# INVSTUR LLC INVESTOR APPLICATION FORM

APPLICATION FORM FOR A PRIVATE INVESTOR KINDLY FILL THE ENTIRE DOCUMENT IN BLOCK LETTERS MANDATORY FIELDS

SECTION A

# **INVESTOR INFORMATION**

An investor is the person who subscribes. All shareholder mailings will be sent to the address provided here.

## GENERAL INFORMATION ON INVESTOR (MANDATORY)

Residential Address (please note that "PO Box" and "Care of" are not accepted)

| Identification                  |                  |                    |        |                    |        | SU)    | 1               |         |  |
|---------------------------------|------------------|--------------------|--------|--------------------|--------|--------|-----------------|---------|--|
| Title                           | Mr               | Mrs Miss           |        |                    | SU     | ( 90)  |                 |         |  |
| Surname                         |                  |                    | 1      | First Name(s)      | 0      |        |                 |         |  |
| Date of birth                   |                  |                    | 1      | Minor              | Yes    | N      | 0               |         |  |
| Place of birth                  |                  |                    |        | Country of birth   |        |        |                 |         |  |
| Nationality                     |                  |                    | C      | Occupation         |        |        |                 |         |  |
| Sector of activity              |                  |                    | Е      | stimated annual ir | ncome  |        |                 |         |  |
| Origin of funds                 | Savings          | Inher              | itance | Sale of prop       | erties | 0      | ther:           |         |  |
| Street/No                       |                  |                    |        |                    |        |        |                 |         |  |
| Postcode                        | $\overline{}$    | City               |        |                    | C      | ountry |                 |         |  |
| Mailing Address (if di          | fferent from Res | sidential Address) |        |                    |        |        |                 |         |  |
| Street/No                       |                  |                    |        |                    |        |        |                 |         |  |
| Postcode                        |                  | City               |        |                    | С      | ountry |                 |         |  |
| Contact person Telephone Number |                  |                    |        |                    |        |        | Email II<br>Fax | )       |  |
| <b>Tax</b>                      |                  |                    |        |                    |        |        | Tax             |         |  |
| Tax identification n°           |                  |                    | Tax    | Residence count    | ry     |        |                 |         |  |
|                                 |                  |                    |        |                    |        |        |                 |         |  |
| Reporting language              |                  | English            | French | Germ               | nan    | It     | alian           | Spanish |  |
|                                 |                  | Norwegian          | Dutch  | Swed               | lish   | Ma     | ndarin          | Polish  |  |

| Reporting currency  | USD                              | E              | EUR             | GBP               |              |           |          |          |
|---|----------------------------------|----------------|-----------------|-------------------|--------------|-----------|----------|----------|
|   | NOK                              | P              | LN              | HUF               |              | Other:    |          |          |
| Reporting by fax  | Yes                              | No 1           | Fax number      |                   |              |           |          |          |
|   |                                  | 110            | r ux mamber     |                   |              |           |          |          |
| In case of dividends, payment s   |                                  | invested       |                 |                   |              |           |          |          |
| Paid to my bank   | Re                               | invested       |                 |                   |              |           |          |          |
| 2. GENERAL INFORMATION  | ON JOINT HOLDERS OF              | R GUARDIA      | N (IF APPLI     | CABLE)            |              |           |          |          |
| Identification  |                                  |                |                 |                   |              |           |          |          |
| Joint holder Guardian   |                                  |                |                 | Title             |              | Mr        | Mrs      | Miss     |
| Surname   |                                  |                | First Na        | me(s)             |              |           |          |          |
|   |                                  |                |                 |                   |              |           |          |          |
| Date of birth   |                                  |                | Minor           | Yes               | N            | 0         |          |          |
| Place of birth  |                                  |                | Country         | of birth          | 0            | 1         |          |          |
| Nationality   |                                  |                | Occupat         | ion               |              |           | 74       |          |
| Sector of activity  |                                  |                | Estimata        | d annual income   |              |           |          |          |
| Sector of activity  |                                  |                | Estillate       | u annuai income   |              |           |          |          |
| Origin of funds Sa  | avings                           | neritance      | Sa              | le of real estate | 0            | ther:     |          | <u> </u> |
| Residential Address (please note  | that a PO Boxo and a Care        | of° are not ac | ccepted)        |                   |              |           | .0       |          |
| Street/No   |                                  |                |                 |                   |              |           | * Ol     |          |
|   |                                  |                |                 |                   |              | - 60      | ) \      |          |
| Postcode  | City                             |                |                 |                   | Country      | 7( ,      |          |          |
| Contact details   |                                  |                | 1               |                   | 10           |           |          |          |
| Telephone number  |                                  |                | Fax nur         | nber              | 1 ,          |           |          |          |
| Contact person  |                                  |                | E-mail          | address           |              |           |          |          |
|   |                                  |                |                 | 10                |              |           |          |          |
| Political Exposed Persons  Political Mandate (PEPs*)                                    | Yes No                           |                | 111.            |                   |              |           |          |          |
| If a Yes Please detail the man  |                                  |                |                 |                   |              |           |          |          |
| Please note that in case of joint hol<br>Reporting will be sent to the Fir<br>st Applic | lders, all applicants will be co | onsidered as j | oint applicants | , but individual  | signatory po | wers app  | ly.      |          |
| Please note that in case of joint reg   |                                  |                | oint applicants | . but individual  | signatory p  | owers     |          |          |
| apply.  | 人                                |                |                 |                   |              |           |          |          |
| Investor payment instruction to   | be used for redemptions / d      | lividend payı  | ments (manda    | tory)             |              |           |          |          |
| Bank Name   |                                  |                |                 |                   |              |           |          |          |
| Street/No   |                                  |                |                 |                   |              |           |          |          |
| Postcode  |                                  | City           |                 |                   | С            | ountry    |          |          |
| BIC / SWIFT code  |                                  |                |                 |                   |              |           |          |          |
| and/or National Bank Code   | +                                |                |                 |                   |              |           |          |          |
| (ex: BLZ, sort code)  |                                  |                |                 |                   |              |           |          |          |
| Account Number (IBAN  |                                  |                |                 |                   |              |           |          |          |
| format mandatory when account currency is EUR)  |                                  |                |                 |                   |              |           |          |          |
| A   |                                  |                |                 |                   |              |           |          |          |
| Account Holder Name   | 1                                |                |                 |                   |              | Account ( | Jurrency |          |

| In case payment must l   | be made throu   | igh a correspondent    | bank, please     | provide the   | e following i | nformation:         |         |              |  |
|--|-----------------|------------------------|------------------|---------------|---------------|---------------------|---------|--------------|--|
| Bank Name  |                 |                        |                  |               |               |                     |         |              |  |
| Street/No  |                 |                        |                  |               |               |                     |         |              |  |
|  |                 |                        |                  |               |               |                     |         |              |  |
| Postcode   |                 |                        |                  |               | City          |                     |         | Country      |  |
| BIC / SWIFT code   |                 |                        |                  |               |               |                     |         |              |  |
| And/or National Bank<br>Code   |                 |                        |                  |               |               |                     |         |              |  |
|  | _               |                        |                  |               |               |                     |         |              |  |
| Account Number<br>(IBAN format<br>mandatory when<br>account currency is<br>EURO)               |                 |                        |                  |               |               |                     |         |              |  |
| Account Holder Name  |                 |                        |                  |               |               |                     | Accou   | ınt Currency |  |
| Account Holder Name  | e               |                        |                  |               |               |                     | Accol   | int Currency |  |
|  |                 |                        |                  |               |               |                     |         |              |  |
| SECTION B : INTERMEDIARY IN intermediary is the final LLC 1. General information intermediary) | ncial company   | through which the in   | vestor submits   | his applica   | tion form, be | efore sending it to | INVSTUR | ne           |  |
| Intermediary Name  |                 |                        |                  |               |               |                     |         | 70%          |  |
| Y. B. S.   | 000 411         | (1 (1                  |                  | 1,40          | o, ,          | , D                 | 1 . 51  | 7,           |  |
| Intermediary Registered Street/No  | Office Addres   | ss (please note that   | at "PO Box" a    | nd " Care o   | are not ac    | cepted)             | 00/     |              |  |
|  |                 |                        |                  |               |               |                     |         |              |  |
| Postcode   |                 |                        | City             |               |               | 7 /1/               | Country |              |  |
| Mailing Address (if diff<br>Street/No  | ferent from R   | legistered Office Ad   | dress)           |               | .10           | 2,                  |         |              |  |
| Successor  |                 |                        |                  |               | 4             |                     |         |              |  |
| Postcode   |                 |                        | City             |               |               |                     | Country |              |  |
| Testamon Promo Constant  | J-4-9-          |                        |                  |               |               |                     |         |              |  |
| Telephone number   | netans          |                        |                  |               | Fax nu        | ımber               |         |              |  |
|  |                 |                        |                  |               | P             | . 11                |         |              |  |
| Contact person   |                 | <del>U ) </del>        |                  |               | E-mail        | address             |         |              |  |
| Regulation   |                 | $\sim$                 |                  |               |               |                     |         |              |  |
| Is the intermediary reg  | gulated?        | Yes                    | No               |               |               |                     |         |              |  |
| If "Yes" Name of   | the regulatory  | body                   |                  |               |               |                     |         |              |  |
| Regulato   | or web site add | lress of the page show | ving the name of | of the interr | nediary       |                     |         |              |  |
| Signature section (man   | datory if inve  | stor submits his Ap    | plication Forn   | n through a   | an intermed   | iary)               |         |              |  |
| Intermediary Signatur  | e               |                        |                  |               |               |                     |         |              |  |
| Signatory Name   |                 |                        |                  |               |               |                     |         |              |  |

| Intermediary Stamp   |                                 |                           |              |            |         |      |  |  |  |
|--|---------------------------------|---------------------------|--------------|------------|---------|------|--|--|--|
| SECTION C FINAL BENEFICIARY INFORMATION The final beneficiary of the register is the person (or company) who has been listed in account as the next of kin, and has the economic benefit of the holdings.  1. Declaration of final beneficiary (mandatory)   |                                 |                           |              |            |         |      |  |  |  |
| Who has the economic benefit of the register? The investor Somebody else   |                                 |                           |              |            |         |      |  |  |  |
| Note: If one of the following cases applies to you, there is no requirement to complete the section below. Your financial intermediary is a company regulated in a low sensitive country (refer to the list below) Your financial intermediary has a parent company regulated in a low sensitive country, which controls the application of KYC / AML laws in its subsidiaries  If final beneficiary changes, the investor MUST inform INVSTUR, LLC of the new beneficial owners(s)  2. General information on the final beneficiary (mandatory if the final beneficiary is different from the investor) |                                 |                           |              |            |         |      |  |  |  |
| Title  | Mr Mrs Mis                      | ss                        |              |            |         |      |  |  |  |
| Surname  |                                 |                           | First Name(s |            |         | 1,10 |  |  |  |
| Date of birth  | Date of birth Minor Yes No      |                           |              |            |         |      |  |  |  |
| Place of birth   | Place of birth Country of birth |                           |              |            |         |      |  |  |  |
| Nationality  |                                 |                           | Occupation   | 10         |         |      |  |  |  |
| Sector of activity   |                                 |                           | Estimated an | nual incom | e       |      |  |  |  |
| Origin of funds  | Savings                         | Sale of real estate       |              | Other:     |         |      |  |  |  |
| Residential Address (please<br>Street/No   | e note that "PO Box" and "C     | Care of" are not accepted | l)           |            |         |      |  |  |  |
| Postcode   | Cit                             | v l                       |              |            | Country |      |  |  |  |
| Tostcode   | Cit                             | <u> </u>                  |              |            | Country |      |  |  |  |
| Contact Details  |                                 |                           |              |            |         |      |  |  |  |
| Telephone number Fax number  |                                 |                           |              |            |         |      |  |  |  |
| Contact person   | E-mail addr                     | ess                       |              |            |         |      |  |  |  |
| Political Exposed Persons  |                                 |                           |              |            |         |      |  |  |  |
| Political Mandate (PEPs*)  Yes  No   |                                 |                           |              |            |         |      |  |  |  |
| If "Yes" Please detail the mandate   |                                 |                           |              |            |         |      |  |  |  |
| Signature section (mandatory if the final beneficiary is different from the investor)  |                                 |                           |              |            |         |      |  |  |  |
| Final Beneficiary Signature  |                                 |                           |              |            |         |      |  |  |  |

### SECTION 4: DECLARATIONS AND SIGNATURE OF THE INVESTOR AND JOINT APPLICANTS

- I/We hereby confirm that the money or assets invested by me/us in the fund are neither directly nor indirectly the proceeds of any
  criminal act within the meaning of applicable Luxembourg law.
- 2. I/We understand and accept that the application is made on the basis of and subject to the Prospectus and the Articles of Incorporation or Management Regulations of the Fund amended from time to time and that my/our statements, instructions set out in this application form shall apply to such dealings, unless I/we otherwise notify the Fund in writing.
- I/We declare that we have received and read the latest version of the Prospectus and the latest annual audited report of the Fund and, as the case may be, the latest semi-annual financial report.
- 4. I/we acknowledge that, if I/we am/are not able to comply with this requirement, the subscription will not be refunded
- 5. I/We declare that I/we are over 18 years of age or in cases of application on behalf of investors less than 18 years of age, that I/we comply with the provisions set out in clause 5 of the Terms and Conditions.
- 6. I/We acknowledge and agree that the investor personal details will be held by the Transfer Agent and the Fund.
- 7. I/We acknowledge that this data may be subject to recording and various processing for subscriptions, redemptions and transfers.
- 8. I/We acknowledge that I/we have a permanent access to such data and the right to request relevant amendments of the data.
- 9. I/We declare to have read and agree to the Terms and Conditions.

Investor Signature

Investor Signature:

(or guardian signature in case of minor)

- 10. I/We hereby declare that the information contained in the Application Form is correct and I/we hereby undertake to inform the Fund of any change in my/our details contained herein.
- 11. Please note that in case of joint register, all applicants will be considered as joint applicants, but individual signatory powers apply.

| Joint Applicant Signature(s)  |  |   | 0  |  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|--|--|
| AUTHORISATION OF EXCHANGE OF INFORMATION  |  |   |  |  |  |  |  |  |  |  |
| The Act sets forth the principle that your broi<br>unless I prefer to pay this tax in my country of a<br>information system also set forth by the Direc<br>Minister of Finance or authorized representative   | esidence. In order to avoid being s<br>ive and the Act, and I agree to i | subject to deduction at nformation about me | source, I opt for the exchange of<br>being transmitted by you to the |  |  |  |  |  |  |  |
| Consequently, I the undersigned   | Consequently, I the undersigned  |   |  |  |  |  |  |  |  |  |
| Last name   |  |   |  |  |  |  |  |  |  |  |
| First names   |  |   |  |  |  |  |  |  |  |  |
| Date of birthCity of  | Birth  |   |  |  |  |  |  |  |  |  |
| Tax Identification number   |  |   |  |  |  |  |  |  |  |  |
| Holder of register(s) n°  |  |   |  |  |  |  |  |  |  |  |
| In which are recorded my shares in the investment funds for which the register of registered shareholders  a) Give express authorization as paying agent, under the terms and conditions of the Act, to communicate the following information to the Minister of Finance or his authorized representative:  - My first and last names and address* - The identification of any interest-bearing security held, as defined by the Act - The total amount of interest or revenue periodically received and referred to by the Act, and/or the total amount of proceeds from transfer, redemption, or repayment. |  |   |  |  |  |  |  |  |  |  |
| This authorization is given to you for an unspecified term. I may however terminate it at any time by simple written notification on my part. This termination will take effect 30 days after you receive it.  This authorization is governed by the laws. Any dispute related to interpretation, validity, or execution hereof shall be subject to the exclusive jurisdiction of the courts of the judicial district of Canada.  |  |   |  |  |  |  |  |  |  |  |
| Place   |  | Date  |  |  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |  |  |
| 1   |  | 1   | 1  |  |  |  |  |  |  |  |

# Anti-money laundering and counter-terrorism financing laws

Under anti-money laundering and counter-terrorism financing laws, we have obligations to address money laundering and terrorism financing risks. We reserve the right to request such information as is necessary to enable us to:

Comply with our obligations under relevant laws, including reporting relevant matters to appropriate authorities. Verify the identity of an investor and (if appropriate) any beneficial owner of the investor, and collect details such as

An investor's occupation (for individuals) or business activity (for companies/other entities) as well as investor's source of investment funds.

In the event of a delay or failure by the investor to produce any information required for verification purposes, we may refuse to accept an application. We may also refuse to process a transaction in relation to your investments, or delay or block or refuse a transaction, where we have reasonable grounds for believing that the transaction will breach relevant laws. By signing this Application form, you acknowledge, understand and agree that:

INVSTUR, LLC, may be required to carry out a procedure to verify your identity before processing your application and carrying out your investment instructions from time to time thereafter.

**INVSTUR, LLC,** may request or require additional personal or entity information in order to fulfill its legislative obligations, and failure by you to supply the required information in a timely manner may result in INVSTUR, LLC, being prevented by law from processing your application and carrying out your investment instructions, from time to time. Where the processing of your application or the carrying out your investment instructions is delayed or refused, INVSTUR, LLC, and its associated entities are not liable for any loss you may suffer (including consequential loss) howsoever caused in connection with our investment in a fund. Transactions may be delayed, blocked or refused where INVSTUR, LLC has reasonable grounds to believe that the transaction breaches relevant laws, including sanctions or the laws or sanctions of any other country.

Where transactions are delayed, blocked or refused, INVSTUR, LLC is not liable for any loss you may suffer (including consequential loss) howsoever caused in connection with our investment in the fund.

INVSTUR, LLC, has certain reporting obligations under anti -money laundering and counter-terrorism financing laws, including the reporting of 'suspicious matters' to the relevant authority, and that the laws may prevent INVSTUR, LLC, from informing you that any such reporting has taken place.

Where legally obliged to do so, INVSTUR, LLC may disclose the information gathered to regulatory and/or law enforcement agencies, when they requested for it.

By submitting this form, you:

- **Declaration** (I) confirm that you have provided your tax residency status, including all countries in which you are a tax resident and the respective TIN:
- (ii) Confirm you will advise INVSTUR, LLC within 30 days of any change in circumstances which affect your tax residency status;
- (iii) Confirm you are not a politically exposed person;
- (iv) Declare that you received an electronic or paper copy before or at the same time as you received this Application form and have read and understood the relevant fund(s) to which this Application form relates;
- (v) Agree to be bound by the terms and conditions of this Application form and the terms of the constitution of the relevant fund(s) in which you are invested (as amended from time to time);
- (vi) Have received and accepted this offer.
- (vii) Acknowledge that **INVSTUR**, **LLC** reserves the right to accept or reject this application in whole or in part for any reason
- (viii) Confirm that you are 18 years of age or over (for individual or joint investors);
- (ix) Confirm that you have the legal power and are duly authorized to make this application;
- (x) Confirm that the Annual Financial Reports for the fund(s) in which you invested will be delivered.
- (xii) Confirm that your financial adviser will receive information about your investments, where you have expressly agreed on. (xiii) Confirm that you have read the privacy information in the terms and conditions and consent to the collection, use, storage and disclosure of your personal information as described in this form.
- (xiiii) confirm that you acknowledge, understand and agree to the matters set out in the anti-money laundering and counterterrorism financing laws;
- (xvi) Acknowledge that INVSTUR, LLC make any representation as to the performance of, or the rate of income or capital return from, or recovery of money invested in, a fund