

For official use only, please leave blank

Account Number:



CLERICAL MEDICAL

Universe, The CMI Global Network Fund

Application for Personal Investors

This form is for investment in Universe, The CMI Global Network Fund.
Before completion, please ensure that you read the notes and instructions contained overleaf.



On completion, this form should be returned to:
RBC Investor Services Bank, 14 rue Porte de France, L-4360 Esch-sur-Alzette, Luxembourg.

For internal use only

Sales/local office no

IFA no

Consultant no

Professional Advisor's details

Named contact

Telephone no

Fax no

BEFORE COMPLETING THIS FORM, PLEASE REFER TO THE IMPORTANT NOTES ON THE BACK PAGE.
PLEASE COMPLETE THIS FORM IN BALL POINT PEN.

1. APPLICANT DETAILS (block capitals please)

1.a. Names for registration (block capitals please)

1. Surname

Forename Title

Permanent address

Country Postcode

Telephone number

Fax

E-Mail

Mobile Phone

Occupation

Date of birth

Place & Country of birth

Nationality

Dual Nationality:
 Never Renounced Yes, which:

Passport/Identity Card Number

Issuing Country Expiration date (DD/MM/YYYY)

2. Surname

Forename Title

Permanent address

Country Postcode

Telephone number

Fax

E-Mail

Mobile Phone

Occupation

Date of birth

Place & Country of birth

Nationality

Dual Nationality:
 Never Renounced Yes, which:

Passport/Identity Card Number

Issuing Country Expiration date (DD/MM/YYYY)

3. Surname

Forename Title

Permanent address

Country Postcode

Telephone number

Fax

E-Mail

Mobile Phone

Occupation

Date of birth

Place & Country of birth

Nationality

Dual Nationality:
 Never Renounced Yes, which:

Passport/Identity Card Number

Issuing Country Expiration date (DD/MM/YYYY)

4. Surname

Forename Title

Permanent address

Country Postcode

Telephone number

Fax

E-Mail

Mobile Phone

Occupation

Date of birth

Place & Country of birth

Nationality

Dual Nationality:
 Never Renounced Yes, which:

Passport/Identity Card Number

Issuing Country Expiration date (DD/MM/YYYY)

1.b. Address for correspondence if different from 1.a
(block capitals please)

One address only is accepted for registration and will be used for all correspondence.

Permanent address

Country Postcode

If you are an existing or past investor in any Clerical Medical product, please give your personal account number/policy number

and the name of the product/service

1.c. European Savings Tax Directive choice
Withholding Tax (will be the default option if no box is ticked)

Exchange of information (the authorisation form will have to be completed and signed)

2. METHOD OF PAYMENT Please indicate your payment method by ticking the appropriate box.

- a. Telegraphic Transfer
- b. Cheque

3. SUB FUND CHOICE

a. Please indicate how much you wish to invest in which sub fund(s).

Sub fund name	Investment Amount Please indicate amount or percentage of investment.
TOTAL	

b. Are you investing your own money? Yes No

c. If 'No', give brief details including the name and address of the other person or body whose money is being invested, stating your relationship to that person or body and please complete section 4. Ultimate Economic Beneficiary:

Relationship
Name
Address
Postcode

4. ULTIMATE ECONOMIC BENEFICIARY

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 subscribed. This final beneficiary can be either a private person(s) or a publicly quoted company(ies) for which more than 75% of their capital is listed on a recognized stock exchange.

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

Please provide the information if any of the account holder or the ultimate economic beneficiary(ies) is/are either:

- a person holding a legislative, administrative or judicial office, whether appointed or elected:
- a person exercising a public function, including for a public agency or public enterprise:
- an official or agent of a public international organisation
- a person or company manifestly close to or connected with the above persons

If applicable, please describe:

Please complete either the Natural person or Legal entity section.

<input type="checkbox"/> Natural Person		<input type="checkbox"/> Legal entity	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms		<input type="checkbox"/> Bank <input type="checkbox"/> Insurance Company <input type="checkbox"/> Pension Fund <input type="checkbox"/> Investment/Mutual Fund <input type="checkbox"/> Nominee <input type="checkbox"/> Government entity	
<input type="checkbox"/> Other Financial Institution <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Foundation/Association <input type="checkbox"/> Trust <input type="checkbox"/> Other (please specify):			
Surname		Company Name	
First Name		Parent Company/Head office:	
Date of birth (DD/MM/YYYY)	Place & Country of birth	Date of Incorporation (DD/MM/YYYY)	Country of Incorporation
Passport/ID Number (circle the right choice)	Issuing Country	Area of activity:	Stock exchange listing: <input type="checkbox"/> No <input type="checkbox"/> Yes: Listing Code:
Expiration Date (DD/MM/YYYY)	Nationality	Tax residence	Company Register
Occupation:	Dual Nationality <input type="checkbox"/> Never <input type="checkbox"/> Renounced <input type="checkbox"/> Yes, which:	Regulated Entity: <input type="checkbox"/> No <input type="checkbox"/> Yes	License number:
		Regulator:	Regulator web-address:

Common Section

Registered Address* Street [] Number: []	Registered Address Town/Village: []	Registered Address Post Code: []	Registered Address Country: []
Mailing Address if different from above Street [] Number: []	Mailing Address Town/Village: []	Mailing Address Post Code: []	Mailing Address Country: []
Telephone: []	Fax: []	E-Mail: []	Mobile-Phone: []

* P.O. Box and "in care of" addresses are not valid registered address. These are acceptable for mailing purposes.

Signature of the ultimate economic beneficiary

5. DIVIDENDS

Please tick one box only. (If no box is ticked dividends will be reinvested.) I/We wish all dividends to be:

- a. Reinvested to purchase further Shares
- b. Paid in the dividend payment currency of the sub fund to my/our registered address
- c. Paid in the dividend payment currency of the sub fund directly to my/our bank account as follows:

Name of bank []

Adresse of bank []

[] Postcode

Sort Code [] Swift Code []

A/C name []

IBAN a/c number []

6. INITIAL FEES FOR PROFESSIONAL ADVISER SERVICES

I/We authorise payment of % of the application monies to my/our Professional Adviser named below by way of an initial advisory fee.

Professional Adviser details

Name []

Company name []

Adresse []

[] Postcode

Signature of the professional adviser

Name []

Signature []

7. REDEMPTION PAYMENT INSTRUCTIONS

FAILURE TO COMPLETE THIS SECTION MAY DELAY PAYMENT OF REDEMPTION PROCEEDS

In the event of redemption, I/we wish the proceeds to be paid to:

Name of bank []

Adress of bank []

[] Postcode

Sort Code [] Swift Code []

Name of payee []

Payment currency []

IBAN a/c number []

8. TAX INFORMATION

As per the international and local tax laws and regulations applicable to the Fund, the Company and their investments, the Fund and the Company have a **mandatory duty** to collect tax related information about the Account Holder and as the case may be the final beneficiary owner(s). In certain circumstances (including if a valid self-certification is provided), the Fund and the Company may be obliged to share this information with relevant tax authorities according to applicable tax laws and regulations.

If you have any questions about your tax residency, please contact your tax advisor.

8.a. Self-Certification for Tax Purposes

Please tick and complete as appropriate.

I confirm that:

- I am a U.S. person, citizen and/or resident in the U.S. or with a U.S. dual citizenship for tax purposes and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

U.S. TIN: _____

- I am not a U.S. person, citizen and/or resident in the U.S. or with a U.S. dual citizenship for tax purposes. Please proceed with sub-section 8.b

8.b. Declaration of Tax Residency

Note: Declaration of Tax residency is requested in the context of the OECD Common Reporting Standard ("CRS"), an initiative to implement automatic exchange of financial account information on a global basis.

Please indicate your place of tax residence (if resident in more than one country please detail all countries of tax residence and associated Tax ID numbers).

Country of Tax residency	Tax ID number

The account holder declares by its signature of this application form that the above information is true, complete and accurate and that he will as soon as practical inform the Fund, the Company and the Registrar if the information changes.

9. PERSONAL DATA

Investors are informed that their personal data or information given in the application form or otherwise obtained in the course of their relationship as shareholders in the Fund, including details of their shareholding, will be collected and stored in digital form and otherwise processed by the Fund, the Management Company, the Custodian, the Administrative Agent, any entity of the Lloyds Banking Group and/or their agents and delegates in compliance with the provisions of the Luxembourg Law of 2 August 2002 on data protection for the purpose of (i) providing their services to the shareholders and (ii) complying with applicable legislation including but not limited to anti-money laundering legislation and FATCA regulations, as data controllers or processors, as appropriate. Investors accept the aforementioned processing of their personal data implying the transfer and the disclosure of their personal data between the parties above including entities in countries outside the European Union (including the United States of America), and which may not offer protection similar to the data protection laws in Luxembourg and the European Union. Investors are also advised that their personal data will be held in the register of shareholders maintained by the Administrative Agent while the contract by which the Management Company appoints its Administrative Agent remains in force. The latter will thus process the personal data relating to investors as the processor acting on behalf of the Fund with responsibility for the processing of personal data. In accordance with the provisions of the Luxembourg Law of 2 August 2002, investors are entitled to request information about their personal data at any time as well as to correct it.

10. DECLARATION AND SIGNATURE(S)

Before signing this application form, please confirm the following:

Certified copies of identity (Passport/Identity Card) as detailed in the section "Applicant details" are enclosed.

You are able to make all declarations mentioned in the Important Notes, section 7.

The latest version of the Key Investor Information Document has been read and considered in the investment decision.

Please state your current gross annual income from all

Currency	Amount
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What is the source of the monies you are now investing? Please tick the relevant box

- Sale of existing investment
- Sale of property
- Sale of business
- Inheritance
- Savings
- Other (please specify)

Lemanik Asset Management reserves the right to request documentary evidence or further information relating to source of funds should it be considered necessary.

All joint applicants must sign in the order as in the section headed 'APPLICANT DETAILS'.

1. Signature

Date

2. Signature

Date

3. Signature

Date

4. Signature

Date

IMPORTANT NOTES

1. Applicant details for personal investors

In accordance with international initiatives and legislation aimed at the prevention of money laundering, Clerical Medical now operates standard procedures in relation to all applications for investment.

Please complete this application form in full and note that failure to do so may delay acceptance of your application.

All investors should sign this application form. Up to four investors may be joint holders of shares. ALL investors are kindly requested to provide certified* copies of their identity (Passport/Identity Card) as detailed in the section 'Applicant details'. Please note we will not proceed with the investment until we have cleared funds and all the requested documents.

* Each document must be certified as a true copy with the stamp and signature of either a recognised professional adviser, bank manager, accountant, lawyer, notary or government ministry. Uncertified documents will not be accepted.

2. Method of payment

Payments may be made by telegraphic transfer or cheque. Please indicate your payment method by ticking the appropriate box. Investments in excess of €10,000 or equivalent should be sent by telegraphic transfer. Shares will be issued only upon receipt of cleared funds. Investors may, therefore, wish to use the TT facilities noted below.

a. Telegraphic Transfer

Available for all fund currencies. Please complete the Telegraphic Transfer form and send the top copy to your bank. Please retain the second copy for your records. The third copy must remain attached to this application form.

b. Cheque

All cheques should be drawn by you or your financial adviser, made payable to CMI Asset Management (Luxembourg) S.A. and should be attached to this application form.

3. Sub fund choice

The minimum total investment is € 5,000 per sub fund or equivalent in any other freely convertible currency.

4. Dividends

Investors who will subsequently require their bank to convert dividend payments into another currency are reminded of the bank charges involved. Such investors are strongly advised to consider reinvesting their dividends in the light of this (complete option a).

5. Initial fees for professional adviser services

The person who recommends this Fund or any person who has advised you in connection with this application has acted and is acting on your behalf, not on behalf of the Manager. That person is required to complete the form marked 'Professional Adviser/Business Introducer Details' available from the Manager upon request, and return this together with the application form.

If no initial advisory fee is to be paid to a Professional Adviser, section 5 should be deleted.

6. Redemption payment instructions

For convenience, investors are strongly advised to nominate a bank account to which redemption proceeds can be paid. INVESTORS ARE REMINDED THAT PAYMENTS CANNOT BE MADE TO A THIRD PARTY. Should such information not be provided, there may be a delay since the Manager will require written authority signed by ALL Shareholders to remit redemption proceeds.

7. Declaration and signature(s)

In signing this application form, please ensure you are able to make the following declarations. In the event of doubt, please contact your financial adviser or the Manager.

- a. I/We understand and accept that this application is made on the basis of and subject to the current Prospectus of Universe, The CMI Global Network Fund and its Articles of Incorporation.
- b. I/We agree to accept shares to the value applied for or of such smaller value after deduction of charges which may be allotted and request that such shares be issued in the name(s) referred to in 1a.
- c. I/We declare that I am/we are aged 18 years or over (see note 3 below).
- d. I/We hereby certify that I am/we are not in breach of any law of any country in which I/we reside or which may otherwise be relevant in making this application or in effecting and maintaining the Shareholding for which I/we have applied.
- e. I/We have read any answers completed other than in my/our own handwriting and confirm that they are correct.
- f. I/We declare that I/we have retained a copy of this application form as Luxembourg law requires (see note 5 below).

This application form may be signed by someone else on your behalf and/or on behalf of any joint applicant(s) if duly authorised to do so, but the Power(s) of Attorney must be enclosed for inspection. Please also refer to the notes below.

Further important notes

1. All applicants must sign.
2. All applicants should review the brochure and the latest prospectus.
3. If you are unable to make this declaration, you may still be able in certain circumstances to subscribe for shares, but you should contact the Manager for details in the first instance.
4. A copy of the completed application form is available from the Manager on request.
5. In the unlikely event that you have not received confirmation of your application within 30 days of signing this form, please contact RBC Investor Services Bank, 14 rue Porte de France, L-4360 Esch-sur-Alzette, Luxembourg, Tel: +352 2605 9645

IMPORTANT: Enquiries and applications should be directed to RBC Investor Services Bank, 14 rue Porte de France, L-4360 Esch-sur-Alzette, Luxembourg

Issued by: Lemanik Asset Management (Luxembourg) SA. Registered office: 106, route d'Arlon, L-8210 Mamer, Grand Duchy of Luxembourg.

Telephone: +352 26 39 60 0. Registered in Luxembourg under RCS Luxembourg B44870.

Regulated by the Commission de Surveillance du Secteur Financier, Luxembourg.

Approved by: Clerical Medical Financial Services Limited, Narrow Plain, Bristol BS2 0JH, United Kingdom.

Clerical Medical Financial Services Limited is authorised and regulated by the Financial Services Authority whose rules and regulations are made under the Financial Services and Markets Act 2000 for the protection of investors and apply only to investment business conducted in, or from, the UK.