



ARF/AMRF Application Form with Conexim as QFM

It is a prerequisite for providing services to you that you supply us with accurate, comprehensive and current details about you. Please complete all sections of this form diligently.

The information sought below is also utilised for Anti-Money Laundering purposes and for Conexim Advisors Limited ("Conexim") to assess the suitability and/or appropriateness (where relevant) of investments or services that may be provided to you.

Checklist

Before returning this application please ensure that you have all the relevant documentation:

Copies of the photo ID, proof of address and proof of PPS must be certified by an accountant, solicitor, garda or regulated entity based in Ireland.

1. Proof of ID (one of the following) Check

- a. Current (i.e. in date) and valid passport
- b. Current, full and valid driving license

2. Proof of address and Bank Account (Both less than 3 months of the issue date) Check

- a. A recent utility bill for the applicant's home address (landline phone, gas, electricity, water)
- b. Bank / Building Society financial statement
This should be the nominated Bank Account you wish funds to be transferred to, account balances and transactions can be blanked out on the copy statement.

3. Confirmation of PPS (One of the below) Check

- a. Most recent P60 or
- b. Revenue documents (these three only):
 - i. Tax Credit Statement
 - ii. Revenue Balancing statement
 - iii. Revenue C2 Tax Certificate

4. Completed and Signed Application form Check

- Signed W-8BEN (one per named applicant)
- This application form, fully completed and signed

5. Asset Transfer Form Check

- Completed Asset Transfer Form/details (if applicable)

Financial Advisor Details

Advisor Name		Telephone	
Advisor Firm		Email	
Address			

Applicant Details

Title: (Mr/Mrs/Ms/Other)		Full Name		
Date of Birth		Place of Birth	PPS Number	
Home Address				
Time at current address				
Occupation		Email Address		
Home Phone		Mobile Phone		
Are you a US citizen or resident in the US for tax purposes?	<input type="checkbox"/> Yes* <input type="checkbox"/> No			

*Please note that we may require additional information and may be unable to supply you with certain services due to custodian restrictions and FATCA requirements.

Additional Tax Identification Details

Please indicate your country of tax residence and associated taxpayer identification number ('TIN').

If you have been issued with an additional TIN from other jurisdictions please also indicate these below.

Country Of Tax Residency	Tax ID Number (e.g. PPS)

Our obligations under the Taxes Consolidation Act 1997 require that we collect certain information about each investors tax arrangements. This is to comply with the Common Reporting Standard developed by the Organisation for Economic Co-operation and Development ('OECD') and approved on 15 July 2014.

For further information on FATCA or CRS please refer to Irish Revenue website at <http://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx>

You can also check www.conexim.ie/crs-faq/ for a short FAQ which outlines the reasoning behind collection of this additional information.

If any of the information above changes, regarding the beneficiaries tax residency or FATCA/CRS classification, please notify us of these changes immediately.

Bank Account Details

Note: these details are required so we can transfer monies to you electronically from your accounts for distributions from your ARF. Please note we cannot transfer monies to 3rd party accounts.

Account name	
Name of Bank / Building Society	
Address of Bank / Building Society	
IBAN No	
Swift/BIC	

Source of Funds / Source of Wealth Verification

We have an obligation to capture a number of details about the source of funds and source of wealth in relation to this application. This is required to satisfy Anti-Money Laundering and Terrorist Financing Legislation. Please carefully and diligently fill in the sections below to assist us in this regard.

Source of Funds

This refers to funds provided for this investment:

Please note that we can only accept funds when these are transferred electronically from an account in your name or joint names, or from a cheque drawn on same. If you are transferring funds from any other source, please indicate the source of funds below.

Source	Salary/bonus	Inheritance	Savings	Redundancy	Investment proceeds	Other (please specify)
<i>First applicant</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Joint applicant</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Source	< €25,000	€25,000 - €50,000	€50,000 - €75,000	€75,000 - €150,000	> €150,000
<i>First applicant</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Joint applicant</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source of Wealth

How did you accumulate your wealth:

Source	Salary/bonus	Inheritance	Savings	Redundancy	Investment proceeds	Pension/ARF drawdowns	Other (please specify)
<i>First applicant</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Joint applicant</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

National Identifier Numbers ('NIN')

INSTRUCTIONS FOR COMPLETION

1. Under the MiFIR regulations we are obliged to capture certain information on investors in specific formats for our records and for compliance with the Central Bank's transaction reporting requirements.
2. As part of this process we need to record your National Identifier reference. If you hold dual or multiple nationalities we are required to capture this information to facilitate the European Regulations on transaction reporting, which requires us to record National IDs from other member states when transaction reporting.
3. As an example, if you are a British national we require your National Insurance number. If you have both British and German nationality, we require both your UK National Insurance number and your German Personal Identity Card number.
4. For clients who are Irish nationals and who do not have dual or multiple nationalities we do not require any information on this form.

FIRST APPLICANT

Country	National Identifier

JOINT APPLICANT (if applicable)

Country	National Identifier

NATIONAL IDENTIFIER LIST

Country	National ID
Ireland, Austria, France, Germany, Hungary, Luxembourg	No National ID required (information used is gained from name and date of birth)
Cyprus, Iceland, Liechtenstein, Netherlands	National Passport Number
Belgium	Belgian National Number (Numéro de registre national – Rijksregisternummer)
Bulgaria	Bulgarian Personal Number
Croatia	Personal Identification Number (OIB – Osobni identifikacijski broj)
Czech Republic	National Identification number (Rodné číslo)
Denmark	Personal identity code 10 digits alphanumerical: DDMMYYXXXX
Estonia	Estonian Personal Identification Code (Isikukood)
Finland	Personal identity code
Greece	10 DSS digit investor share
Italy	Fiscal code (Codice fiscale)
Latvia	Personal code (Personas kods)
Lithuania	Personal Code (Asmens kodas)
Malta	National Identification Number
Norway	11 digit personal ID (Foedselsnummer)
Poland	National Identification Number (PESEL)
Portugal	Tax number (Número de Identificação Fiscal)
Romania	National Identification Number (Cod Numeric Personal)
Slovakia	Personal number (Rodné číslo)
Slovenia	Personal Identification Number (EMŠO: Enotna Matična Številka Občana)
Spain	Tax identification number (Código de identificación fiscal)
Sweden	Personal Identity Number
UK	UK National Insurance Number
All Other Countries	National Passport Number

Sources of Assets to be transferred to the ARF/AMRF

Retirement Annuity Contract

Name of Provider	
Policy Number	
Asset	Value (€)
<i>Please list additional assets on a separate page if required</i>	

Occupational Pension Scheme

Name of Provider	
Scheme SF Number	
Scheme Name	
Asset	Value (€)
<i>Please list additional assets on a separate page if required</i>	

PRSA

Name of Provider	
Policy Number	
Asset	Value (€)
<i>Please list additional assets on a separate page if required</i>	

Small Self Administered Pension Scheme

Name of Provider	
Scheme Number	
Asset	Value (€)
<i>Please list additional assets on a separate page if required</i>	

Approved Retirement Fund

Name of QFM	
Contract Number	
Asset	Value (€)
<i>Please list additional assets on a separate page if required</i>	

Personal Retirement Bond

Name of Provider	
Scheme Number	
Asset	Value (€)
<i>Please list additional assets on a separate page if required</i>	

Approved Minimum Retirement Fund

Name of QFM	
Contract Number	
Asset	Value (€)
<i>Please list additional assets on a separate page if required</i>	

Other Source (Please specify exactly to ensure eligibility)

Exact Source	
Name of Provider	
Scheme/Policy/Contract No.	
Asset	Value (€)
<i>Please list additional assets on a separate page if required</i>	

Pension/Property Adjustment Order

I confirm that no Pension Adjustment Order or Property Adjustment Order exists in relation to the assets detailed above. Yes No (If NO please include a Copy of the Order)

AMRF, Annuity or Specified Income Requirement

1. To be eligible to invest in an ARF, an investment of €63,500 must first be made in an AMRF unless you have guaranteed income for life of €12,700 per annum or you are investing at least €63,500 in purchasing an annuity. This requirement may also be satisfied through a combination of an annuity and an AMRF investment (for example, and for illustrative purposes only, you could invest €30,000 in purchasing an annuity and €33,500 in an AMRF).
2. If you have taken the permitted tax-free lump-sum and your remaining fund was less than €63,500, a reduced amount may be invested into an AMRF. In such a case, you will not be eligible to also invest in an ARF.
3. Before Conexim can receive funds for an ARF on your behalf, you must satisfy certain conditions as detailed above. Please indicate which of the following is applicable to you:

- I have instructed the following life company to apply the specified amount in purchasing an annuity on my behalf:

Annuity Provider	
Policy Number	
Amount (€)	

- I have instructed a QFM to apply the specified amount detailed below in establishing an AMRF on my behalf:

QFM Provider	
Initial Amount Transferred (€)	

- I am in receipt of guaranteed income for life of at least €12,700 per annum from either the following life company:

Annuity Provider	
Policy Number	
Annual Income Amount (€)	

AND/OR

State Pension of (€)	
----------------------	--

(Please attach copy documents evidencing these annuity arrangements or State Pension payments)

- I wish to establish an AMRF with you in the sum of:

AMRF Requirement (€)	
----------------------	--

AMRF Drawdown Requirement

Please indicate below if you wish to drawdown an income from your Approved Minimum Retirement Fund (AMRF)

Drawdown at **maximum** level of AMRF Drawdown Value (4%) or at Value indicate below:

Gross value of Drawdown (%) or (€)	No Drawdown required <input type="checkbox"/>
Required date of Drawdown :	

Please note: No mandatory drawdown requirement.

If you do wish to drawdown from your AMRF you are only permitted one in any tax year.

ARF Drawdown Requirement

Please indicate below if you wish to drawdown an income from your Approved Retirement Fund (ARF)

Monthly Quarterly Annually None

Drawdown at **minimum** level of ARF Drawdown Value (4%, 5% or 6% as applicable) or at Value indicate below:

Gross value of Drawdown (%) or (€)	
------------------------------------	--

Investment Instruction

I confirm that I wish to make this investment on an execution-only basis with Conexim. I understand that this means that Conexim will provide its services following my request and without having ascertained whether the service is suitable or appropriate for me.

I confirm that I do not wish to provide any financial or other personal information to Conexim to enable it to determine whether the service is suitable or appropriate for me.

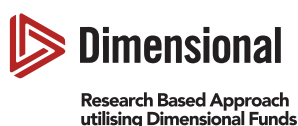
Please select only **ONE**. For additional investment instructions please detail choices overleaf.



Name	Tick to select	Amount	ISIN
<i>Allianz Multi Asset Opps A H2 EUR</i>			LU1505882511
<i>Allianz Multi Asset Long/Short A H2 EUR</i>			LU1505879483



Name	Tick to select	Amount	ISIN
<i>BSF Managed Index Portfolio Defensive D2 EUR</i>			LU1304596254
<i>BSF Managed Index Portfolio Conservative D2 EUR</i>			LU1733247230
<i>BSF Managed Index Portfolio Moderate D2 EUR</i>			LU1304596684
<i>BSF Managed Index Portfolio Growth D2 EUR</i>			LU1304596841



Name	Tick to select	Amount	ISIN
<i>Dimensional Ultra Defensive *</i>			see Dimensional KFD
<i>Dimensional Defensive *</i>			see Dimensional KFD
<i>Dimensional Moderate *</i>			see Dimensional KFD
<i>Dimensional Balanced *</i>			see Dimensional KFD
<i>Dimensional Growth *</i>			see Dimensional KFD
<i>Dimensional Equity Focused *</i>			see Dimensional KFD
<i>Dimensional Targeted Equity *</i>			see Dimensional KFD



Name	Tick to select	Amount	ISIN
<i>GAM STAR FUND Cautious Z EUR Acc</i>			IE00BWXBYN46
<i>GAM STAR FUND Balanced Z EUR Acc</i>			IE00BWXBYL22
<i>GAM STAR FUND Growth Z EUR Acc</i>			IE00BWXBYP69

global allocation



fund strategies

Name	Tick to select	Amount	ISIN
<i>Global Allocation Cautious</i>			see Global Allocation Morningstar KFD
<i>Global Allocation Moderately Cautious</i>			see Global Allocation Morningstar KFD
<i>Global Allocation Morningstar Moderate</i>			see Global Allocation Morningstar KFD
<i>Global Allocation Moderately Adventurous</i>			see Global Allocation Morningstar KFD
<i>Global Allocation Morningstar Adventurous</i>			see Global Allocation Morningstar KFD



Name	Tick to select	Amount	ISIN
<i>Schroder ISF Mlt-Asst Ttl Rt C Acc EUR H</i>			LU1520997542



Please refer to PortfolioMetrix's Consent and Declaration, Mandate & Deal sheet for consent to services and dealing instruction

* Minimum investment in a Dimensional strategy is €50,000

Additional Instructions

If you have any direct investment instructions, please indicate these below. Any comments detailed below will form part of the instruction on the account.

Name of fund, share, product	ISIN / Sedol / Ticker	Amount or % of money to invest
		€
		€
		€
		€
		€
		€
		€
		€
		€

Rebalancing Instructions within certain Investment Strategies

I note that in some of the investment strategies available in order to maintain the asset allocation discipline of my chosen strategy after I have invested Conexim will, from time to time, need to rebalance the holdings in my strategy to the percentage allocations at the date of my original investment ("**Original Asset Allocation**"). I note that a rebalance will need to be effected on my behalf where the asset allocations in my strategy drift ("**Asset Allocation Drift**") by the amount specified in the Key Features Document relative to that investment strategy. This pre-authorized rebalance to the Original Asset Allocation will normally be effected by Conexim at 10am (Irish time) on the first business day following the occurrence of the Asset Allocation Drift (the "**Rebalance Date**") provided the Asset Allocation Drift has still occurred at that time.

Where Asset Allocation Drift has occurred in my strategy, I HEREBY INSTRUCT Conexim to effect, on the Rebalance Date, the number of sale and buy instructions of units in each of the funds in the strategy, based on the published net asset value of the funds on the Rebalance Date, as are required to restore each of the holdings in the strategy to my Original Asset Allocation.

I understand and acknowledge that I retain absolute discretion over all investment decisions and that I may by notice in writing to my financial advisor and/or Conexim rescind this/these standing rebalancing instruction(s).

I understand that the above pre-authorized rebalancing instruction(s) is/are designed to maintain the asset allocation discipline of my chosen strategy after I have invested. I understand that the Original Asset Allocation may change due to market movements and the above pre-authorized rebalancing instruction is intended to restore my investment to the Original Asset Allocation in order to keep my strategy consistent with my risk appetite as I have described it to my financial advisor.

Should I wish to change into a different strategy with different asset class allocations, this can be facilitated but will require a new instruction from me accepting the changes in the risk/return characteristics of the chosen strategy.

W-8BEN Guidance

We have provided you with a W-8BEN form, also known as a 'Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding'. The purpose of the form is to certify the country you live in and to confirm you are not resident in the United States. For the avoidance of doubt, we do not support accounts for US persons (someone whose normal residence is the United States and is required to file a tax return in the United States).

You will be unable to trade in US Securities until a correctly completed W-8BEN has been provided to us and this has been lodged with the appointed withholding agent. It is beneficial for clients who may be selling US stocks and possibly receiving income in the form of dividends from US stocks to complete this form, as it reduces the tax rate you would ordinarily be charged on such income or sales. This is facilitated by the double taxation agreement in place between Ireland and the United States.

This form is valid from the date you sign it, and ends on the last day of the 3rd Calendar Year following signature. For example, if you sign this form on the 30th April 2017, it will expire on the 31st December 2020. The form's validity will also expire if your circumstances change making any of the information supplied on the form incorrect.

In the case of expiry or if your circumstances change, we will require you to submit to us an updated W-8BEN form.

If this is a joint account, both persons need to complete separate forms.

The information provided below may be useful in assisting you in filling out the form. As we do not support accounts for US persons, the fields below are typically those which our clients complete. However, if you think you should fill out additional information on this form, it is your responsibility to do so. If you need additional help with this form or if you believe that you are a US person or subject to differing levels of treatment for tax purposes, please contact us and we can assist you in interpreting the requirements, or you can refer to www.irs.gov for additional more detailed information.

SEE RELEVANT SECTIONS ➔

Part I - Identification of Beneficial Owner

1. Name of individual who is the beneficial owner	Enter your name here.
2. Country of citizenship	Enter your country of citizenship here.
3. Permanent residence address	This is the address where you are resident for income tax purposes. Ensure you place the country in the correct box.
4. Mailing address (if different from above)	Enter if different from above. Ensure you place the country in the correct box.
8. Date of birth	Enter your date of birth in the US format (MM-DD-YYYY), e.g. April 30th 1950 would be 04-30-1950.

Part II - Claim of Tax Treaty Benefits

9. Enter the country where you are tax resident	This is very important as the form is invalid if this section is not completed. Ensure you put the Country of Residence in the space provided.
---	--

Part III - Certification

Signature and Date	It is important that when you write the date you do it in the US format (MM-DD-YYYY), e.g. December 31st 2015 would be 12-31-2015
Print Name	Print your name on the line provided below your signature.
Capacity in which acting	Only fill in this field if you are an authorised signatory or are acting as Agent under a Power of Attorney. If you are signing on behalf of yourself this section does not apply and you can leave it blank.

SEE RELEVANT SECTIONS ➔

Form **W-8BEN**

(Rev. July 2017)

Department of the Treasury
Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

- ▶ For use by individuals. Entities must use Form W-8BEN-E.
- ▶ Go to www.irs.gov/FormW8BEN for instructions and the latest information.
- ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States **8233 or W-4**
- You are a person acting as an intermediary **W-8IMY**

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.			
City or town, state or province. Include postal code where appropriate.			Country
4 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.			Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here



Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25047Z

Form **W-8BEN** (Rev. 7-2017)

Supplementary Terms of Business and Specific Provisions which apply to Approved Minimum Retirement Funds (“AMRFs”) and Approved Retirement Funds (“ARFs”) [“Supplementary Terms”]

- a. These Supplementary Terms are additional to and should be read with the Conexim General Terms of Business (the “**Terms**”). Defined terms in these Supplementary Terms shall have the same meaning as the Terms.
- b. These Supplementary Terms are only applicable if your proposed account is an ARF or an AMRF account.
- c. By filling out this form you hereby apply to open an ARF and/or an AMRF account as defined in the Taxes Consolidation Act 1997 (as amended) (the “**TCA**”), and appoint Conexim Advisors Ltd (“**Conexim**”) as the Qualifying Fund Manager (“**QFM**”).
- d. If you are setting up an AMRF or ARF account with Conexim you must sign this agreement and also the attached Declaration and you must provide a Certificate from the existing Qualifying Fund Manager, Pension Scheme Trustees or the Life Office from whom you are transferring monies or assets. The certificate is included for completion in this pack.
- e. The amount transferred into your AMRF may be withdrawn to purchase an annuity at any time. As of January 2015, the AMRF holder may access up to a maximum of 4% of the value of the AMRF each year as a taxable distribution subject to Income Tax. No such restrictions apply to withdrawals from your ARF.
- f. The taxation of your ARF or AMRF will be based on the applicable legislation prevailing at the time.
- g. If you wish, you are entitled at any time to transfer the balance of your AMRF or ARF to another Qualifying Fund Manager. Such a request must be submitted to us in writing.
- h. At age 75 your AMRF will automatically become an ARF. If you die before age 75 your AMRF automatically becomes an ARF.
- i. An AMRF will convert to an ARF should you satisfy the specified minimum income requirement of €12,700 per annum. Specified income is a pension or annuity which is payable for the life of the individual. Specified income includes Social Welfare pensions and pensions paid from overseas. Pensions paid directly to a spouse, or pensions/allowances received on behalf of a spouse/dependent may not be taken into account. If you become entitled to guaranteed income for life of the specified amount you are required to inform us without delay.
- j. The required annual distribution from an ARF is 4% for individuals with combined ARF and vested PRSA assets less than €2 million and who are between 60 and 69 for the full tax year, 5% for individuals with combined ARF and vested PRSA assets less than €2 million and who are 70 or over for the full tax year, and 6% for individuals with combined ARF and vested PRSA assets more than €2 million and who are 60 or over for the full tax year. You are required to inform Conexim of any other ARFs and Vested PRSAs you hold, and to confirm if the combined value of these ARFs and vested PRSAs in conjunction with your ARF held with Conexim exceeds €2 million. Deductions from the distributions will be based on your current tax certificate which we will ask to be supplied to Conexim. An ARF is subject to an imputed distribution if the required annual distribution based on the value of the ARF fund as at 30th November is not withdrawn before 31st December each tax year.
- k. Income and gains within ARF funds are exempt from tax. Any amounts withdrawn from an ARF are referred to as a distribution. A distribution is treated as a payment of emoluments to which Schedule E applies. Payments from an ARF are not payments of pension. As such, all payments to non-residents are subject to tax as emoluments and it is not possible to obtain a PAYE exclusion order.

The use of an ARF as security for a loan constitutes a distribution. ARF funds may be used at any time to purchase an annuity payable to the beneficial owner. The annuity purchase is not a distribution. The purchase of an annuity for any other person will be treated as a distribution.

The following are distributions:

- Loans made to the beneficial owner or connected person.
- Acquisition of property from the beneficial owner or connected person
- Sale of an ARF asset to the beneficial owner or connected person
- Acquisition of residential or holiday property for use by the beneficial owner or connected person
- Acquisition of property which is to be used in connection with any business of the beneficial owner, or of a connected person. The distribution arises on the date such use commences. The distribution is the amount of the value of the ARF assets used in connection with the acquisition and any expenditure on improvement or repair of the property
- Acquisition of tangible moveable property (chattels)
- Acquisition of shares in a close company in which the beneficial owner, or connected person, is a participator.

A close company means a company under the control of 5 or fewer participators, or of participators who are directors. Please refer to Section 430 of the Taxes Consolidation Act 1997, for a complete definition.

A participator in relation to any company, means a person having a share or interest in the capital or income of a company. Please refer to Section 433 of the Taxes Consolidation Act 1997 for a complete definition.

Definitions of "connected persons" and "relative" are contained in Section 10 of the Taxes Consolidation Act 1997.

If you have any doubt in relation to distributions, or need assistance with interpretation of any of these terms in relation to distributions, please discuss your query with Conexim, your accountant or your legal advisor prior to instructing on any investment or transaction that would trigger a distribution from your ARF. If you are acting on an Execution-Only Basis, you should familiarise yourself with Section 784A(1A) and Section 784A(1B) of the Taxes Consolidation Act 1997 in relation to distributions and the amounts to be regarded as a distribution.

- l. You hereby consent to Conexim, in discharge of its obligations as your QFM, to deduct any amounts required for remittance to the Revenue Commissioners in relation to distributions or imputed distributions, and that such deductions and remittances may be made without further instruction from you. Any withdrawals from the ARF or AMRF are subject to Income Tax and other levies, and tax may also become payable on the ARF or AMRF in the event of your death. As QFM Conexim are required to fulfill these deduction obligations and are obliged to make the relevant tax returns to the Revenue Commissioners. Please note that we will make these deductions and will make other payments arising from the acquisition or sale of assets, as well as any other administration costs of the ARF/AMRF as detailed in the Fee Schedule provided to you.
- m. We undertake to provide you with an AMRF or ARF which will be governed by the Terms, these Supplementary Terms and the Pershing Agreement.
- n. In the event that the liabilities of the ARF or AMRF are greater than its assets you hereby agree to indemnify Conexim against payments made and all reasonable costs incurred by Conexim in its role as QFM.

AMRF Declaration

I declare that:

The assets in the AMRF to be held in my name with Conexim as QFM shall consist of one or more of the following:

- (i) Assets transferred to the fund by virtue of exercise by me of an option in accordance with Section 772(3A) or Section 784(2A) of the Taxes Consolidation Act 1997 (as amended), (the "TCA");
- (ii) Assets derived from the assets referred to in (i) above;
- (iii) Assets which were previously held in another approved minimum retirement fund, as defined under Section 784C of the TCA.

I am beneficially entitled to the assets to be transferred to the AMRF to be held in my name with Conexim as the QFM.

I further declare that I have read, understood, and accept the terms and conditions under which my AMRF will operate as set-out in the Conexim General Terms of Business and in this Supplementary ARF/AMRF Terms of Business. Kindly note that, as with all legal agreements, we recommend that you obtain independent legal advice before you sign this document.

-----		-----		-----	
Signature		Print Name		Date	
PPS Number					
Address					

ARF Declaration

I declare that:

The assets in the ARF to be held in my name with Conexim as QFM shall consist of one or more of the following:

- (i) Assets transferred to the fund by virtue of exercise by me of an option in accordance with Section 772(3A) or Section 784(2A) of the Taxes Consolidation Act 1997 (as amended), (the "TCA");
- (ii) Assets which were previously held in my name in another approved retirement fund, as defined in Section 784(2A) of the TCA;
- (iii) Assets derived from the assets referred to in (i) and (ii) above

I am beneficially entitled to the assets to be transferred to the ARF to be held in my name with Conexim as the QFM.

I further declare that I have read, understood, and accept the terms and conditions under which my ARF will operate as set-out in the Conexim General Terms of Business and this Supplementary ARF/AMRF Terms of Business. Kindly note that, as with all legal agreements, we recommend that you obtain independent legal advice before you sign this document.

-----		-----		-----	
Signature		Print Name		Date	
PPS Number					
Address					

Consent and Declaration

1. Declaration

I declare that the information provided by me on this form is correct and I undertake to immediately inform my financial advisor or Conexim should any of the information change.

2. Receipt and understanding of Terms

This is my application to open an account and for Conexim to provide services, as set out in the Terms of Business (the "Terms").

I have received the enclosed Terms relating to the services provided by Conexim and the Supplementary Terms for the ARF/AMRF and have read them carefully. In particular, I confirm that I understand and agree to the following terms, policies and statements, i.e. the Risk Disclosure Statement, Summary Order Execution Policy, Summary Conflicts of Interest Policy and 'The Pershing Agreement'.

I also confirm that I understand that Conexim makes available its privacy statement on its website for my reference.

3. Receipt of Clients Assets Key Information Document ("CAKID")

I confirm I have received a CAKID relating solely to the client assets which Conexim instructs PSIL to provide safe custody and nominee services on your behalf and outlines the Client Asset Regulations as they pertain to Pershing Securities International Limited only.

4. Invitation to treat

I understand that my completing and submitting this form and associated documents (if any) is an invitation to treat and that Conexim, Pershing Securities International Ltd ("PSIL") and Pershing Securities Ltd ("PSL") are not bound by the Terms until such times as a welcome letter is communicated to me and my advisor, an account opened in respect of my investments and funds contributed or in specie transfer of existing funds, shares, or product effected. I further note that the Terms may subsequently change as provided for in the Terms.

5. Investor Declaration

I confirm that I have taken such professional advice as appropriate in connection with the quality, suitability and appropriateness of the investments provided for inclusion in my account. I understand that this means that Conexim will provide their services following my request and without having ascertained whether the service is suitable or appropriate for me and that Conexim's services may be provided on an "execution-only" basis. Where Conexim rebalance investments within an investment strategy I confirm that such rebalancing is based on the pre-authorised rebalancing instruction as detailed in the key features document, which I have received a copy of, and that such rebalancing does not imply that Conexim is making an assessment of suitability or appropriateness for the purposes of providing services to me and if any discretion is employed it is only to rebalance the strategy to remain consistent with the characteristics for each strategy as specified in the key features document.

6. Express consent to execute order outside of regulated market or multilateral trading facility

Where I have requested that an order be executed in an instrument admitted to trading on a Regulated Market ("RM") or Multilateral Trading Facility ("MTF"), then I acknowledge that PSL may execute such order outside an RM or MTF in accordance with PSL's execution policy and I hereby give my consent for such execution.

7. Fees, commissions, charges

I have received details of the fees, commissions and charges in relation to the services and I agree to these. In doing so, I confirm that Conexim has explicit permission to deduct such amounts from my account to satisfy any indebtedness to Conexim, PSIL, any nominated financial advisor, trustee or any 3rd party nominated by you and notified to us by you.

8. Taxation

I confirm that no representations have been made to me and I rely on no confirmations or actions by Conexim regarding the tax treatment or any tax advantage understood by me as applicable. To this end I will have to take my own, separate tax advice.

9. Contract Notes

I understand that I will be able to access valuations and contract note(s) online via the client portal. Should you wish to receive hard copy contract notes please contact us.

10. FATCA / CRS Self-Certification Declaration

By opening this account and signing below, the beneficial owner(s) represents and warrants that he/she/it is not a US person for the purposes of US Federal income tax and that he/she/it is not acting for, or on behalf of, a US person. A false statement or misrepresentation of tax status by a US person could lead to penalties under US law. If your tax status changes or you become a US citizen or resident, you must notify us immediately.

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I acknowledge that the information contained in this form and information regarding the beneficial owner(s) may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the beneficial owner(s) may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information. I undertake to advise the recipient promptly and provide an updated Self-Certification form where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

11. Advisor Fees

The charges payable to my financial advisor which will be levied and deducted from my account are:

Implementation Charge (€ or %)	Annual Charge (€ or %)
--------------------------------	------------------------

I hereby consent to the deduction of these charges from my account(s). The implementation charge will be deducted once cleared funds are received into my account, and the annual charge will be deducted monthly in arrears consistent with the charging schedule issued to you. I acknowledge receipt of a charging schedule which details the charges levied by Conexim in relation to the services.

Consent and Declaration to items 1 to 11 above

----- Signature	----- Print Name	----- Date
--------------------	---------------------	---------------

Advisor Declaration

I declare that I have met the above named applicant and have explained the relevant investments provided within the services and am satisfied that the investments chosen on this application form and any subsequent instructions are suitable and appropriate in relation to the clients knowledge and experience, risk tolerance, capacity for loss and the client's investment needs and objectives. I can also confirm that I/we have fully complied with all Anti-Money Laundering and Terrorist Financing Legislation and other relevant legislative requirements in relation to this client.

----- Advisor Signature	----- Print Name	----- Date
----------------------------	---------------------	---------------