

For official use only, please leave blank

Account Number:



CLERICAL MEDICAL

# Universe, The CMI Global Network Fund

## Application for Trustee 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

Signature: \_\_\_\_\_

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

Name of Trust for registration

Dated (insert date of Trust/Settlement)

**1. APPLICANT DETAILS** (block capitals please)

**1.a. Names of Trustees** (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.

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

Signature: \_\_\_\_\_

**1.c. Professional trustees** (block capitals please)

Please enter the company's name, correspondence address, registered address and registration number.

Company name

Parent company/Head office

Address for correspondence\*

Country Postcode

Telephone number

Fax

E-Mail

Mobile-Phone

Registered address (if different from above)\*

Country Postcode

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

Telephone number

Fax

E-Mail

Mobile-Phone

**Brief description of the company's principal activities**

Stock exchange listing: No  Yes  Listing code:

Regulated Entity: No  Yes

Regulator

License number

Regulator web-address

Directors and authorised signatories – please refer to the Declaration section of this form.

**1.d. Banker's reference – Corporate investors**

a. We enclose a Bank reference authorisation

**1.e. 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<br>Please indicate amount or percentage of investment. |
|---------------|--|
|               |  |
|               |  |
|               |  |
| TOTAL         |  |

**4. 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 (Cheques will only be made payable to all the Trustees by name and sent to the address for registration noted above and will be marked ('A/C Payee Only – Not negotiable'.))

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

**5. 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

Address

Postcode

**Signature of the professional adviser**

Name

Signature

**6. 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

**7. 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.**

Signature: \_\_\_\_\_

**7.a. Individual Section**

**7.a.1. 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 7.a.2.

**7.a.2. 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. Please note that the information provided is subject to clause 6 of the General Terms and Conditions.**

**7.b. Entity Section**

**7.b.1. Specified U.S. Person**

Please tick and complete as appropriate.

The Entity is a Specified U.S. Person and the Entity’s U.S. Federal Taxpayer Identifying number (U.S. TIN) is as follows:

**U.S. TIN:** \_\_\_\_\_

The Entity is **not** a Specified U.S. Person. Please proceed with next sections.

**7.b.2. Financial Institutions – FATCA classification**

Please tick and complete as appropriate. You might refer to FATCA classification notes in Appendix 1.

If you are not incorporated in a U.S. country / territory for tax purposes, please provide your Global Intermediary Identification number:

**GIIN:** \_\_\_\_\_

The entity is a IGA Partner Jurisdiction Financial Institution and have not yet obtained a GIIN.

The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN.

Please provide your sponsor’s name and sponsor’s GIIN:

Sponsor’s Name: \_\_\_\_\_

Sponsor’s GIIN: \_\_\_\_\_

Other – please provide your FATCA status:

Certified Deemed Compliant Foreign Financial Institution (including a Foreign Financial deemed compliant under Annex II of an IGA)

Registered Deemed Compliant Foreign Financial Institution

Restricted distributor

Exempt beneficial owner

Non-participating Foreign Financial Institution

Territory Financial Institution

Non-reporting Foreign Financial Institution under IGA Model 1

Reporting Foreign Financial Institution under IGA Model 1

Other, please specify:

**7.b.3. Non-Financial Institutions- FATCA classification**

If the Entity is not a Specified U.S. person and not a Financial Institution, please tick and complete as appropriate:

The Entity is an Active Non-Financial Foreign Entity.

The Entity is a Passive Non-Financial Foreign Entity (if the Entity is a *Passive Non-Financial Foreign Entity*, please provide details below of any Controlling Persons (whose percentage of ownership is 25% or greater) which are U.S. citizens or residents in the U.S. for tax purposes. The term Controlling Persons is to be interpreted in a manner consistent with the recommendations of the Financial Action Task Force.

I am an Excepted Non-Financial Foreign Entity.

Signature: \_\_\_\_\_

| Full name | Date of birth | Full residence address | % of ownership | U.S. Tax identification number |
|-----------|---------------|------------------------|----------------|--------------------------------|
|           |               |                        |                |                                |
|           |               |                        |                |                                |
|           |               |                        |                |                                |
|           |               |                        |                |                                |

**7.b.4. 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 the Entity’s 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.

**8. 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.

**9. DECLARATION AND SIGNATURE(S)**

All joint applicants (Trustees) must sign in the order as in the section headed ‘APPLICANT DETAILS’.

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.

**1. Signature**

\_\_\_\_\_  
 Name (in block capitals) \_\_\_\_\_  
 Position/Capacity \_\_\_\_\_  
 Date

**2. Signature**

\_\_\_\_\_  
 Name (in block capitals) \_\_\_\_\_  
 Position/Capacity \_\_\_\_\_  
 Date

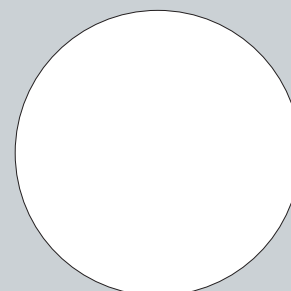
**3. Signature**

\_\_\_\_\_  
 Name (in block capitals) \_\_\_\_\_  
 Position/Capacity \_\_\_\_\_  
 Date

**4. Signature**

\_\_\_\_\_  
 Name (in block capitals) \_\_\_\_\_  
 Position/Capacity \_\_\_\_\_  
 Date

Affix Company Seal here (if applicable)



Signature: \_\_\_\_\_

## IMPORTANT NOTES

### 1. Applicant details for Trustee investors

#### 1a. & b. Registration

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.

#### 1c. Professional trustees

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.

Any business or company acting in a professional capacity as trustee, should complete this section and refer to the brochure for investment requirements. The Manager also requires the following to be submitted with any application:

- List of Directors.
- List of Authorised Signatories and specimen signatures.
- A certified\* copy of the corporate body's Articles of Association or Certificate of Incorporation.
- Bank reference.

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

#### 1d. Banker's reference

Prior to entering a business relationship with a corporate body, Clerical Medical requires a banker's reference. Professional trustees are kindly requested to provide a 'Bank reference authorisation'.

### 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 with a minimum of € 5,000 per sub fund or equivalent in any other freely convertible currency.

### 4. Dividends

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

### 5. Initial fees for professional trustees/adviser services

The person who recommends this Fund or any person who has advised investors in connection with this application has acted and is acting on behalf of the investor, 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, Section 5 should be deleted.

### 6. Redemption payment instructions

For convenience, trustee 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 that the following declarations are able to be made. In the event of doubt, please contact the Manager.

- I/We are duly authorised under the terms of the trust to make this application, to apply trust monies in effecting the investment proposed and to exercise all or any of the rights of the investor under the terms of the Prospectus of Universe, The CMI Global Network Fund and its Articles of Incorporation; and
- I/we are not in breach of any law of any country in which we reside or which may otherwise be relevant in making this application or in affecting and maintaining shareholding for which we have applied; and
- I/we agree that this application shall form the basis of the contract between us and CMI Asset Management (Luxembourg) S.A.; and
- I/we confirm that, to the best of our knowledge and belief, the trust money to which this application for Universe, The CMI Global Network Fund relates does not derive from any illegal source or activity; and
- I/we are prepared to accept the number of Shares applied for or such smaller number as may be allotted and/or issued to us; and
- I/we confirm that we have retained a copy of this application form as Luxembourg law requires (see note 4 below).

#### Trustee investors

Each and every individual trustee must sign; however, 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.

#### Professional trustees

This form should be duly executed and signed by one or more authorised representatives in accordance with the company's constitution. Where applicable, the company seal should be affixed. **The company should advise the Manager of any changes to the list of authorised signatories which occur at a later date.** The Manager reserves the right, at any time, to request evidence of a signatory's authority to act on behalf of the company.

#### Further important notes

- Where applicable, initial fees and charges are deducted prior to investment into the Fund.
- Trustees may be required to produce the original Deed of Settlement and original Deeds of Appointment/Retirement of Trustees and any related documents in the event of the encashment of the investment or changes to the above particulars.
- A copy of the completed application form is also available from the Manager on request.
- 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.

## APPENDIX 1 FATCA Notes

|  |   |
|--|---|
| Active Non Financial Foreign Entity (NFFE) | <p>The term Active NFFE means any NFFE which meets any of the following criteria:</p> <ol style="list-style-type: none"> <li>a) Less than 50 per cent of the NFFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50 per cent of the assets held by the NFFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;</li> <li>b) The stock of the NFFE is regularly traded on an established securities market or the NFFE is a Related Entity of an Entity the stock of which is regularly traded on an established securities market;</li> <li>c) The NFFE is organized in a U.S. Territory and all of the owners of the payee are bona fide residents of that U.S. Territory;</li> <li>d) The NFFE is a government (other than the U.S. government), a political subdivision of such government (which, for the avoidance of doubt, includes a state, province, county, or municipality), or a public body performing a function of such government or a political subdivision thereof, a government of a U.S. Territory, an international organization, a non-U.S. central bank of issue, or an Entity wholly owned by one or more of the foregoing;</li> <li>e) Substantially all of the activities of the NFFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an NFFE shall not qualify for this status if the NFFE functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;</li> <li>f) The NFFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFFE;</li> <li>g) The NFFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;</li> <li>h) The NFFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;</li> <li>i) The NFFE is an "excepted NFFE" as described in relevant U.S. Treasury Regulations (This category includes essentially certain retirement funds); or</li> <li>j) The NFFE meets all of the following requirements: <ol style="list-style-type: none"> <li>i. It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labour organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;</li> <li>ii. It is exempt from income tax in its jurisdiction of residence;</li> <li>iii. It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</li> <li>iv. The applicable laws of the NFFE's jurisdiction of residence or the NFFE's formation documents do not permit any income or assets of the NFFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFFE has purchased; and</li> <li>v. The applicable laws of the NFFE's jurisdiction of residence or the NFFE's formation documents require that, upon the NFFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFFE's jurisdiction of residence or any political subdivision thereof.</li> </ol> </li> </ol> |
| Deemed-compliant FFI                       | <p>The term deemed-compliant FFI means,<br/>Under the IRS Regulations:</p> <ol style="list-style-type: none"> <li>1) A registered deemed-compliant FFI</li> <li>2) A certified deemed-compliant FFI</li> <li>3) An owner-documented FFI</li> <li>4) A QI branch of a U.S. financial institution that is a reporting FFI under IGA Model 1</li> </ol> <p>Under the Luxembourg IGA (concerning investments funds)</p> <ol style="list-style-type: none"> <li>1) Sponsored Investment Entity and Sponsored Controlled Foreign Corporation</li> <li>2) Sponsored, Closely Held Investment Vehicle</li> <li>3) Investment Advisors and Investment Managers</li> <li>4) Collective Investment Vehicles</li> <li>5) Restricted Fund</li> </ol>   |
| Exempt Beneficial owner                    | <p>The following Entities shall be treated as Exempt Beneficial Owners:</p> <ol style="list-style-type: none"> <li>1) Exempt Beneficial Owners other than Funds. <ol style="list-style-type: none"> <li>a. Governmental Entity.</li> <li>b. International Organization.</li> <li>c. Central Bank.</li> </ol> </li> <li>2) Funds that Qualify as Exempt Beneficial Owners <ol style="list-style-type: none"> <li>a. Treaty-Qualified Retirement Fund</li> <li>b. Broad Participation Retirement Fund</li> <li>c. Narrow Participation Retirement Fund</li> <li>d. Pension Fund of an Exempt Beneficial Owner</li> <li>e. Investment Entity Wholly Owned by Exempt Beneficial Owners</li> </ol> </li> </ol> <p>Under the Luxembourg IGA, with respect to funds:</p> <ol style="list-style-type: none"> <li>3) SEPCAVs</li> <li>4) ASSEPs,</li> <li>5) Pension funds subject to the supervision of the Commissariat aux Assurances.</li> <li>6) Investment Entity Wholly Owned by Exempt Beneficial Owners</li> </ol>  |
| Financial Institution (FI)                 | <p>The term "Financial Institution" means a Custodial Institution, a Depository Institution, an Investment Entity, or a Specified Insurance Company.</p>  |
| Foreign Financial Institution (FFI)        | <p>The term FFI or foreign financial institution means, with respect to any entity that Institution (FFI) is not resident in a country that has in effect a Model 1 IGA or Model 2 IGA, any financial institution that is a foreign entity. With respect to any entity that is resident in a country that has in effect a Model 1 IGA or Model 2 IGA, an FFI is any entity that is treated as a Financial Institution pursuant to such Model 1 IGA or Model 2 IGA.</p>  |

|   |   |
|---|---|
| Investment Entity                       | <p>The term Investment Entity means any entity that primarily conducts as a business (or is managed by an entity that conducts as a business) one or more of the following activities or operations for or on behalf of a customer:</p> <ol style="list-style-type: none"> <li>1) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments;</li> <li>2) Transferable securities; or commodity futures trading;</li> <li>3) Individual and collective portfolio management; or</li> <li>4) Otherwise investing, administering, or managing funds or money on behalf of other persons.</li> <li>5) This term shall be interpreted in a manner consistent with similar language set forth in the definition of “financial institution” in the Financial Action Task Force Recommendations.</li> </ol>   |
| Non-Participating Financial Institution | <p>The term “Non-Participating Financial Institution” means an FI, which is neither a Participating FFI, nor a Deemed Compliant FFI, nor an Exempt Beneficial Owner. The definition includes a Luxembourg Financial Institution or other Partner Jurisdiction</p> <p>Financial Institution treated as a Non-participating Financial Institution pursuant to subparagraph 2(b) of Article 5 of the Luxembourg IGA or the corresponding provision in an agreement between the United States and a Partner Jurisdiction. Pursuant to subparagraph 2(b) of Article 5 of the Luxembourg IGA, a Non-participating Financial Institution is a Financial Institution that has not solved its non-compliance within a period of 18 months after notification of significant non-compliance is first provided.</p>  |
| Non-Reporting Financial Institution     | <p>The term “Non-Reporting Financial Institution” means any Financial Institution, or other Entity resident in a FATCA partner jurisdiction that is described in Annex II as a Non-Reporting Financial Institution or that otherwise qualifies as a deemed-compliant FFI or an exempt beneficial owner under relevant U.S. Treasury Regulations in effect on the date of signature of the relevant Intergovernmental Agreement.</p>   |
| Participating FFI                       | <p>The term Participating FFI means a Financial Institution that has agreed to comply with the requirements of an FFI agreement, including a Financial Institution described in a Model 2 IGA that has agreed to comply with the requirements of an FFI Agreement. The term Participating FFI also includes a qualified intermediary branch of a Reporting U.S. Financial Institution, unless such branch is a Reporting Model 1 FFI.</p>   |
| Passive NFFE                            | <p>A “Passive NFFE” means any NFFE that is not (i) an Active NFFE, or (ii) a withholding foreign partnership or withholding foreign trust pursuant to relevant U.S. Treasury Regulations.</p>   |
| Registered Deemed-compliant FFI         | <p>Under the IRS Regulations, the term registered deemed-compliant FFI, means an FFI registers with the IRS to declare its status, and includes:</p> <ol style="list-style-type: none"> <li>1) Local FFIs</li> <li>2) Non-reporting members of participating FFI groups</li> <li>3) Qualified collective investment vehicles</li> <li>4) Restricted funds</li> <li>5) Qualified credit card issuers</li> <li>6) Sponsored investment entities and controlled foreign corporations.</li> </ol> <p>Under the Luxembourg IGA, there are not registered deemed compliant statuses, all deemed compliant status are non-reporting and therefore do not need to register with the IRS.</p>  |
| Reporting Financial Institution         | <p>The term “Reporting Financial Institution” means a Reporting FATCA Partner Financial Institution or a Reporting U.S. Financial Institution, as the context requires.</p> <p>In the context of the Luxembourg IGA means a Reporting Luxembourg Financial Institution (“Luxembourg FI”)</p>  |
| Restricted distributor                  | <p>The notion of Restricted Distributor is not mentioned in the IGA. A restricted distributors is a very small distributor (less than 30 customers of which at least half are related persons), which acts locally; i.e. it has not a fixed place of business outside its country of incorporation. For a full definition, please refer to the U.S. Treasury Regulations at “definition of a restricted distributor”.</p>   |
| Specified U.S. person                   | <p>The term Specified U.S. Person means a U.S. Person, other than:</p> <ol style="list-style-type: none"> <li>1) A corporation the stock of which is regularly traded on one or more established securities markets;</li> <li>2) Any corporation that is a member of the same expanded affiliated group as a corporation described in clause (i) above;</li> <li>3) The United States or any wholly owned agency or instrumentality thereof;</li> <li>4) Any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;</li> <li>5) Any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;</li> <li>6) Any bank as defined in section 581 of the U.S. Internal Revenue Code;</li> <li>7) Any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;</li> <li>8) Any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C 80a-64);</li> <li>9) Any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;</li> <li>10) Any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;</li> <li>11) A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State; or</li> <li>12) A broker as defined in section 6045(c) of the U.S. Internal Revenue Code.</li> </ol> |