CHANGE OF BANK DETAILS FORM

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Please complete and send this form to FDS-Account-Maintenance@caceis.com.

After analysis of the documents, you will be contacted by CACEIS Bank Luxembourg Branch – KYC Team. The original documents must be sent to a dedicated mail address which will be communicated to you once the analysis and acceptance of the documentation received in copy has been confirmed.CACEIS Bank Luxembourg Branch acts as the processing agent of Edmond de Rothschild Asset Management (Luxembourg).

Contact details for individual investors

Edmond de Rothschild Asset Management (Luxembourg): **CSM@bpere.eu**

4, rue Robert Stumper – L-2557 Luxembourg

Swift: PRIBLULB – Fax: +352 2488 8617

Otherwise, please contact:
CACEIS: Tel +352 4767 5999 / **EDRAM-TA@caceis.com**

<u>IMPORTANT:</u> Please ensure completion of all fields that are marked with an asterisk (*mandatory field) and fill in the form in BLOCK CAPITALS.

ACCOUNT HOLDER IDENTIFICATION

Please provide your registrar account number at Edmond de Rothschild Asset Management Luxembourg (appearing on the contract note received when you have subscribed into the fund)*:

Name

Address

Postal code	**City**	**Country**

Telephone	**Fax**	**Email**

The proceeds of redemptions shall be paid into the bank account from which the subscription was paid. However, if this has changed, please indicate the new details below. This change will apply to forthcoming redemptions only if this form is received duly filled in 48 hours before the applicable redemption cut-off time.

NEW BANK DETAILS*:

CURRENCY

Account name

Account number

Name of bank

Swift code

Address

Postal code

City

Country

Intermediary bank involved in the payment

Swift code

Country

CURRENCY

Account name

Account number

Name of bank

Swift code

Address

Postal code

City

Country

Intermediary bank involved in the payment

Swift code

Country

CURRENCY

Account name

Account number

Name of bank

Swift code

Address

Postal code

City

Country

Intermediary bank involved in the payment

Swift code

Country

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.

REPRESENTATION

You declare and represent to us, Edmond de Rothschild Asset Management (Luxembourg), that:

- You have read and understood the terms of the latest prospectus of the Fund.
- You understand and acknowledge that we compare signatures with specimens held at our offices without having to proceed with a more detailed investigation. You confirm that, with the exception of legally binding regulations, our obligations shall be limited to an obligation of means and we are only liable in the case of gross misconduct.
- We assume no liability for failure to process an order as a result of incomplete or inaccurate information presented by you in this Form.

- You understand and acknowledge that we are not 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 acknowledge and confirm that we shall not be responsible for any direct or indirect losses, damages, costs, fees or any other liabilities caused in the event of my legal or third parties authorised to act on your behalf, provided that we have not received prior written notice of the fact.
- You acknowledge and confirm that you shall compensate and reimburse us for all complaints, claims, legal action, fees, expenses, damages, losses or other sums paid or responsibilities incurred by us resulting from the execution by us of an instruction on your part.
- You will immediately inform us of any change in the information provided in this Form.
- You are duly authorised to sign this Form.
- You are aware that, within the context of the change in reference, your telephone conversations with Edmond de Rothschild Asset Management (Luxembourg) representatives may be recorded.
- We reserve the right to refuse to process an instruction from any person whose identity and permissions have not been sufficiently established in our opinion.
- You understand and acknowledge that 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.
- 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.

As authorised signatory(ies) you hereby sign this Form

1st signatory*

Date

Place

Signature

First name

Last name

2nd signatory* *(if a second signatory)*

Date

Place

Signature

First name

Last name