

## Beneficial Ownership of Funds Statement

In accordance with Luxembourg laws and regulations related to the fight against money laundering and financing of terrorism, the undersigned declare(s) being the final economic beneficiary(ies) of the account, and undertake to notify the Bank without delay of any change in this respect.

**Portfolio Number**

**Customer Name**

Title

First name

Last name

Date of birth

City of birth

Country of birth

Civil status

Nationality

Second nationality (in case of dual citizenship)

Permanent address (*not an office or P.O. box*)

Postal code

City

Country

If country of tax residence is different from permanent address, please specify.

Tax ID number

Phone

Mobile phone

Work phone

Fax

E-mail

Profession/Job title (if retired please indicate former profession)

Ownership percentage (in case of joint ownership)

Additional personal information:

**Do you qualify as a "US person"? (please check at least one box)**

☐ No, I don't qualify as "US person"

☐ US citizen

☐ US resident

☐ US birthplace

☐ US person, due to dual citizenship

☐ US tax payer for any other reason (e.g. substantial presence test) - green card holder.

US Tin ID number or Social Security Number

**Politically exposed person (PEP)**

Do you have, or have you had, a senior political mandate or a senior position in the public sector?

☐ Yes ☐ No

If yes, please specify which country and position:

Do any close family members have or have had a senior political mandate or a senior position in the public sector?

☐ Yes ☐ No

If yes, please specify which country and position:

- DNB Luxembourg S.A.

**Insider information**

Do you have access to privileged financial information (inside information), e.g. due to your profession or relationships, or are you subject to any investment restrictions?

☐ Yes ☐ No

If yes, please specify the name(s) of the company (companies) and your position:

**Additional beneficial owner (2)**

Title	<input type="text"/>	First name	<input type="text"/>
Last name	<input type="text"/>	Date of birth	<input type="text"/>
City of birth	<input type="text"/>	Country of birth	<input type="text"/>
Civil status	<input type="text"/>	Nationality	<input type="text"/>
Second nationality (in case of dual citizenship)	<input type="text"/>		
Permanent address ( <i>not an office or P.O. box</i> )	<input type="text"/>		
Postal code	<input type="text"/>	City	<input type="text"/>
Country	<input type="text"/>		
If country of tax residence is different from permanent address, please specify. <input type="text"/>			
Tax ID number	<input type="text"/>		
Phone	<input type="text"/>	Mobile phone	<input type="text"/>
Work phone	<input type="text"/>	Fax	<input type="text"/>
E-mail	<input type="text"/>		
Profession/Job title (if retired please indicate former profession)	<input type="text"/>		
Ownership percentage (in case of joint ownership)	<input type="text"/>		

Additional personal information:

**Do you qualify as a "US person"?** (*please check at least one box*)

- ☐ No, I don't qualify as "US person"
- ☐ US citizen ☐ US resident ☐ US birthplace
- ☐ US person, due to dual citizenship
- ☐ US tax payer for any other reason (e.g. substantial presence test) - green card holder.

US Tin ID number or Social Security Number

**Politically exposed person (PEP)**

Do you have, or have you had, a senior political mandate or a senior position in the public sector?

☐ Yes ☐ No

If yes, please specify which country and position:

Do any close family members have or have had a senior political mandate or a senior position in the public sector?

☐ Yes ☐ No

If yes, please specify which country and position:

**Insider information**

Do you have access to privileged financial information (inside information), e.g. due to your profession or relationships, or are you subject to any investment restrictions?

☐ Yes ☐ No

If yes, please specify the name(s) of the company (companies) and your position:

**Additional beneficial owner (3)**

Title	<input type="text"/>	First name	<input type="text"/>
Last name	<input type="text"/>	Date of birth	<input type="text"/>
City of birth	<input type="text"/>	Country of birth	<input type="text"/>
Civil status	<input type="text"/>	Nationality	<input type="text"/>
Second nationality (in case of dual citizenship)	<input type="text"/>		
Permanent address ( <i>not an office or P.O. box</i> )	<input type="text"/>		
Postal code	<input type="text"/>	City	<input type="text"/>
Country	<input type="text"/>		
If country of tax residence is different from permanent address, please specify. <input type="text"/>			
Tax ID number	<input type="text"/>		
Phone	<input type="text"/>	Mobile phone	<input type="text"/>
Work phone	<input type="text"/>	Fax	<input type="text"/>
E-mail	<input type="text"/>		
Profession/Job title (if retired please indicate former profession)	<input type="text"/>		
Ownership percentage (in case of joint ownership)	<input type="text"/>		

Additional personal information:

**Do you qualify as a "US person"? (please check at least one box)**

- ☐ No, I don't qualify as "US person"
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- ☐ US person, due to dual citizenship
- ☐ US tax payer for any other reason (e.g. substantial presence test) - green card holder.

US Tin ID number or Social Security Number

**Politically exposed person (PEP)**

Do you have, or have you had, a senior political mandate or a senior position in the public sector?

☐ Yes ☐ No

If yes, please specify which country and position:

Do any close family members have or have had a senior political mandate or a senior position in the public sector?

☐ Yes ☐ No

If yes, please specify which country and position:

**Insider information**

Do you have access to privileged financial information (inside information), e.g. due to your profession or relationships, or are you subject to any investment restrictions?

☐ Yes ☐ No

If yes, please specify the name(s) of the company (companies) and your position:

**Additional beneficial owner (4) (if more, fill additional forms)**

Title	<input type="text"/>	First name	<input type="text"/>
Last name	<input type="text"/>	Date of birth	<input type="text"/>
City of birth	<input type="text"/>	Country of birth	<input type="text"/>
Civil status	<input type="text"/>	Nationality	<input type="text"/>
Second nationality (in case of dual citizenship)	<input type="text"/>		
Permanent address (not an office or P.O. box)	<input type="text"/>		
Postal code	<input type="text"/>	City	<input type="text"/>
Country	<input type="text"/>		
If country of tax residence is different from permanent address, please specify. <input type="text"/>			
Tax ID number	<input type="text"/>		
Phone	<input type="text"/>	Mobile phone	<input type="text"/>
Work phone	<input type="text"/>	Fax	<input type="text"/>
E-mail	<input type="text"/>		
Profession/Job title (if retired please indicate former profession)	<input type="text"/>		
Ownership percentage (in case of joint ownership)	<input type="text"/>		

Additional personal information:

**Do you qualify as a "US person"? (please check at least one box)**

- ☐ No, I don't qualify as "US person"
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☐ Yes ☐ No

If yes, please specify which country and position:

Do any close family members have or have had a senior political mandate or a senior position in the public sector?

☐ Yes ☐ No

If yes, please specify which country and position:

**Insider information**

Do you have access to privileged financial information (inside information), e.g. due to your profession or relationships, or are you subject to any investment restrictions?

☐ Yes ☐ No

If yes, please specify the name(s) of the company (companies) and your position:

I/we hereby confirm being the actual beneficial owner(s) of the account, and that consequently all funds deposited in the account are mine/ours. I/we confirm, declare and certify that the funds do not and will not originate, directly, or indirectly, from any criminal offence activity.

**What is the “economical” source of the assets to be transferred to the Bank? (How did you originally accumulate these funds?**

Please check applicable boxes and enter further explanations on the origin of the assets (*please check at least one box*).

- |                                    |                                      |                                                     |
|------------------------------------|--------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Savings   | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Sale of real estate        |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Commissions | <input type="checkbox"/> Salary / Employment income |
| <input type="checkbox"/> Other     |                                      |                                                     |

Please specify

**What is the “geographic” source of those assets? (From which bank and country will they be transferred?)**

Cash

Securities

**What will be the amount and "format" (cash and/or securities) of the initial transfer to the account in EUR?**

Cash

Securities

**What is the expected total size of assets to be invested through the account in EUR?**

**Date**

**Place**

**Beneficial owner**

**Name** (*please print*)

**Signature**

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**2nd Beneficial owner**

**Name** *(please print)*

**Signature**

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**3rd Beneficial owner**

**Name** *(please print)*

**Signature**

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**4th Beneficial owner**

**Name** *(please print)*

**Signature**

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(If more, fill additional forms).