by the Financial Action Task Force on Money Laundering (FATF).
- The assets/funds invested in the Fund do not or shall not directly or indirectly come from any unlawful or criminal activity and that the assets/funds invested in the Fund shall not be used in connection with money-laundering or terrorism financing purposes.
- The investment in the Fund is not originating from a tax fraud and shall not serve any purpose of tax fraud.
- You are aware of the tax obligations applying to you pursuant to your holding of shares/units in the Fund, and you will comply with the tax declaration obligations to the competent tax authority as imposed to You in your country of tax residency.
- You are aware that, within the context of your subscription in the Fund, your telephone conversations with EDRAM representatives' may be recorded.
- You are aware of your responsibility to comply with all applicable laws and regulations. It is therefore your responsibility to seek any assistance from qualified independent advisors as necessary.
- Any and all disputes resulting from this form are exclusively governed by applicable Luxembourg laws and shall exclusively be referred to the Luxembourg competent court.

Date and signature of the declarant:

Place:

Date:

Your signature:

Your name:

Please note that we, the Fund or the Agent may contact you for additional information if the form is filled out incorrectly or is incomplete.



8. APPENDIX 1

SOURCE OF WEALTH - SELF DECLARATION

SECTION 1: REMUNERATION FROM A PROFESSIONAL ACTIVITY

Type of profession:

Job title:

SECTION 2: MARKET VALUE, DIVIDENDS, UNREALIZED GAINS FROM HOLDING OF SHARES IN COMMERCIAL COMPANIES

Please fill in the following information only if you own more than 25% of the shareholding.

Name of company 1:

Address*

Percentage of ownership:

☐ 25% - 40%

☐ 40% - 60%

☐ 60% - 80%

☐ 80% - 100%

Name of company 2:

Address*

Percentage of ownership:

☐ 25% - 40%

☐ 40% - 60%

☐ 60% - 80%

☐ 80% - 100%

SECTION 3: INHERITANCE / DONATION

Date of donation:

Donor (name and link with the person):



SECTION 4: CAPITAL GAINS, RENTING REVENUES, UNREALIZED GAINS FROM REAL ESTATE PROPERTIES

Property type:

Holding period (from, to):

Location:

SECTION 5: CAPITAL GAINS, INCOME DISTRIBUTED, UNREALIZED GAINS FROM INVESTMENTS IN FINANCIAL ASSETS

Asset Class:

Holding period (from, to):

SECTION 6: OTHERS

Please provide concise explanation of your source of wealth if it is not included above:

Date and signature of the declarant:

Place:

Date:

Your signature:

Your name: