

# NEW MILLENNIUM SICAV

A Collective Investment Fund, organized under the laws of the Grand Duchy of Luxembourg

## Application form

*Please complete this application form in capital letter, date it and send it first by fax then by post, together with all relevant documentation requested under section 2, 3, 10 and/or 11, to the following address:*

Registrar and Transfer Agent

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State Street Bank Luxembourg S.A.  
Attention: IFDSL Registration Team  
49, Avenue J.F. Kennedy  
L-1855 Luxembourg

Fax number: (+352) (0) 24 52 9038

*This Subscription Form should be read in conjunction with the most recent consolidated Prospectus of the Company, including any Addendum relating to the relevant Portfolio.*

## 1. REGISTRATION DETAILS

If you are an existing shareholder/unit holder please provide us with your Account Number (if known):

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### A. INDIVIDUAL INVESTOR

#### 1<sup>st</sup> Account Holder

Title							
Last name/Family Name							
First name(s)/Given name(s)							
Gender	<input type="checkbox"/> M			<input type="checkbox"/> F			
Date of birth	d	d	m	m	y	y	y
Place of birth (city & country)							
Nationality							
Professional activity <i>(Please specify position and domain of activity /employer)</i>							
If you hold or have held any political or public function, or if you are an immediate relative of a person that holds or has held any political or public function, please tick this box <input type="checkbox"/>							
Source of funds invested							
<input type="checkbox"/> Inheritance		<input type="checkbox"/> Gift		<input type="checkbox"/> Sale of Business			
<input type="checkbox"/> Savings		<input type="checkbox"/> Pension		<input type="checkbox"/> Investment income			
<input type="checkbox"/> Sale of assets (please specify)							
<input type="checkbox"/> Other (please specify)							
<i>Further supporting documentation may be requested if deemed necessary to verify the above information.</i>							
Tax ID number (if available)							
Passport/National ID number							
Country of Residence for Tax Purposes							
Address (PO Box & C/O address are not allowed)							
Telephone							
Fax							
Email							

#### Mailing Address:

Address							
<b>Contact person for daily business</b>							
Title							
Name							
Telephone							
Fax							
Email							

## 2<sup>nd</sup> Account Holder

Title							
Last name/Family Name							
First name(s)/Given name(s)							
Gender	<input type="checkbox"/> M			<input type="checkbox"/> F			
Date of birth	d	d	m	m	y	y	y
Place of birth (city & country)							
Nationality							
Professional activity <i>(Please specify position and domain of activity /employer)</i>							
If you hold or have held any political or public function, or if you are an immediate relative of a person that holds or has held any political or public function, please tick this box <input type="checkbox"/>							
Source of funds invested							
<input type="checkbox"/> Inheritance	<input type="checkbox"/> Gift			<input type="checkbox"/> Sale of Business			
<input type="checkbox"/> Savings	<input type="checkbox"/> Pension			<input type="checkbox"/> Investment income			
<input type="checkbox"/> Sale of assets (please specify)							
<input type="checkbox"/> Other (please specify)							
<i>Further supporting documentation may be requested if deemed necessary to verify the above information.</i>							
Tax ID number (if available)							
Passport/National ID number							
Country of Residence for Tax Purposes							
Address (PO Box & C/O address are not allowed)							
Telephone							
Fax							
Email							

### Mailing Address:

Address							
<b>Contact person for daily business</b>							
Title							
Name							
Telephone							
Fax							
Email							

**For additional account holder(s), please complete Addendum A.**

**B. CORPORATE INVESTOR**

Full Company Name	
Date of Incorporation	
Type of Company <input type="checkbox"/> Corporation <input type="checkbox"/> Insurance <input type="checkbox"/> Broker <input type="checkbox"/> Financial Institution <input type="checkbox"/> Other (please specify)	
Regulated in a country with requirements of anti-money laundering and counter-terrorism financing (AML-CTF) regulations equivalent to Luxembourg <input type="checkbox"/> no <input type="checkbox"/> yes, by Listed on an recognized Stock Exchange (which country applies AML-CTF regulations equivalent to Luxembourg) <input type="checkbox"/> no <input type="checkbox"/> yes, by	
Tax identification number (if applicable)	
Country of residence for tax purposes (if applicable)	

**Registered Address**

Address (no PO Box allowed)	
Telephone	
Fax	
Email	
Internet site	

**Mailing Address & Contact**

Address	
<b>Contact person for daily business</b>	
Title	
Name	
Telephone	
Fax	
Email	

**2. THE INVESTMENT IS MADE**

Please tick one of the following boxes to confirm whether you invest for your own account or on behalf of another person

On my/our own behalf	<input type="checkbox"/>
On behalf of a Third Party (if investing on behalf of a Third Party, please complete hereinafter section 2.1 with the appropriate details)	<input type="checkbox"/>

**2.1. Ultimate Economic Beneficiary Declaration**

(If the investor is a regulated financial institution in a country with AML regulations equivalent to Luxembourg or covered by a KYC/AML comfort letter from a parent company that is a financial institution regulated in a country with AML regulations equivalent to Luxembourg, please proceed to the next section)

An ultimate economic beneficiary is the final beneficiary of the investment and who owns, directly or indirectly, more than 25% of the value of the shares/units subscribed.

Important: In case of indirect ownership, please describe on a dated and signed chart all the intermediate levels of ownership with names and percentages.

I/we declare that the final beneficiary of my/our investment is:

Last name/ Family name								
First name(s)/ Given name(s)								
Date of birth	d	d	m	m	y	y	y	y

*Please enclose a certified true copy of the ID of the above-referenced individual.*

***If you invest on behalf of more than one ultimate economic beneficiary, please indicate his/her/their full details on a separate sheet and send the related certified ID(s) along with this application form.***

**3. IF YOU ARE APPLYING VIA A FINANCIAL ADVISOR/DEALER**

If you invest through a financial advisor or dealer, please have it complete and sign the below section accordingly.

If you are applying directly, please skip this section and go to section 4.

a) I/We certify that the identity of the above named investor(s) has/have been verified by me/us in accordance with the requirements of AML-CTF regulations in place in Luxembourg or in countries with AML-CTF regulations equivalent to Luxembourg	
b) I/We further declare that the documentary evidence to support the identification is held by me/us and can be produced on demand.	
Name of financial advisor/dealer	
Stamp (containing Registered address of financial advisor/ dealer)	
Name of regulatory body (if any)	
Country of regulatory body	
Signature of financial advisor/dealer	
Date	

**IMPORTANT NOTE TO THE ATTENTION OF THE FINANCIAL ADVISOR/DEALER: \***

*In order to act as intermediary for the Fund, please contact [name of Management Company] [contact details of Management Company] and ensure you sign a dealer/intermediary agreement with the Fund accordingly.*

*In addition, please send together with this application form and related documentation for the shareholder the following documents for your entity/company:*

- *an original self-certified authorized signatories list with signature specimen stating who will operate the account, current and dated on company letterhead, not more than one year old*
- *a proof of regulation by a competent national supervisory authority*

*\* Please note that the Company and/or its appointed Transfer Agent (State Street Bank Luxembourg S.A.) reserve the right to ask for complementary identification documents upon receipt of the above documentation*

**4. VALUATION DAY (TRADE DATE)**

Please indicate below the valuation day you would like to apply to your investment.

Note: Acceptance of applications received after the cut-off time of xx.xx am/pm CET of the requested valuation day will be deferred until the next valuation day.

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**5. INVESTMENT DETAILS**

Please enter your investment details below.

Note: Minimum holdings in any sub-fund are as set out in the current version of the Prospectus.

Fund Name(s)	Class	Amount A comma (,) is used as separator for thousand and a dot (.) is used as a separator for decimals	Shares/Units A comma (,) is used as separator for thousand and a dot (.) is used as a separator for decimals	ISIN

**6. DIVIDENDS**

Dividends, if declared, will be reinvested automatically in additional shares of the same class of the relevant sub-funds unless you indicate otherwise by ticking this box:

*If dividend payments are requested, they will be credited directly to your bank account. Please ensure you have completed your bank details in section 9*

*If you wish to receive dividend payments on a different bank account, please indicate your complete dividend banking details on a separate page and sign those accordingly.*

**7. SUBSCRIPTION PAYMENT DETAILS**

**(Please use the following banking details to pay your subscription)**

*The subscription price in [EUR] for all [EUR] Funds will be paid in favor of [Name of Fund] to:*

Currency	Bank details
<b>EUR</b>	Bank: Bank of America N.A., neue Mainzer Strasse 52 SWIFT: BOFADEFX IBAN: DE13 5001 0900 0019 3030 12 For Credit To: NEW MILLENNIUM SICAV Account #: 19303012

**8. SUBSCRIPTION PAYMENT DETAILS (Please indicate where the money will be wired from)**

*The subscription payment MUST come from a Bank account in the name of the registered shareholder/unit holder account only. The subscription payment will be done within 5 business days after the relevant trade date.*

Bank Name	
Bank Address	
BIC / SWIFT	
Account Name	
Account Number	
IBAN Number	

**9. APPLICANT REDEMPTION BANK DETAILS**

**(Please indicate where you wish to receive the proceeds of your redemption / dividend)**

*Please note that all payments will be made in the name of the registered shareholder/unit holder only, no third party payment will be effected. Any omission to complete these details for redemption request could result in late or non-payment of redemption proceeds.*

Bank Name	
Bank Address	
BIC / SWIFT	
Account Name	
Account Number	
IBAN Number	



**10. IDENTIFICATION FOR INDIVIDUAL INVESTORS**

*Originals or certified copies of all the following documents in or translated into English, German or French must be attached to this Application Form. All translations or copies are to be certified in English, German or French as a true translation or copy by one of the following competent Authorities: Embassy, Consulate, Solicitor, Licensed Lawyer, Notary (Empowered Public Authority) or bank regulated in a jurisdiction which has implemented AML/KYC regulations equivalent to Luxembourg standards. The certification must show the official stamp of the competent Authority, the persons' name and signature, date and where possible their position.*

- Original application form completed, dated and signed
- Certified true copy of an official identification card or passport, or
- Certified true copy of a driver's license, or
- Certified true copy of any equivalent legal identification document

*Please note that the identification document must feature a photograph, date of birth, signature and full name of the Applicant and be valid at the time of the application.*

**11. IDENTIFICATION FOR CORPORATE INVESTORS**

*Originals or certified copies of all the following documents in or translated into English, German or French must be attached to this Application Form. All translations or copies are to be certified in English, German or French as a true translation or copy by one of the following competent Authorities: Embassy, Consulate, Solicitor, Licensed Lawyer, Notary (empowered Public Authority) or bank regulated in a jurisdiction which has implemented AML/CTF regulations equivalent to Luxembourg standards. The certification must show the official stamp of the competent Authority, the persons' name and signature, date and where possible their position.*

A. You are a regulated and/or listed entity in a jurisdiction which has implemented AML-CTF regulations equivalent to Luxembourg\*

- Original application form completed, dated and signed
- Original self-certified authorized signatories list with signature specimen stating who will operate the account, current and dated on company letterhead, not more than one year old
- Proof of regulation by a competent national supervisory authority or proof of listing on a recognized Stock Exchange

B. You are a entity covered by a comfort letter from a regulated mother company in a jurisdiction which has implemented AML-CTF regulations equivalent to Luxembourg\*

- Original application form completed, dated and signed
- Original or certified true comfort letter completed, dated and signed by your mother company
- Original self-certified authorized signatories list with signature specimen stating who will operate the account, current and dated on company letterhead, not more than one year old
- Proof of regulation by a competent national supervisory authority or proof of listing on a recognized Stock Exchange of your mother company

C. You are a non-regulated and non-listed entity\*

- Original application form completed, dated and signed
- Certified true copy of articles of incorporation or equivalent constitutive documentation of the entity
- Certified true copy of extract of commercial register or certificate of incorporation
- Original or certified true copy of latest annual audited report or financial statements describing the nature and purpose of the business of the entity
- Original self-certified authorized signatories list with signature specimen stating who will operate the account, current and dated on company letterhead, not more than one year old
- List of Company Representatives/Board of Directors and their certified true copy of IDs (or as a minimum certified true copy of IDs of authorized signatories)
- List of shareholders and certified true copy of IDs of those owning more than 25% of the shareholders' capital

**\* Please note that the Company and/or its appointed Transfer Agent (State Street Bank Luxembourg S.A.) reserve the right to ask for complementary identification documents upon receipt of this application form.**

**12. PROTECTION AGAINST MONEY LAUNDERING/TERRORISM FINANCING**

Pursuant to the Luxembourg legal framework on countering money laundering and the financing of terrorism, the central administration of the Company and/or its appointed Transfer Agent (State Street Bank Luxembourg S.A.) may inquire for more details concerning the financial institutions from which the transfer payments are to be made. If such financial institution is not

based in a jurisdiction which has implemented AML-CTF regulations equivalent to Luxembourg, the central administration of the Company and its service providers may also ask you for complementary documents (duly certified by the local authorities of your country of residence) in order to verify the facts listed in this application form. If you are not able to provide the required details or other necessary documents, the central administration of the Company will refuse the subscription.

### 13. DECLARATION

The Undersigned declare(s) that he/she/they is/are aware that:

- Subscriptions received by the Company on the transaction date no later than the cut-off time stated in the prospectus shall be treated at the issue price calculated on that same day.
- This contract will be legally binding when it is signed and the sums paid to the Fund are received.
- Correspondence will be sent to our correspondence address noted above unless otherwise notified by us in writing from time to time.
- If more than one investor applies, all investors must sign this application form.

In this case, please select one of the following options:

1) Joint Account

Each holder shall individually dispose of the assets in the joint account. In the case of death or incapacity of one of the investors, the surviving investor(s) may continue to freely dispose of the assets in the joint account, unless formal opposition to the contrary from the parties authorised to represent the deceased or incapacitated investor's estate has been received by State Street Bank Luxembourg S.A.

Or

2) Collective Account

The investors shall only have the right to deal collectively in all matters concerning the collective account.

In case no box is ticked, option 2 will default.

- If the subscription is not for the benefit of the named shareowner of the account, State Street Bank Luxembourg S.A. needs to be provided with the necessary "Know Your Customer" documentation for the economic beneficiary of the investment.

The Undersigned declare(s) that he/she/they:

- is/are NOT a United States Person {hereinafter a U.S. Person} (as such expression is defined in the Prospectus) and that this application is not made for, or on behalf of a U.S. Person or a person who is deemed to be a U.S. Person under the U.S. Investment Company Act of 1940, as amended.
- will notify the Fund and the Administrator, State Street Bank Luxembourg S.A. immediately in the event that he/she/they become(s) a U.S. Person or a person who is deemed to be a U.S. Person under the U.S. Investment Company Act of 1940, as amended.

### 14. INDEMNITY CLAUSE – PERSONAL DATA, PROCESSING AND DISCLOSING OF DATA

#### 1. Indemnity Clause

All investors will hold harmless and indemnify the Fund, Management Company, Custodian, Sub-Distributors and Transfer Agent of the Fund in relation to any actions, proceedings, claims, losses, damages, costs and expenses which may be brought against, suffered or incurred either directly or indirectly out of or in connection with the operation of the investor unless due to fraud, the willful misconduct or gross negligence of the Transfer Agent. The indemnity is governed by and shall be interpreted in accordance with Luxembourg law. The courts of the Grand-Duchy of Luxembourg will have exclusive jurisdiction of all disputes arising from this indemnity.

#### 2. Personal Data, Processing and Disclosing of Data

##### 2.1. Processing of Personal Data

Investors are informed that their personal data will be processed by [Name of the Fund], its management company [Name of the Management Company], Transfer Agent and/or Custodian and their agents or delegates (as appropriate) for the purpose of carrying out their required services as prescribed by law. [Name of the Fund], its management company [Name of the Management Company], Transfer Agent and/or Custodian will take steps to ensure that all personal data in relation to investors is recorded accurately and maintained in a secure and confidential format. Such data will be retained only as long as necessary or in accordance with applicable laws.

Data will only be used for the purpose for which it was collected, unless the consent of the investor is obtained for its use for a different purpose. Investors may be entitled to request access to or the correction of any data supplied by them, in the manner and subject to the limitations prescribed in applicable legislation.

## 2.2. Disclosure of Data

Transfer Agent and/or Custodian may delegate the processing of the Personal Data to one or several of their agents or delegates which are located in or outside the European Union. The investor hereby consents to the processing of his/her/their information and the disclosure of his/her/their information to (i) agents or delegates of the Transfer Agent and/or Custodian, which may be based in countries where privacy laws do not exist or provide less protection than the laws in the EU; or (ii) when required by applicable law or regulation.

**15. SIGNATURES**

The Undersigned declare(s) that he/she/they is/are duly authorized to sign the present subscription form and that he/she/they has/have received a copy of the Prospectus (and where relevant a current Annual or Semi-Annual Report) which he/she/they accept(s) in full.

He/she/they further declare(s) that all information contained in this application form is accurate to the best of their knowledge and belief.

The undersigned declares that he/she/they has/have accessed and/or been provided with, and has/have read and understood, the latest relevant version of the Key Investor Information Document ("KIID") on each occasion prior to investing in New Millennium SICAV, in accordance with EU Directive 2009/65/EC of the European Parliament and of the Council of 13 July 2009 ("UCITS IV Directive") on the coordination of laws, regulations and administrative provisions relating to undertakings for collective investment in transferable securities ("UCITS").

The KIID and can be accessed on [www.newmillenniumsicav.com](http://www.newmillenniumsicav.com), can be obtained free of charge from the Registrar and Transfer Agent, or can be requested to the following email address: [info@newmillenniumsicav.com](mailto:info@newmillenniumsicav.com).

Since the Transfer Agent has not the confirmation from the Investor that relevant KIID has been obtained by the Investor, the Transfer Agent cannot process the order.

Location and date:

Investor's name	Signature
Investor's name	Signature

**16. European Union Savings Directive (if applicable)**

The European Union Savings Directive 2003/48/CE (hereinafter EUSD) introduced a withholding tax on savings income in the form of interest payments made to individuals residents for tax purposes in another EU Member State.

By completing this EUSD Section, each Beneficial Owner certifies the following:

- (a) I/we hereby certify that all information provided by myself in connection with the EU Savings Tax Directive is true and correct as of the signature date.
- (b) I/we will notify State Street Bank Luxembourg S.A. as Paying Agent immediately in case of any modifications with regard to the information data provided herein.
- (c) I/we further recognize that Luxembourg has opted by default for the Withholding Tax Regime. In case I/we would like to opt for another option, such as Exchange of Information or Certificate of disclosure, I/we agree to pre-advise State Street Bank Luxembourg S.A. and to provide the required documents.
- (d) I/we acknowledge that in the absence of the required documents, State Street Bank Luxembourg S.A. will apply the Withholding Tax by default.

**If you fall into the scope of the EUSD, please select one of the following tax options and date and sign this additional section accordingly:**

- Withholding Tax (by default)
- Exchange of Information (if you select this option, please sign section 15.1 below)
- Certificate of Disclosure (if you select this option, please send your certificate (available from your tax authorities) to State Street Bank Luxembourg S.A., Attention: TA Registration Team, 49, Avenue J.F. Kennedy, L-1855 Luxembourg)

**15.1 Authorization for exchange of information:**

The beneficial owner(s), or where appropriate his (her) (their) legal representative(s), or any other person duly empowered to represent the holder(s) and beneficial owner(s) hereby give an explicit mandate to State Street Bank Luxembourg S.A. (hereinafter referred to as "the Disclosing Person"), acting as paying agent according to the definition contained in Article 4 of Council Directive 2003/48/EC, to disclose the following information to the Luxembourg Ministry of Finance or its authorized delegates:

- Surname(s), first name(s), address(es), date(s) and place(s) of birth, tax identification number(s) and country(ies) of residence of the beneficial owner(s) (hereinafter, the "personal information").
- Nature and total amount of taxable interest income in relation to the payment of redemptions and/or dividends.
- Any information whose notification is required within the framework of an exchange of information in application of the Luxembourg legislation transposing the Directive 2003/48/CE.

All this information shall be disclosed by the Disclosing Person to the Luxembourg Ministry of Finance or its authorized delegates who shall communicate it to the competent authorities of the beneficial owner's country of residence in an automatic manner at least once a year and at the latest on the 30 June following the end of a given calendar year. The information disclosed will be used for tax purposes.

The beneficial owner(s), or his (her) (their) legal representative(s), or any other person duly empowered to represent the holder(s) and beneficial owner(s) is honour bound to inform the Disclosing Person by mail of any change in the "personal information" as soon as it occurs.

This explicit mandate shall take effect from the date of its receipt by the Disclosing Person. The exchange of information shall be applied by the Disclosing Person within 10 working days from the date of receipt of this authorisation and shall only apply to those transactions effected after the implementation of the exchange of information. No exchange of information will take place until the provisions of the Luxembourg legislation transposing the aforementioned Council Directive take effect.

This explicit mandate is valid for an unlimited period of time and until the Disclosing Person receives a cancellation in writing from the (joint) holder(s) and/or the beneficial owner(s), or where appropriate from his (her) (their) legal representative(s), or any other person duly empowered to represent the holder(s) and beneficial owner(s). In the event of written cancellation, the Disclosing Person shall have a period of 30 working days from receipt to apply the new option chosen. In the absence of any particular specification, the Disclosing Person shall by default apply the option of withholding tax.

This explicit mandate is governed by Luxembourg law and shall be interpreted in accordance therewith. Any dispute arising from or in relation to the authorisation shall be subject to the exclusive competence of the courts of the City of Luxembourg.

**Location and date:**

**Beneficial Owner Name & Signature:**

**Beneficial Owner Name & Signature:**